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

In the Matter of the Accusation Against:	)	
	)	
	)	
ANTHONY KEITH HEDLEY, M.D.	)	**Case No. 800-2018-050810**
	)	
Physician's and Surgeon's Certificate No. A 34043	)	
	)	
Respondent	)	
	)	

DECISION

The attached Stipulated Surrender of License and 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 June 26, 2019 **.**

IT IS SO ORDERED June 19, 2019 **.**

MEDICAL BOARD OF CALIFORNIA

By: Kimberly Kirchmeyer
Kimberly Kirchmeyer
Executive Director

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General
EMILY L. BRINKMAN
Deputy Attorney General
State Bar No. 219400
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3374
Facsimile: (415) 703-5843
E-mail: Emily.Brinkman@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **ANTHONY KEITH HEDLEY, M.D.** 2122 E. Highland Ave. Ste. 300 Phoenix AZ 85016 **Physician's and Surgeon's Certificate No. A 34043** Respondent.	Case No. 800-2018-050810 **STIPULATED SURRENDER OF LICENSE AND 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. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Emily L. Brinkman, Deputy Attorney General.

2. Anthony Keith Hedley, M.D. (Respondent) (Respondent) enters into this Stipulated Surrender of License in consultation with his Arizona legal counsel, Charles A. Struble, The Checkett Law Firm, PLLC, 4835 East Cactus Road, Suite 345, Scottsdale, AZ 85254-9100.

3. On or about July 2, 1979, the Board issued Physician's and Surgeon's Certificate No. A 34043 to Anthony Keith Hedley, M.D. (Respondent). The Physician's and Surgeon's Certificate expired on October 31, 2018, and has not been renewed.

JURISDICTION

4. Accusation No. 800-2018-050810 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 February 26, 2019. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2018-050810 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-050810. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

CULPABILITY

8. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2018-050810, agrees that cause exists for discipline and hereby surrenders his Physician's and Surgeon's Certificate No. A 34043 for the Board's formal acceptance.

9. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

10. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, 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 Surrender 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.

11. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 34043, issued to Respondent Anthony Keith Hedley, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2018-050810 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. 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 agency in the State of California, all of the charges and allegations contained in Accusation, No. 800-2018-050810 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 licensure.

ACCEPTANCE

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

DATED: 5/31/2019

Anthony Keith Hedley, M.D.
Respondent

I have read and fully discussed with Respondent Anthony Keith Hedley, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 6/10/19

Charles A. Struble
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated: June 11, 2019

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General

EMILY L. BRINKMAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-050810

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General
EMILY L. BRINKMAN
Deputy Attorney General
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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO February 26 20 19
BY K. Voong ANALYST

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

In the Matter of the Accusation Against: **Anthony Keith Hedley, M.D.** 2122 E. Highland Ave., Ste. 300 Phoenix, AZ 85016 **Physician's and Surgeon's Certificate No. A 34043,** Respondent.	Case No. 800-2018-050810 **ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about July 2, 1979, the Medical Board issued Physician's and Surgeon's Certificate Number A 34043 to Anthony Keith Hedley, M.D. (Respondent). The Physician's and Surgeon's Certificate expired on October 31, 2018, and has not been renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

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

5. Section 2305 of the Code states:

"The revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license or certificate to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California of a licensee under this chapter [Chapter 5, the Medical Practice Act] shall constitute grounds for disciplinary action for unprofessional conduct against the licensee in this state."

6. Section 141 of the Code states:

"(a) For any licensee holding a license issued by a board under the jurisdiction of the department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or another country shall be conclusive evidence of the events related therein.

"(b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by that board that provides for discipline based upon a disciplinary action taken against the licensee by another state, an agency of the federal government, or another country."

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CAUSE FOR DISCIPLINE

(Discipline, Restriction, or Limitation Imposed by Another State)

7. On December 5, 2018, the Arizona Medical Board (Arizona Board) issued Findings of Facts, Conclusions of Law and Order for Letter of Reprimand and Probation (Order) against Respondent. The Order made the following findings in regards to Respondent's care of Patient ES in recommending and performing a distal femoral osteotomy: a) "Respondent deviated from the standard of care by improperly performing the osteotomy [sic] by failing to timely inform ES regarding the improperly positioned hardware [sic] and by failing to provide appropriate postoperative care of ES."; b) There was actual patient harm; and c) Respondent's lack of candor was deemed an aggravating factor. As part of the Order, the Arizona Board issued a Letter of Reprimand, placed Respondent on probation for six months, and required him to complete ten (10) hours of continuing medical education (CME) in record keeping and an additional ten (10) hours of CME on ethics.

