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

In the Matter of the First Amended Petition to Revoke Probation Against:	)	
Emmanuel A. Ayodele, M.D.	)	Case No. 800-2019-055848
Physician's and Surgeon's Certificate No. A 46478	)	
Petitioner	)	

ORDER DENYING PETITION FOR RECONSIDERATION

The Petition filed by Adam B. Brown, Esq., attorney for Emmanuel A. Ayodele, M.D., for the reconsideration of the decision in the above-entitled matter having been read and considered by the Medical Board of California, is hereby denied.

This Decision remains effective at 5:00 p.m. on **April 13, 2020.**

IT IS SO ORDERED: April 14, 2020.

Ronald H. Lewis, M.D., Chair
Panel A

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

In the Matter of the First Amended Petition to Revoke Probation Against:	)	
	)	MBC No. 800-2019-055848
Emmanuel A. Ayodele, M.D.	)	
	)	
Physician's and Surgeon's Certificate No. A 46478	)	**ORDER GRANTING STAY**
	)	(Government Code Section 11521)
	)	
Respondent	)	

Adam B. Brown, Esq., on behalf of respondent, Emmanuel A. Ayodele, M.D., has filed a Request for Stay of execution of the Decision in this matter with an effective date of April 3, 2020, at 5:00 p.m.

Execution is stayed until April 13, 2020, at 5:00 p.m.

This stay is granted solely for the purpose of allowing the Board time to review and consider the Petition for Reconsideration.

DATED: April 2, 2020

Christine J. Lally
Interim Executive Director
Medical Board of California

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

In the Matter of the First Amended Petition to Revoke Probation Against:	)	
Emmanuel A. Ayodele, M.D.	)	**Case No. 800-2019-055848**
Physician's and Surgeon's Certificate No. A 46478	)	
Respondent	)	

DECISION

The attached Proposed Decision 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 3, 2020.

IT IS SO ORDERED March 4, 2020.

MEDICAL BOARD OF CALIFORNIA

By: _____
Ronald H. Lewis, M.D., Chair
Panel A

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

In the Matter of the First Amended Petition to Revoke Probation Against:

EMMANUEL A. AYODELE, M.D., Respondent

Agency Case No. 800-2019-055848

OAH No. 2019070310

PROPOSED DECISION

This matter was heard by Julie Cabos-Owen, Administrative Law Judge (ALJ) with the Office of Administrative Hearings, on January 15, 2020, in Los Angeles, California. Christine J. Lally (Complainant) was represented by Jonathan Nguyen, Deputy Attorney General. Emmanuel A. Ayodele, M.D. (Respondent) was represented Adam B. Brown, Attorney at Law.

Testimony and documentary evidence was received. The record was closed and the matter was submitted for decision on January 15, 2020.

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FACTUAL FINDINGS

Jurisdiction

1. On June 18, 2019, Kimberly Kirchmeyer filed a Petition to Revoke Probation while acting in her capacity as the Executive Director of the Medical Board of California (Board), Department of Consumer Affairs.

2. Respondent filed a Notice of Defense requesting a hearing on the Petition to Revoke Probation.

3. On December 9, 2019, Complainant filed the First Amended Petition to Revoke Probation while acting in her official capacity as the Interim Executive Director of the Board.

License History and Probation Order

4. On September 11, 1989, the Board issued Physician's and Surgeon's Certificate Number A 46478 to Respondent. That certificate is scheduled to expire on February 28, 2021.

5. On February 3, 2014, a Notice of Automatic Suspension of License was sent to Respondent, informing him that, effective October 10, 2013, the Board had automatically suspended his medical license by operation of law. The automatic suspension arose from Respondent's October 10, 2013 felony conviction for health care fraud (U.S.D.C. Case No. CR11-134(A)-GW) and his subsequent sentence of incarceration in federal prison for 37 months, effective November 15, 2013. Upon release from imprisonment, Respondent was placed on supervised release for three years. Respondent's federal criminal supervision ended on August 11, 2019.

