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

In the Matter of the Accusation Against: **CLARENCE SUTTON, M.D.** 3132 Van Nostran Drive Lakewood, CA 90712 Physician & Surgeon Certificate No. G 74582 Respondent.	Case No. 06-1999-104640 OAH No. L-2002070319

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Division of Medical Quality, Medical Board of California, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on October 27, 2003.

It is so ORDERED September 26, 2003.

FOR THE DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
Ronald H. Wender, M.D.
Chair, Panel B

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

In the Matter of the Accusation Against: **CLARENCE SUTTON, M.D.** 3132 Van Nostran Drive Lakewood, CA 90712 Physician's & Surgeon's Certificate No. G 74582 Respondent.	Case No. 06-1999-104640 OAH No. L-2002070319 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Ron Joseph (Complainant) is the Executive Director of the Medical Board of California. He brought this action solely in his official capacity and is represented in this matter by Bill Lockyer, Attorney General of the State of California, by Taylor Schneider, Deputy Attorney General.

2. Respondent Clarence Sutton, M.D. (Respondent) is represented in this proceeding by attorney Henry R. Fenton, whose address is 11845 W. Olympic Blvd., Suite 775, Los Angeles, CA 90064.

3. On or about July 7, 1992, the Medical Board of California issued

Physician's & Surgeon's Certificate No. G 74582 to Clarence Sutton, M.D. (Respondent). The Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 06-1999-104640 and will expire on August 31, 2003, unless renewed.

JURISDICTION

4. Accusation No. 06-1999-104640 was filed before the Division of Medical Quality (Division) for the Medical Board of California, Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on June 11, 2001. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 06-1999-104640 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 06-1999-104640. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary 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 be represented by counsel at his own expense; 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 contained in the first sentence of Paragraph 21 of Accusation No. 06-1999-104640 (that is, that Respondent engaged in unprofessional conduct when he failed to properly supervise a

physician's assistant).

9. Respondent agrees that his Physician & Surgeon Certificate is subject to discipline and he agrees to be bound by the Division's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

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

11. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including 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 Division may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician & Surgeon's Certificate No. G 74582 issued to Respondent Clarence Sutton, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

Within 15 days after the effective date of this decision the respondent shall provide the Division, or its designee, proof of service that respondent has served a true copy of this decision on the Chief of Staff or the Chief Executive Officer at every hospital where

privileges or membership are extended to respondent or at any other facility where respondent engages in the practice of medicine and on the Chief Executive Officer at every insurance carrier where malpractice insurance coverage is extended to respondent.

1. ACTUAL SUSPENSION As part of probation, respondent is suspended from the practice of medicine for 30 days beginning the sixteenth (16th) day after the effective date of this decision.

2. PHYSICIAN ASSESSMENT AND CLINICAL EDUCATION PROGRAM Within 60 calendar days of the effective date of this Decision, Respondent, at his expense, shall enroll in a clinical training or educational program equivalent to The Physician Assessment and Clinical Education (PACE) Program offered at the University of California - San Diego School of Medicine ("Program"). The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of Respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to Respondent's specialty or sub-specialty. After the results of Phase 1 are reviewed, Respondent shall complete Phase 2. Phase 2 comprises five (5) days (40 hours) of Clinical Education in Respondent's field of specialty. The specific curriculum of Phase 2 is designed by PACE Faculty and the Department or Division of Respondent's specialty, and utilizes data obtained from Phase 1. After Respondent has completed Phase 1 and Phase 2, the PACE Evaluation Committee will review all results and make a recommendation to the Division or its designee as to whether further education, clinical training (including scope and length), treatment of any medical and/or psychological condition and any other matters affecting Respondent's practice of medicine will be required or recommended. The Division or its designee may at any time request information from PACE regarding the Respondent's participation in PACE and/or information derived therefrom. The Division may order Respondent to undergo additional education, medical and/or psychological treatment based upon the recommendations received from PACE.

Upon approval of the recommendation by the Division or its designee, Respondent shall undertake and complete the recommended and approved PACE Program. At

the completion of the PACE Program, Respondent shall submit to an examination on its contents and substance. The examination shall be designed and administered by the PACE Program faculty. Respondent shall not be deemed to have successfully completed the program unless he passes the examination. Respondent agrees that the determination of the PACE Program faculty as to whether or not he passed the examination and/or successfully completed the PACE Program shall be binding.

Respondent shall complete the PACE Program no later than six months after his initial enrollment unless the Division or its designee agrees in writing to a later time for completion.

If Respondent successfully completes the PACE Program, including the examination referenced above, he agrees to cause the PACE Program representative to forward a Certification of Successful Completion of the program to the Division or its designee. If Respondent fails to successfully complete the PACE Program within the time limits outlined above, he shall be suspended from the practice of medicine.