8. Respondent's conduct and the action of the Arizona Board as set forth in paragraph 7, above, and within the actual Arizona Board documents attached as Exhibit A, constitutes unprofessional conduct within the meaning of section 2305 and conduct subject to disciplinary action within the meaning of section 141(a).

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 34043, issued to Anthony Keith Hedley, M.D.;

2. Revoking, suspending or denying approval of Anthony Keith Hedley, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Anthony Keith Hedley, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: February 26, 2019

Christine S. Tally for

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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EXHIBIT A

Arizona Medical Board issued Findings of Facts, Conclusions of Law and Order for Letter of Reprimand and Probation (Order)

Arizona Medical Board
1740 W Adams St. Suite 4000 Phoenix, AZ 85007 • website: www.azmd.gov
Phone (480) 551-2700 • Toll Free (877) 255-2212 • Fax (480) 551-2702

Governor

Douglas A. Ducey

Members

James Gillard, M.D.
Chair
Physician Member

R. Screven Farmer, M.D.
Vice-Chair
Physician Member

Jodi Bain, Esq.
Secretary
Public Member

Bruce A. Bethancourt, M.D.
Physician Member

Teresa Connolly, D.N.P.
Public Member

Laura Dorrell, M.S.N., RN.
Public Member

Gary R. Figge, M.D.
Physician Member

Pamela E. Jones
Public Member

Lois E. Krahn, M.D.
Physician Member

Edward G. Paul, M.D.
Physician Member

Executive Director

Patricia E. McSorley

I, Michelle Robles, of the Arizona Medical Board, hereby certify that I am the official custodian of the records of the agency; and that the attached documents are true and complete copies of the documents requested regarding:

Physician Name: Anthony K. Hedley, M.D.

License Number: 13693

Attached are the following document(s):

Document Name:
Physician Profile

Findings of Fact, Conclusions of Law and Order for Letter of Reprimand and Probation
Dated: December 5th, 2018

Document #10 of Pages:

Dated this 27th, December, 2018

ARIZONA MEDICAL BOARD

Michelle Robles

Michelle Robles
Custodian of Records

MD PROFILE PAGE

Arizona Medical Board

gls.azmd.gov
Printed on 12/27/18 @ 08:29

General Information

Anthony K. Hedley MD
Orthopedic Institute Of The Wes Inc
6950 E Chauncey Lane
Scottsdale AZ 85054
Phone: (623) 873-8565

License Number: 13693
License Status: Active
Licensed Date: 10/12/1982
License Renewed: 09/26/2017
Due to Renew By: 10/02/2019
If not Renewed, License Expires: 02/02/2020

Education and Training

Medical School:	UNIV OF THE WITWATERSRAND, MED SCH Johannesburg, South Africa
Graduation Date:	12/14/1968
Fellowship:	12/01/1977 - 11/30/1979 (Orthopaedic Surgery) UCLA SCHOOL OF MEDICINE LOS ANGELES , CA
Area of Interest	Adult Reconstructive Orthopedics

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at http://www.abms.org to determine if the physician has earned a specialty certification from this private agency.

Board Action

None

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please click here for information on use of this website.

.BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **ANTHONY K. HEDLEY, M.D.** Holder of License No. 13693 For the Practice of Allopathic Medicine In the State of Arizona.	Case No. MD-17-0503A **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER FOR LETTER OF REPRIMAND AND PROBATION**

The Arizona Medical Board ("Board") considered this matter at its public meeting on October 22, 2018. Anthony K. Hedley, M.D. ("Respondent"), appeared with legal counsel, Charles Struble, Esq., before the Board for a Formal Interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact, Conclusions of Law and Order for Letter of Reprimand and Probation after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 13693 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-17-0503A after receiving a complaint regarding Respondent's care and treatment of a 51 year-old male patient ("ES") alleging improper recommendation for distal femoral osteotomy ("DFO"), failure to properly perform DFO, and withholding information regarding a surgical error.