6. On May 19, 2015, an Accusation was filed against Respondent based on his 2013 criminal conviction. In a Decision and Order (Probation Order), effective June 16, 2017, adopting a Stipulated Settlement and Disciplinary Order, the Board revoked Respondent's license, stayed the revocation, and placed Respondent on probation for 10 years on specified terms and conditions. The terms of the Probation Order included: serving a one-year suspension from the practice of medicine; providing 100 hours of non-medical community service; completing a medical recordkeeping course; completing an ethics course; undergoing and paying for a psychiatric evaluation (Probation Condition 7); paying the annual probation monitoring costs (Probation Condition 21); completing 40 hours of educational coursework for each probation year (in addition the continuing medical education (CME) required for license renewal) (Probation Condition 3); and successfully completing a clinical competence assessment program (Probation Condition 6).

7. Probation Condition 6, requiring the clinical competence assessment program, specified, in pertinent part:

> Respondent shall pay all expenses associated with the clinical assessment program. At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the respondent has demonstrated the ability to practice safely and independently. Based on respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition

> or psychological condition, or anything else affecting respondent's practice of medicine. Respondent shall comply with the program's recommendations.
>
> Determination as to whether respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction. Following the termination date of his suspension from the practice of medicine, Respondent shall no practice medicine until Respondent has successfully completed the program and has been so notified by the Board or its designee in writing.

(Exhibit 4, p. AGO 006.1-006.2.)

8. On June 5, 2017, Respondent met with his Board probation monitor, Inspector Teresa Solis-Betty, to review the terms of his probation. Respondent signed an "Acknowledgment of Decision" affirming that he received a copy of the Probation Order, that Inspector Solis-Betty explained all of the probationary terms and conditions, and that Respondent understood what was required of him under the Probation Order.

9A. Probation Condition 7 mandates a psychiatric examination of Respondent at his expense. On July 16, 2017, Respondent underwent a psychiatric evaluation. On July 26, 2017, Inspector Solis-Betty sent Respondent a letter informing him that the fee for the psychiatric evaluation was $1,425. The July 26, 2017 letter instructed Respondent to pay the fee within 30 days. However, Respondent did not make any payment until January 15, 2019, when he paid $50 toward the balance owed.

Respondent has not paid any other portion of the fee. To date, Respondent owes a balance of $1,375 for the cost of the psychiatric evaluation.

9B. Respondent is currently in violation of Probation Condition 7 for failing to pay the cost of the psychiatric evaluation.

10A. Probation Condition 21 requires Respondent to pay annual probation monitoring costs. Respondent owed the following annual probation monitoring costs: $2,474 for calendar year 2017 (prorated from the effective date of the Probation Order), due January 31, 2018; $4,749 for calendar year 2018, due January 31, 2019; and $4,969 for calendar year 2019, due January 31, 2020.

10B. Respondent did not make any payment on his 2017 probation monitoring costs until January 15, 2019, when he made separate payments of $50 and $1,200 toward the balance owed. Respondent has paid no other portion of the 2017 probation monitoring costs. To date, Respondent owes a balance of $1,224 for his 2017 probation monitoring costs.

10C. Respondent did not make any payment on his 2018 probation monitoring costs until January 15, 2019, when he paid $50 toward the balance owed. Respondent has paid no other portion of the 2018 probation monitoring costs. To date, Respondent owes a balance of $4,699 for his 2018 probation monitoring costs.

10D. On January 15, 2019, Respondent paid $50 toward the balance owed on his 2019 probation monitoring costs. Respondent has paid no other portion of the 2019 probation monitoring costs. To date, Respondent owes a balance of $4,919 for his 2019 probation monitoring costs.

10E. Respondent is currently in violation of Probation Condition 21 for failing to pay his probation monitoring costs.

11A. Probation Condition 3 requires Respondent to complete 65 hours of CME for each probationary year, consisting of 25 hours for license renewal and 40 hours of Board pre-approved educational courses in satisfaction of Probation Condition 3. For the probationary year June 16, 2018 through June 16, 2019, Respondent provided proof of completion for only five CME hours.

11B. At hearing, Respondent provided proof of completion of additional CME hours to establish satisfaction of Probation Condition 3. However, those CME hours were completed in probationary years June 16, 2017 through June 16, 2018, and June 16, 2019 through June 16, 2020, which are not at issue and for which he has not been charged with violation of Probation Condition 3. Additionally, Respondent provided proof of completion of his medical recordkeeping course (in satisfaction of Probation Condition 4) and his ethics course (in satisfaction of Probation Condition 5), seeking to add those CME hours to his total 65 CME hours for the June 2018 through June 2019 probationary year. None of these proffered CME hours were included in the calculation of Respondent's total CME hours required for satisfaction of Probation Condition 3 during the June 2018 through June 2019 probationary year.

