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

In the Matter of the Accusation Against: Richard C. Agnew, M.D. Physician's and Surgeon's Certificate No. C 28577 Respondent.	Case No. 800-2018-042791

DECISION

The attached Stipulated Surrender of License 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 April 14, 2021.

IT IS SO ORDERED April 7, 2021.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General
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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: **RICHARD C. AGNEW, M.D.** 351 Hospital Road Newport Beach, CA 92663 **Physician's and Surgeon's Certificate No. C 28577,** Respondent.	Case No. 800-2018-042791 **STIPULATED SURRENDER OF LICENSE 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 Xavier Becerra, Attorney General of the State of California, by LeAnna E. Shields, Deputy Attorney General.

2. Richard C. Agnew, M.D. (Respondent) is represented in this proceeding by attorney Rachael C. Kogen, Esq. with Fraser Watson Croutch, LLP, whose address is: 1100 West Town and Country Road, Suite 1030, Orange, CA 92868-4687.

3. On or about October 19, 1966, the Board issued Physician's and Surgeon's Certificate No. C 28577 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. 800-2018-042791, and will expire on July 31, 2021, unless renewed.

JURISDICTION

4. On February 16, 2021, Accusation No. 800-2018-042791 was filed before the Board, and is currently pending against Respondent. On February 16, 2021, a true and correct copy of Accusation No. 800-2018-042791 and all other statutorily required documents were properly served on Respondent. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2018-042791 is attached as Exhibit A and incorporated herein by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2018-042791. Respondent also has carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Surrender of License 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. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to each and every charge and allegation contained in

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Accusation No. 800-2018-042791, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. C 28577 to disciplinary action, and hereby surrenders his Physician's and Surgeon's Certificate No. C 28577 for the Board's formal acceptance.

10. Respondent agrees that if he files a petition for reinstatement or relicensure, or an accusation and/or petition to revoke probation is filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2018-042791 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.

11. 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 No. C 28577 without notice to, or opportunity to be heard by, Respondent.

CONTINGENCY

12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a ... stipulation for surrender of a license."

13. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. C 28577, without further notice to, or opportunity to be heard by, Respondent.

14. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

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15. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

16. This Stipulated Surrender of License and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

17. The parties agree that copies of this Stipulated Surrender of License and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 28577, issued to Respondent RICHARD C. AGNEW, M.D., is hereby surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate No. C 28577 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. 800-2018-042791 shall be deemed to be true, correct and fully 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. 800-2018-042791 shall be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Disciplinary Order and have fully discussed it with my attorney Rachael C. Kogen, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. C 28577. I enter into this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 3-8-21

RICHARD C. AGNEW, MD.
Respondent

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

DATED: 3/8/21

RACHAEL C. KOGEN, ESQ.
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: March 8, 2021

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

LEANNA E. SHIELDS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-042791

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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: **RICHARD C. AGNEW, M.D.** 351 Hospital Road Newport Beach, CA 92663 Physician's and Surgeon's Certificate No. C 28577, Respondent.	Case No. 800-2018-042791 **A C C U S A T I O N**

PARTIES

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

2. On or about October 19, 1966, the Medical Board issued Physician's and Surgeon's Certificate No. C 28577 to Richard C. Agnew, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2021, unless 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 (Code) unless otherwise indicated.

4. 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.

5. Section 2234 of the Code, states, in pertinent part:

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.

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(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.

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

6. Respondent has subjected his Physician's and Surgeon's Certificate No. C 28577 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A,[1] as more particularly alleged hereinafter.

7. On or about August 1, 2014, Patient A, a then 27-year-old female, presented for treatment with Respondent. Records for this visit indicate Respondent performed a routine annual pelvic exam and noted Patient A had multiple prior miscarriages and a prior diagnosis of anemia.