Failure to participate in, and successfully complete all phases of the PACE Program, as outlined above, shall constitute a violation of probation.

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

The Division or its designee shall provide the approved monitor with copies of the Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of

the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement.

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

The monitors shall submit a quarterly written report to the Division or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine or billing, or both, and whether Respondent is practicing medicine safely, billing appropriately or both.

It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Division or its designee within 10 calendar days after the end of the preceding quarter.

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

In lieu of a monitor, Respondent may participate in a professional enhancement program equivalent to the one offered by PACE that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and

education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

Failure to maintain all records, or to make all appropriate records available for immediate inspection and copying on the premises, or to comply with this condition as outlined above is a violation of probation.

4. SUPERVISION OF PHYSICIAN ASSISTANTS During probation, Respondent is prohibited from supervising physician assistants.

5. ETHICS COURSE Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in ethics, at Respondent's expense, approved in advance by the Division or its designee. Failure to successfully complete the course during the first year of probation is a violation of probation.

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

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

6. COMMUNITY SERVICE - FREE SERVICES Within 60 calendar days of the effective date of this Decision, respondent shall submit to the Division or its designee for prior approval a community service plan in which Respondent shall within the first year of probation, provide 40 hours of free services to a community or non-profit organization.

Prior to engaging in any community service, Respondent shall provide a true copy of the Decision to the chief of staff, director, office manager, program manager, officer, or the chief executive officer at every community or non-profit organization where Respondent provides community service and shall submit proof of compliance to the Division or its designee within 15 calendar days. This condition shall also apply to any changes in community service.

Community service performed prior to the effective date of the Decision shall not be accepted in fulfillment of this condition.

7. MEDI-CAL REIMBURSEMENT Based upon a showing that removing Respondent from the pool of physicians providing surgical services to Medi-Cal beneficiaries in the south-central Los Angeles area would adversely impact the availability of such services to Medi-Cal patients, the Division has determined that compelling circumstances warrant the continued rei8mbursement of Medi-Cal claims during the probationary period. As Welfare & Institutions Code section 14124.12, subsection (c), expressly provides that the section shall become inoperative on July 21, 2003, and, as of January 1, 2004, is repealed, this determination is contingent upon the enactment of a subsequent statute, or the extension of the dates upon which the statute becomes inoperative and is repealed.

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

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

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

10. QUARTERLY DECLARATIONS Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all the conditions of probation. Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

11. PROBATION UNIT COMPLIANCE Respondent shall comply with the Division's probation unit. Respondent shall, at all times, keep the Division informed of Respondent's business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the Division or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Respondent shall not engage in the practice of medicine in Respondent's place of residence. Respondent shall maintain a current and renewed California physician's and surgeon's license.

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

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

13. RESIDING OR PRACTICING OUT-OF-STATE In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Division or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Division or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve Respondent of the

responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; Probation Unit Compliance; and Cost Recovery.

Respondent's license shall be automatically cancelled if Respondent's periods of temporary or permanent residence or practice outside California total two years. However, Respondent's license shall not be cancelled as long as Respondent is residing and practicing medicine in another state of the United States and is on active probation with the medical licensing authority of that state, in which case the two year period shall begin on the date probation is completed or terminated in that state.

14. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT In the event Respondent resides in the State of California and for any reason Respondent stops practicing medicine in California, Respondent shall notify the Division or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary term and does not relieve Respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Division or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any other condition of probation, shall not be considered a period of non-practice.

Respondent's license shall be automatically cancelled if Respondent resides in California and for a total of two years, fails to engage in California in any of the activities described in Business and Professions Code sections 2051 and 2052.

15. COMPLETION OF PROBATION Respondent shall comply with all financial obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation,

Respondent's certificate shall be fully restored.

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

17. COST RECOVERY Within 90 calendar days from the effective date of the Decision or other period agreed to by the Division or its designee, Respondent shall reimburse the Division the amount of $7,900.00 for its investigative and prosecution costs. The filing of bankruptcy or period of non-practice by Respondent shall not relieve the Respondent of his obligation to reimburse the Division for its costs.

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18. PROBATION MONITORING COSTS Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Division, which are currently set at $2,874.00, but may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Division or its designee no later than January 31 of each calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of probation.

19. LICENSE SURRENDER Following the effective date of this Decision, if Respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request the voluntary surrender of Respondent's license. The Division reserves the right to evaluate Respondent's request and to exercise its discretion whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Division or its designee and Respondent shall no longer practice medicine. Respondent will no

longer be subject to the terms and conditions of probation and the surrender of Respondent's license shall be deemed disciplinary action. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Henry R. Fenton. I understand the stipulation and the effect it will have on my Physician & Surgeon Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Division of Medical Quality, Medical Board of California.