11C. Respondent is in violation of Probation Condition 3 for failing to complete 65 hours of CME for the June 2018 through June 2019 probationary year.

12A. Probation Condition 6 requires Respondent to successfully complete a clinical competence assessment program. From November 5 through 9, 2018, Respondent participated in the Physician Assessment and Clinical Education (PACE) program at the University of California, San Diego (UCSD). At the time he participated

in PACE, Respondent had not practiced medicine for five years (since 2013). Following Respondent's participation in the program, PACE issued a March 13, 2019 report of its findings and conclusions.

12B. Respondent underwent a physical examination which revealed that his blood pressure was elevated and that he had uncorrected myopia (difficulty with distance vision). A cognitive screening test was performed to determine which PACE participant should be referred for a full neuropsychological evaluation. Respondent performed below average on all indices, and PACE recommended further neuropsychological evaluation to determine whether Respondent was unable to safely perform his duties due to a neuropsychological/psychological condition or impairment.

12C. Respondent's clinical skills were then assessed to determine his competency to practice medicine within the standard of care. Respondent's performance of a mock patient history and physical was not within the standard of care. He performed poorly overall on the oral clinical examination, thus demonstrating "significant deficits in medical knowledge and clinical judgment." (Exhibit 7, p. AGO-006.) Respondent engaged in a standardized patient evaluation (SPE) in four simulated cases, his "overall clinical competence score was unsatisfactory," and he "did not display sufficient competence . . . to consider him safe to practice [medicine]." (*Id.* at p. AGO-008.) His overall score on the Transaction Stimulated Recall (TSR) interview following PRIMUM computer case simulations "was unsatisfactory, and he demonstrated deficiencies in his medical knowledge and clinical judgment." (*Ibid.*) Respondent scored in the 1st percentile on a family medicine multiple choice examination created by the National Board of Medical Examiners. Three of four

physicians who observed Respondent's clinical performance over two days rated his medical knowledge as unsatisfactory.

12D. The PACE program provided its summary and recommendations in its March 13, 2019 report. Regarding Respondent's clinical skills, PACE noted:

> Overall, [Respondent's] performance on the assessment was unsatisfactory and extremely concerning. During the history and physical exam on our mock patient, both the health history and physical exam were incomplete and poorly done. During the oral clinical exam, he scored unsatisfactory overall, failing 5 of the 8 cases and barely passing the remaining 3. He demonstrated significant deficits in medical knowledge and clinical judgment during this exam. On the standardized patient evaluation, he scored unsatisfactory overall. He again demonstrated significant deficiencies in his medical knowledge and clinical judgment, as well as in his history and physical examination skills. During the PRIMUM and subsequent TSR interview, his overall score was unsatisfactory. He scored in the 1st percentile on the Family Medicine Subject Exam. During the clinical observation, multiple faculty he worked with comment that they had concerns regarding his medical knowledge. . . .

(Exhibit 7, p. AGO-0012.)

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12E. PACE also commented on Respondent's cognitive functioning and its possible effect on his ability to practice medicine safely as follows:

> During the physical exam, [Respondent's] blood pressure was elevated . . . and his vision was impaired. On the Microcog cognitive screening, [Respondent] scored in or below the first percentile . . . on all indices. This is a severely below average performance. . . .
>
> We have serious concerns about [Respondent's] cognitive functioning and ability to practice medicine safely. We recommend that he follow-up with his healthcare provider(s) regarding his elevated blood pressure and vision impairment and complete a comprehensive fitness for duty neuropsychological evaluation . . . as soon as possible. If [Respondent] suffers from treatable cognitive deficits, he should receive any recommended treatment.

(Exhibit 7, pp. AGO-0012.)