8. On or about January 5, 2015, Respondent ordered a blood test which revealed Patient A was pregnant.

9. On or about January 16, 2015, Patient A underwent an ultrasound and was determined to be approximately five to six weeks pregnant with an estimated delivery date of September 10, 2015.

10. Respondent continued to provide prenatal care and treatment throughout Patient A's pregnancy.

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[1] Patient identity has been withheld to maintain patient confidentiality. The patient's identity is known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery and in accordance with Government Code section 11507.6

11. On or about July 15, 2015, Patient A was noted to have polyhydramnios[2] with an amniotic fluid index of 28.8.

September 11, 2015

12. On or about September 11, 2015, Patient A presented at Hoag Memorial Hospital for fetal diagnostic testing. During antepartum testing, Patient A was admitted to Labor and Delivery for induction at or around 10:48 a.m. due to a late deceleration noted on the fetal monitor.

13. At or around 12:10 p.m., records indicate a nurse examined Patient A and determined Patient A was one (1) centimeter dilated. At or around 12:15 p.m., Patient A started receiving Pitocin[3] to induce labor.

14. At or around 4:00 p.m., records indicate Patient A's fetal heart rate monitoring strip documented late decelerations, moderate variability,[4] and a baseline rate of 140 bpm.

15. At or around 4:30 p.m., records indicate Patient A was provided a face mask to provide Patient A with additional oxygen.

16. At or around 5:00 p.m., records indicate Patient A's fetal heart rate monitoring strip documented late decelerations, moderate variability, and a baseline rate of 145 bpm.

17. At or around 5:12 p.m., records indicate Patient A's oxygen mask was removed and Patient A returned to room air.

18. At or around 5:59 p.m., records indicate a nurse examined Patient A and determined Patient A was still one (1) centimeter dilated.

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[2] Polyhydramnios is a condition characterized by excessive accumulation of amniotic fluid in the uterus during pregnancy. This accumulation of excess fluid is associated with several complications, including but not limited to, premature rupture of membranes, placental abruption, umbilical cord prolapse, etc.

[3] Pitocin is the brand name for the synthetic version of oxytocin, a hormone commonly used to cause contractions to induce labor.

[4] Moderate variability means the fetal heart monitor is documenting a difference between 6 to 25 beats per minute (bpm) in the fetus's heart rate over a given period of time.

19. At or around 6:00 p.m., records indicate Patient A's fetal heart rate monitoring strip documented late decelerations, moderate variability, and a baseline rate of 150 bpm.

20. At or around 6:13 p.m., records indicate Respondent was contacted over the telephone and given an update on Patient A's condition. Respondent ordered a cervical ripening balloon[5] for Patient A.

21. At or around 6:30 p.m., records indicate Patient A's fetal heart rate monitoring strip documented late decelerations, moderate variability, and a baseline rate of 150 bpm.

22. At or around 6:33 p.m., records indicate a cervical ripening balloon was inserted by the hospitalist laborist.

23. At or around 6:56 p.m., records indicate Patient A was provided a face mask to provide Patient A with additional oxygen.

24. At or around 7:00 p.m., records indicate Patient A's fetal heart rate monitoring strip documented late decelerations, minimal to undetectable variability,[6] and a baseline rate of 145 bpm.

25. At or around 8:30 p.m., records indicate Patient A's fetal heart rate monitoring strip documented late decelerations, moderate variability with periods of minimal variability, and a baseline rate of 135 bpm.

26. At or around 8:58 p.m., records indicate a nurse examined Patient A and determined Patient A was four and a half (4.5) centimeters dilated.

27. At or around 10:00 p.m., records indicate Patient A's membranes spontaneously ruptured and that a nurse examined Patient A and determined Patient A was five (5) centimeters dilated.

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[5] A cervical ripening balloon is a device that is inserted into the cervix during labor, commonly used to induce labor.

[6] Minimal to undetectable variability means the fetal heart monitor is documenting a difference of less than 5 beats per minute (bpm) in the fetus's heart rate over a given period of time.