4. Respondent first evaluated ES on March 16, 2015. ES had a prior history of multiple arthroscopies and a tibial osteotomy due to varus (or bowlegged) deformity as well as damage to his medial articular cartilage and meniscus. The osteotomy over-corrected the deformity and ES was left with a knock-kneed (valgus) deformity instead.

Respondent recommended a left knee MRI, which showed a lateral meniscal tear, which was arthroscopically repaired by another provider in the clinic.

5. Respondent performed a closing wedge distal femoral osteotomy on February 2, 2016. During the procedure, the blade plate was placed such that it was tilted inferiorly and posteriorly which resulted in the end of the blade exiting through the lateral femoral condyle into the posterolateral joint space of the knee. Respondent left the hardware in place and completed the operation. ES was provided with postoperative instructions that indicated his left leg should be non-weight bearing.

6. ES was seen by Respondent's fellow on March 7, 2016 for a postoperative evaluation. The fellow reported that the patient described discomfort and knee swelling, but pain medicine was effective. Upon examination of the knee, a "considerable effusion" and described a ballottable patella. There were no signs of infection and the range of motion measured 0-45 degrees. X-rays showed that the blade plate remained in the same position, and the fellow instructed ES to begin weight bearing of 25-50% on the left leg and prescribed physical therapy, with range of motion and strengthening exercises were to be addressed by the therapist. The fellow also provided ES with a knee sleeve to wear in an effort to decrease the effusion and recommended follow-up in six weeks.

7. In an office note for April 11, 2016, Respondent acknowledged that the implant was slightly posterior and rotated so the blade was protruding from the lateral femoral condyle. Respondent noted that the osteotomy appeared to be healing well on x-rays. According to ES, Respondent instructed ES to begin full weight-bearing immediately to assist in the osteotomy's healing and to return in three weeks.

8. ES's chart documents a call the office on April 13, 2016 reporting that ES did attempt full weight-bearing with knee swelling and an increase in pain, but that he would continue to work on this. Two weeks later, ES called again regarding the same subject,

reporting that he had been unable to continue to bear weight as the physician had requested.

9. On May 2, 2016, ES was examined by the fellow, who noted that there were continuing issues with mechanical obstruction (to motion) secondary to the position of the blade plate. ES had persistent pain and swelling, especially with knee flexion, despite his continued use of the knee sleeve, and was ambulating without an assistive device. He described catching and tearing sensations with ambulation and with attempts at greater knee flexion. On physical exam, the fellow could not palpate the protruding hardware laterally; effusion persisted without evidence of infection; and, flexion measured up to 85 degrees. The fellow advised ES to continue weight-bearing as tolerated, to avoid trying to force greater knee flexion, and recommended that he schedule the hardware removal procedure "at the earliest convenience."

10. ES saw Respondent on June 27, 2016, and Respondent ordered a CT scan that was interpreted as showing a medial femoral condylar fracture and the hardware tip had been extending through the lateral condylar cortex. ES reported that Respondent's nurse called and informed him that the CT scan did not show evidence of necrosis.

11. ES later transferred care to a different clinic, and after ES's continued complaints of nerve pain extending proximally and distally from the left knee, an EMG study showed peripheral neuropathy exhibiting axonal loss and demylelination in bilateral lower extremities with left sided motor loss of the peroneal muscle. Two other physicians from whom Respondent sought second opinions, described radiological evidence of a collapse and/or a non-union of the medial femoral condylar fracture and the difficulty of a joint replacement surgery and requirement for unusual arthroplasty components in light of the patient's knee condition

12. The standard of care when evaluating a patient for treatment options related to a painful, arthritic knee, and after non-operative modalities have been exhausted, requires a physician to offer options best suited to the patient, based upon the patient's' degree of arthritis, his activity demands, the patient's age and health, and his desires and expectations. Respondent deviated from the standard of care by improperly performing the osteotomy by failing to timely inform ES regarding the improperly positioned hardware and by failing to provide appropriate postoperative care of ES.