12F. PACE noted that Respondent's "overall performance on our comprehensive, five-day physician assessment is consistent with a FAIL-Category 4." (Exhibit 7, p. AGO-0013.) A Category 4 FAIL is described as follows:

> Signifies a poor performance that is not compatible with overall physician competency and safe practice. Physicians in this category performed poorly on all (or nearly all) aspects of the assessment. . . . These physicians are unsafe and, based on the observed performance in the PACE

> assessment, represent a potential danger to their patients. Some physicians in this category may be capable of remediating their clinical competency to a safe level and some may not. We will provide our recommendations regarding remedial educational activities. The faculty and staff of the UCSD PACE Program do not give an outcome of "Fail" lightly or casually. This assignation reflects major, significant deficiencies in clinical competence, and physicians who receive this outcome, if they are deemed to be candidates for remedial education, should think in terms of engaging in a minimum of one full year of dedicated study and other learning activities requiring on average 30-40 hours per week. . . .

(Exhibit 7, p. AGO-0013.)

12G. Assuming that Respondent was deemed cognitively fit for duty, PACE recommended that, in order to remediate his clinical skills to achieve competency, Respondent "will need to spend a minimum of 6 to 12 months studying at the level of a medical student before considering a [PACE] reassessment." (Exhibit 7, p. AGO-0013.)

13A. In an April 3, 2019 letter from PACE to the Board, PACE noted: "The purpose of this addendum is to clarify that if the [Board] or [Respondent] wish to determine if [Respondent's] cognitive impairments have any treatable causes, he will need to undergo a work-up with a Board approved neurologist." (Exhibit 14, p. AGO-001.)

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13B. In an April 11, 2019 letter, Inspector Solis-Betty informed Respondent:

> As a condition of your probation you are required to undergo and complete the [PACE] Program. The [Probation Order] requires that you comply with any restrictions or conditions recommended by the PACE Program. PACE concluded that a more in-depth, neuropsychological Fitness for Duty Evaluation (FFDE) was warranted. After reviewing the FFDE report, PACE has now recommended that you be seen by a neurologist. The Neurological Evaluation must be completed by a Board-appointed physician. . . . Please note that you are responsible for all costs associated with the evaluation.

(Exhibit 14, p. AGO-002.)

13C. On April 19, 2019, Respondent underwent a neurological evaluation by Sharon Yegiaian, M.D. Dr. Yegiaian opined that, while "there is a degree of mild cognitive impairment," she saw "no pressing concern to limit [Respondent's] ability in pursuing the practice of medicine." (Exhibit 14, p. AGO-005.)

13D. In a July 18, 2019 letter, Inspector Solis-Betty informed Respondent that the cost of Dr. Yegiaian's evaluation was $3,733, for which Respondent was responsible. Respondent has not paid the cost of Dr. Yegiaian's evaluation, and a balance of $3,733 is owed.

13E. Respondent is currently in violation of Probation Condition 6 for failing to pay all expenses associated with the clinical competence assessment program.

13F. In her July 18, 2019 letter, Inspector Solis-Betty reminded Respondent that he is required to successfully complete PACE before being allowed to practice medicine. She noted:

> While the evaluator has found no pressing concerns to limit your ability in pursuing the practice of medicine, you have not yet successfully passed the PACE program. Please refer to the PACE failure letter sent to you. [¶] At this time, you are not permitted to return to the practice of medicine.

(Exhibit 14, p. AGO-005.)

14. Respondent is currently in violation of Probation Condition 6 for failing to successfully complete the clinical competence assessment program.

15. On October 9, 2017, the Board issued a Citation Order to Respondent based on his violation of the terms and conditions of his probation (failing to provide proof of enrollment in a medical recordkeeping course, ethics course, and PACE). In December 2017, Respondent resolved the citation and paid the $350 assessed fine.

16. On June 15, 2018, the Board issued another Citation Order to Respondent for failing to pay his probation monitoring costs. That citation remains unresolved.

17. Respondent testified at the administrative hearing. His demeanor was professional and cooperative.

18A. Respondent testified, and Inspector Solis-Betty's testimony confirmed, that several of Respondent's probation violations (failure to pay evaluators' fees, failure to pay probation monitoring costs for several years) stem from Respondent's

financial difficulties. However, during their intake interview on June 5, 2017, Inspector Solis-Betty informed Respondent about his responsibility to pay all probation costs, including enrollment fees for PACE and other required courses, fees for psychological evaluations, and probation monitoring costs, and Respondent did not tell her that he would have any problems paying these costs. Thereafter, they discussed Respondent's failure to pay required costs during quarterly interviews and in letters, phone conversations, and emails. Respondent told Inspector Solis-Betty that he was doing his best to pay the costs owed, but that he was short on funds. He explained that his only sources of income were Social Security and his wife's salary as a substitute teacher, and that he was unable to secure employment. Without disclosing details regarding the jobs for which he had applied, Respondent informed Inspector Solis-Betty that he was "overqualified." Inspector Solis-Betty provided payment plans to Respondent, some of which he signed and some of which he stated he could not comply with because he did not have the funds.