September 12, 2015

28. On or about September 12, 2015, at or around 1:30 a.m., records indicate Patient A's fetal heart rate monitoring strip documented late decelerations, moderate variability, and a baseline rate of 140 bpm. Records further indicate a nurse examined Patient A and determined Patient A was six (6) centimeters dilated with caput.[7]

29. At or around 2:00 a.m., records indicate Patient A's fetal heart rate monitoring strip documented late decelerations, moderate variability, and a baseline rate of 150 bpm.

30. At or around 2:30 a.m., records indicate Patient A's fetal heart rate monitoring strip documented late decelerations, moderate variability with periods of minimal variability, and a baseline rate of 150 bpm.

31. At or around 3:30 a.m., records indicate Patient A's fetal heart rate monitoring strip documented tachycardia,[8] late and variable decelerations, moderate variability with periods of minimal and undetectable variability, and a baseline rate of 160 bpm.

32. At or around 3:44 a.m., records indicate Patient A's administration of Pitocin was discontinued.

33. At or around 4:00 a.m., records indicate Patient A's fetal heart rate monitoring strip documented late decelerations, minimal and undetectable variability, and a baseline rate of 160 bpm.

34. At or around 4:03 a.m., records indicate Respondent was contacted over the telephone and given an update on Patient A's condition, including but not limited to, the repetitive late decelerations and minimal variability. Respondent ordered the initiation of amnioinfusion[9] and to discontinue the administration of Pitocin until the fetal heart rate tone improved.

35. At or around 4:14 a.m., records indicate the amnioinfusion was initiated.

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[7] Caput succedaneum is the swelling that occurs to a fetus's head during delivery due to pressure exerted on the head as it passes through the cervical opening and vaginal canal.

[8] Tachycardia is an abnormal increase in fetal heart rate, generally ranging between 170 and 220 bpm.

[9] Amnioinfusion is the infusion of fluids into the uterine cavity commonly used to correct fetal heart rate changes caused by umbilical compression as indicated by variable decelerations.

36. At or around 4:20 a.m., records indicate Patient A's fetal heart rate monitoring strip documented a deceleration lasting approximately two (2) minutes.

37. At or around 4:29 a.m., records indicate Patient A's fetal heart rate monitoring strip documented late and variable decelerations, moderate variability, and a baseline rate of 160 bpm.

38. At or around 5:30 a.m., records indicate Patient A's fetal heart rate monitoring strip documented late and variable decelerations, moderate variability with periods of minimal variability, and a baseline rate of 160 bpm.

39. At or around 6:30 a.m., records indicate Patient A's fetal heart rate monitoring strip documented late decelerations, moderate variability with periods of minimal variability, and a baseline rate of 155 bpm.

40. At or around 6:41 a.m., records indicate Respondent was contacted over the telephone and given an update on Patient A's condition, including but not limited to, the occasional variables, late decelerations, periods of minimal variability, and Patient A's progress in labor to be seven (7) centimeters dilated, 90% effaced, and station -2 with caput. Respondent ordered the continued administration of oxygen and repositioning of Patient A on her left lateral side.

41. At or around 7:00 a.m., records indicate Patient A's fetal heart rate monitoring strip documented late decelerations, marked variability,[10] and a baseline rate of 150 bpm.

42. At or around 8:00 a.m., Respondent presented at bedside and performed a cervical examination of Patient A. Records indicate Patient A's history and physical evaluation were still pending, Patient A's progress in labor was nine (9) centimeters dilated, 100% effaced, and station -1. The fetal heart rate monitoring strip documented variable decelerations, moderate variability, and a baseline rate of 150 bpm. Respondent ordered an increase in the administration of Pitocin and informed Patient A he would return shortly to deliver the baby.

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[10] Marked variability means the fetal heart monitor is documenting a difference greater than 25 beats per minute (bpm) in the fetus's heart rate over a given period of time.