13. There was actual patient harm in that ES sustained a medial condylar fracture which remained unhealed and malpositioned. Additionally ES will require knee replacement surgery with highly constrained arthroplasty components and additional revision surgeries.

14. During the course of the Board's investigation, Respondent stated in writing that he was aware that the blade plate was malpositioned and that he had intended to remove the blade plate earlier than usual. Respondent did not document this plan, nor did he document any postoperative discussion with ES regarding the malpositioned blade plate. Respondent stated in writing to the Board that he recommended that ES limit his weight bearing due to the plate's position; however, this was not documented in Respondent's note. Respondent stated in writing to the Board that he never would have told an osteotomy patient to bear full weight on a limb with a blade-plate in place; however, the chart notes of ES's phone calls indicate that ES was attempting full weight bearing on his left leg in conformance with the physician's instructions.

15. During a Formal Interview on this matter, Respondent testified that after he initiated the procedure, Respondent realized that he had been provided the incorrect plate by the manufacturer. Respondent chose to complete the procedure with the incorrect plate, rather than remove and reintroduce the plate based on the risk of infection.

Respondent stated that he opted to leave the plate in knowing that it could be removed when the osteotomy was healed in approximately three months. Respondent further testified that he gave patient ES strict instructions to be non-weight bearing, and when the patient began partial weight bearing, Respondent advised ES to stop if it became painful. Respondent testified that when ES returned complaining of pain, he advised ES to stop, and be non-weight bearing until the osteotomy healed and the plate could be removed.

16. When asked about the MC's criticism that Respondent did not adequately define the limitations for ES's physical therapy, Respondent stated that he relied on the physical therapists to do what was appropriate.

17. When asked about his weight bearing instructions to ES during the June 27, 2016 visit, Respondent stated that he advised the patient to be partial weight bearing to tolerance. However, Board members commented that in the audio recording made by the patient of that visit, Respondent twice agreed that ES could be full weight bearing. Respondent testified that ES was a difficult patient.

18. When asked about the CAT scan that showed a fracture, Respondent pointed out that the postoperative x-ray did not show a fracture, and that the injury was the result of the patient's decision to bear weight.

19. Board staff noted that Respondent's operative report does not mention the incorrect plate. Board staff also noted that in the June 27, 2016 recording, ES can be heard asking whether the correct plate had been used, and Respondent assured ES that he had used the correct plate.

20. During that same Formal Interview, Board members agreed that this case rose to the level of discipline. Board members commented that the recording provided by the patient disproves many of Respondent's statements submitted in response to the

Board's investigation, and that Respondent's lack of candor was an aggravating factor in the case.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e)("Failing or refusing to maintain adequate records on a patient.").

3. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(r)("Committing any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

4. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(kk)("Knowingly making a false or misleading statement to the board or on a form required by the board or in a written correspondence, including attachments, with the board.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.
2. Respondent is placed on Probation for a period of six months with the following terms and conditions:

   a. **Continuing Medical Education**

Respondent shall within 6 months of the effective date of this Order obtain no less than 10 hours of Board staff pre-approved Category I Continuing Medical Education ("CME") in an intensive, in-person course regarding medical recordkeeping; and no less than 10 hours of Board staff pre-approved Category I CME in ethics. Respondent shall

within thirty days of the effective date of this Order submit his request for CME to the Board for pre-approval. Upon completion of the CME, Respondent shall provide Board staff with satisfactory proof of attendance. The CME hours shall be in addition to the hours required for the biennial renewal of medical licensure. The Probation shall terminate upon Respondent's proof of successful completion of the CME.

b. Obey All Laws

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

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s).

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED AND EFFECTIVE this 5th day of December, 2018.

ARIZONA MEDICAL BOARD

By Patricia E. McSorley
Patricia E. McSorley
Executive Director

EXECUTED COPY of the foregoing mailed
this 5th day of December, 2018 to:

Charles Struble, Esq.
The Chekett Law Firm, PLLC
4835 East Cactus Road, Suite 345
Scottsdale, Arizona 85254
Attorney for Respondent

ORIGINAL of the foregoing filed
this 5th day of December, 2018 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Board staff