18B. Respondent remains unemployed. He and his wife are living with their daughter and grandchild. He is drawing Social Security, and his wife is employed as a substitute teacher.

19A. At the administrative hearing, Respondent emphasized his mental competency, and argued that he was able to practice medicine safely. To corroborate Dr. Yegiaian's findings, Respondent proffered the reports of Nathan E. Lavid, M.D., who conducted a comprehensive psychiatric evaluation of Respondent in July 2017, and a supplemental psychiatric evaluation in October 2019. Dr. Lavid found Respondent's ability to practice medicine safely was not impaired by either mental illness or physical illness that could affect his competency.

19B. However, Respondent's deficient clinical skills and PACE failure are at issue in this matter, not his mental competency. Respondent failed to provide evidence that he addressed the clinical skills deficiencies noted by PACE. He has not completed PACE's recommended course of study of "a minimum of 6 to 12 months studying at the level of a medical student." (Exhibit 7, p. AGO-0013.) He has not returned to PACE for reassessment in order to successfully complete that program. Consequently, Respondent remains non-compliant with the mandates of Probation Condition 6.

20A. Respondent disagreed with the scores he received from the PACE program, and he insisted that he is a good physician. However, Respondent stipulated, and the Probation Order reflected, that the "[d]etermination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction." (Exhibit 4, p. AGO 006.2.) Consequently, Respondent cannot contest the PACE findings and conclusions.

20B. Respondent sought to provide an explanation for his deficient scores, stating that he was under a great deal of anxiety while participating in the PACE program. He denied anxiety related to being observed by the assessors while performing patient examinations, instead expressing confidence in his patient examination skills. However, Respondent testified that the day before beginning the PACE program, his sister called to inform him that their brother had suffered a stroke and died. Respondent recalled that, when he entered the building to begin his PACE participation, the "secretary" saw him tearing up, he told her his brother had just died, and she hugged him. Nevertheless, Respondent did not consider rescheduling his PACE participation because he had to borrow the money to enroll, and he felt he "was good and could try."

20C. Prior to the administrative hearing, Respondent apparently did not view the emotional toll of his brother's death as a factor affecting his cognitive and clinical abilities during the PACE evaluation. William Norcross, M.D., the Director of the PACE program, testified credibly that if Respondent had disclosed that information to PACE faculty and had indicated that his distress was such that he did not feel he could perform his best, the faculty would have reported this to Dr. Norcross, and the PACE program would have worked to reschedule Respondent's assessment. PACE does not want to waste time performing a long, expensive evaluation of a physician who is not performing their best. However, Dr. Norcross saw no such disclosures by Respondent documented in the PACE program records.

20D. The fact and impact of Respondent's brother's passing and Respondent's ensuing distress were also absent from Dr. Lavid's October 2019 report. In his October 2019 report, Dr. Lavid noted that his evaluation was requested to "evaluate if there is any type of stressors that could have contributed to [Respondent's] poor performance on the cognitive aspects he had in the PACE Program." (Exhibit A, p. 3.) However, the October 2019 report discusses only Respondent's anxiety and "feeling quite nervous when he was going through the PACE Program and being scrutinized by many different doctors." (*Id.* at p. 5.) Dr. Lavid's October 2019 report noted, "In consideration of the anxiety he was experiencing during the PACE Program, which is an understandable reaction in light of his belief system where he was worried about undergoing this scrutiny, it is understandable that he would be distracted by this anxiety." (*Ibid.*) Dr. Lavid's October 2019 report did not document any disclosure by Respondent that his brother's death and resulting distress had impacted his PACE performance.

20E. The fact and impact of Respondent's brother's passing and Respondent's resulting distress were also absent from Dr. Yagiaian's April 2019 evaluation report. Additionally, Respondent never mentioned to Inspector Solis-Betty that these were factors impacting his PACE performance.