43. At or around 8:35 a.m., records indicate Patient A's fetal heart rate monitoring strip documented late and variable decelerations, with decelerations to around 80 bpm and 60 bpm lasting approximately seventy (70) seconds.[11] Records indicate Pitocin was discontinued.

44. At or around 9:00 a.m., records indicate Patient A's fetal heart rate monitoring strip documented late and variable decelerations, moderate variability, and a baseline rate of 160 bpm.

45. At or around 9:30 a.m., records indicate Patient A's fetal heart rate monitoring strip documented late and variable decelerations, with a deceleration to around 85 bpm for approximately eighty (80) seconds, moderate variability, and a baseline rate of 155 bpm.

46. At or around 9:35 a.m., records indicate a message was left for Respondent and the hospitalist laborist was also contacted to assess the fetal heart rate tracing.

47. At or around 9:39 a.m., records indicate Patient A's fetal heart rate monitoring strip documented a fetal heart rate of 60 bpm with no variability.

48. At or around 9:41 a.m., records indicate the hospitalist laborist evaluated Patient A, and after an attempt to push resulting in a deceleration in the fetal heart rate to approximately 70 bpm for approximately seventy (70) seconds, the decision was made to transfer Patient A to the operating room for an emergency cesarean section.

49. At or around 9:44 a.m., records indicate Patient A's fetal heart rate monitoring strip documented a fetal heart rate of 50 bpm.

50. Respondent arrived in the operating room and the cesarean section was performed by Respondent at 9:54 a.m. The fetus did not respond to resuscitation efforts.

51. Throughout Patient A's labor and delivery, Respondent did not adequately counsel Patient A regarding the indications for admission, interventions, risks, or his plan of care for labor and delivery.

52. Throughout Patient A's labor and delivery, Respondent did not perform a physical evaluation of Patient A until 8:00 a.m. on September 12, 2015, despite nonreassuring fetal heart rate tracing, Patient A's slow progression of labor, and Patient A's diagnosis of polyhydramnios.

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[11] Bradycardia is an abnormal decrease in fetal heart rate, generally ranging below 120 bpm.

53. Throughout Patient A's labor and delivery, Respondent did not adequately assess the fetal heart rate tracing or relinquish care of Patient A to the hospitalist laborist to monitor Patient A's progression of labor.

54. Respondent committed gross negligence in his care and treatment of Patient A, which included, but is not limited to:

A. Paragraphs 7 through 53, above, are hereby incorporated by reference and realleged as if fully set forth herein;

B. Respondent failed to adequately counsel Patient A concerning indications for admission and interventions, timely perform a proper history and physical evaluation of Patient A, upon admission and in the context of nonreassuring fetal heart rate tracing, slow progression of labor, and Patient A's high risk complications due to polyhydramnios; and

C. Respondent failed to adequately assess the fetal heart rate tracing to support Patient A's continued labor, nor did he timely perform a physical evaluation of Patient A or relinquish care to the hospitalist laborist to monitor Patient A's labor.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

55. Respondent has further subjected his Physician's and Surgeon's Certificate No. C 28577 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient A as more particularly alleged in paragraphs 7 through 54, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

56. To determine the degree of discipline, if any, to be imposed on Respondent Richard C. Agnew, M.D., Complainant alleges that on or about February 3, 2020, in a prior disciplinary action entitled *In the Matter of the Accusation Against Richard C. Agnew, M.D.*, before the Medical Board of California, in Case No. 800-2016-025764, Respondent's Physician's and

Surgeon's Certificate No. C 28577 was publicly reprimanded for committing negligence and failing to maintain adequate and accurate medical records in his care and treatment of a single patient. That decision is now final and is incorporated by reference as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. C 28577, issued to Respondent Richard C. Agnew, M.D.;

2. Revoking, suspending or denying approval of Respondent Richard C. Agnew, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Richard C. Agnew, 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: FEB 16 2021

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

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