20F. Given that Respondent did not report his brother's death and the resulting distress to PACE faculty in order to reschedule the assessment, and given that he did not later seek to repeat the assessment based on the impact of these factors, they cannot now be deemed sufficiently significant so as to reject the findings, conclusions, and recommendations of the PACE program.

21. Respondent seeks to maintain his licensure. He wishes to work as a physician again because, as he stated "that is all I know how to do, and I am good at it."

22. He would like to comply with his probationary financial obligations, but he does not currently have a plan to keep current with the probationary costs. However, he stated that he is "doing the best that [he] can," and if the Board allowed him to work as a physician, he would be able to obtain a line of credit.

23. Respondent has the support of friends and former colleagues who testified and submitted letters on his behalf advocating for his continued licensure.

LEGAL CONCLUSIONS

1. Cause exists to revoke Respondent's probation and impose the stayed revocation of Respondent's license for failure to comply with the Probation Order,

Condition Number 6 (failure to successfully complete clinical competence assessment program), as set forth in Factual Findings 3 through 23.

2. Cause exists to revoke Respondent's probation and impose the stayed revocation of Respondent's license for failure to comply with the Probation Order, Condition Number 7 (failure to pay psychiatric evaluation cost), as set forth in Factual Findings 3 through 23.

3. Cause exists to revoke Respondent's probation and impose the stayed revocation of Respondent's license for failure to comply with the Probation Order, Condition Number 21 (failure to pay probation monitoring costs), as set forth in Factual Findings 3 through 23.

4. Cause exists to revoke Respondent's probation and impose the stayed revocation of Respondent's license for failure to comply with the Probation Order, Condition Number 3 (failure to submit proof of completing 65 CME hours for probationary year 2018-2019), as set forth in Factual Findings 3 through 23.

5. Cause exists to revoke Respondent's probation and impose the stayed revocation of Respondent's license for failure to comply with the Probation Order, Condition Number 6 (failure to pay for neurological evaluation which had been recommended by PACE program), as set forth in Factual Findings 3 through 23.

6. Cause exists to revoke Respondent's probation and impose the stayed revocation of Respondent's license for failure to comply with the Probation Order, Condition Number 19 (failure to comply with conditions of probation), as set forth in Factual Findings 3 through 23.

7A. Respondent has been on probation since June 2017. During his two and one half years on probation, Respondent has failed to meet several financial obligations set forth in the Probation Order, and his violations have not been remedied. Although Respondent indicated he is doing his "best," his last efforts to satisfy his financial obligations occurred one year ago in January 2019. Respondent indicated that he could obtain a line of credit to meet his probationary financial obligations if he were allowed to practice medicine again. However, Respondent's resumption of any practice of medicine is conditioned on his successful completion of the PACE program.

7B. Respondent failed to successfully complete the PACE program. Since Respondent has not engaged in the practice of medicine since 2013, successful completion of PACE is necessary to ensure that Respondent's medical knowledge and clinical skills remain within the standard of care in order to protect the public health and safety. At hearing, Respondent disagreed with the scores he garnered during the PACE program, and he insisted that he is a good physician. In light of this attitude, Respondent has made no effort to remediate the PACE-documented deficiencies in his medical knowledge and clinical skills. He has not completed PACE's recommended course of study of "a minimum of 6 to 12 months studying at the level of a medical student" (Exhibit 7, p. AGO-0013), and he has not returned to PACE for reassessment in order to successfully complete that program. Consequently, Respondent remains non-compliant with Probation Condition 6, and he remains unable to practice medicine for the foreseeable future. This, in turn, prevents Respondent's compliance with his financial probationary conditions.

7C. The foregoing bodes poorly for Respondent's future compliance with and successful completion of his probation. Consequently, revocation of Respondent's license is necessary to protect the public health, safety and welfare.

ORDER

Physician's and Surgeon's Certificate Number A 46478, issued to Respondent, Emmanuel A. Ayodele, M.D., is hereby revoked.

DATE: February 3, 2020

DocuSigned by:
Julie Cabos-Owen
18236F95DE98452...

JULIE CABOS-OWEN
Administrative Law Judge
Office of Administrative Hearings