DATED: 8/12/03

CLARENCE SUTTON, M.D.
Respondent

I have read and fully discussed with my client, Respondent Clarence Sutton, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 8-12-03

HENRY R. FENTON
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Division of Medical Quality, Medical Board of California of the Department of Consumer Affairs

DATED: Aug. 12, 2003.

BILL LOCKYER, Attorney General
of the State of California

TAYLOR SCHNEIDER
Deputy Attorney General

Attorneys for Complainant

Exhibit A

Accusation No. 06-1999-104640

BILL LOCKYER, Attorney General
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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO June 11, 20 01
BY Kubedy Lactnieff ANALYST

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

In the Matter of the Accusation Against: CLARENCE SUTTON, JR., M.D. 3132 Van Nostran Drive Lakewood, CA 90712 Physician's and Surgeon's Certificate No. G74582 Respondent.	Case No. 06-1999-104640 **ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about July 7, 1992, the Medical Board of California, Department of Consumer Affairs, State of California, issued Physician's and Surgeon's Certificate Number G74582 to Clarence Sutton, Jr., 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 August 31, 2001, unless renewed.

3. On or about March 27, 1996, respondent was issued approval No. SA 25635 as a supervisor of physician assistants. Such approval will expire on June 30, 2001, unless renewed..

JURISDICTION

4. This Accusation is brought before the Division of Medical Quality, Medical Board of California, Department of Consumer Affairs, State of California ("Division"), under the authority of the following sections of the Business and Professions Code ("Code").

5. 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 Division deems proper.

6. Section 2234 of the Code states that the Division of Medical Quality 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, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts.

(d) Incompetence.

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

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

(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall

become operative upon the implementation of the proposed registration program described in Section 2052.5.

7. Section 125.3 of the states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

8. Section 14124.12 of the Welfare and Institutions Code states:

(a) Upon receipt of written notice from the Medical Board of California, the Osteopathic Medical Board of California, or the Board of Dental Examiners of California, that a licensee's license has been placed on probation as a result of a disciplinary action, the department may not reimburse any Medi-Cal claim for the type of surgical service or invasive procedure that gave rise to the probation, including any dental surgery or invasive procedure, that was performed by the licensee on or after the effective date of probation and until the termination of all probationary terms and conditions or until the probationary period has ended, whichever occurs first. This section shall apply except in any case in which the relevant licensing board determines that compelling circumstances warrant the continued reimbursement during the probationary period of any Medi-Cal claim, including any claim for dental services, as so described. In such a case, the department shall continue to reimburse the licensee for all procedures, except for those invasive or surgical procedures for which the licensee was placed on probation.

9. Section 2261 of the Code states:

Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which

falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct.

10. Section 2262 of the Code states:

Altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct.

In addition to any other disciplinary action, the Division of Medical Quality or the California Board of Podiatric Medicine may impose a civil penalty of five hundred dollars ($500) for a violation of this section.

11. Section 810 of the Code states:

(a) It shall constitute unprofessional conduct and grounds for disciplinary action, including suspension or revocation of a license or certificate, for a health care professional to do any of the following in connection with his or her professional activities:

(1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.

(2) Knowingly prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any false or fraudulent claim.

(b) It shall constitute cause for revocation or suspension of a license or certificate for a health care professional to engage in any conduct prohibited under Section 1871.4 of the Insurance Code or Section 550 of the Penal Code.

(c) As used in this section, health care professional means any person licensed or certified pursuant to this division, or licensed pursuant to the Osteopathic Initiative Act, or the Chiropractic Initiative Act.

12. Section 3527of the Code states in relevant part:

[T]he Division of Medical Quality of the Medical Board of California, in conjunction with an action it has commenced against a physician and surgeon, may, in its own discretion and without the concurrence of the board, order the suspension or revocation of, or the imposition of probationary conditions upon, an approval to supervise a physician's assistant, after a hearing as required in Section 3528, for unprofessional conduct, which includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the committee or the board.

13. Section 725 of the Code states in relevant part:

Repeated acts of clearly excessive prescribing or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, or optometrist.

14. Section 1399.545(a) of the Physician Assistants Regulations provides: The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously. The

supervising physician shall be responsible for all medical services provided by a physician assistant under his or her supervision.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

15. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code in that respondent was grossly negligent in the supervision of a physician assistant and in the care and treatment of patients. The circumstances are as follows:

PATIENT A.E.

A. On or about October 6, 1999, patient A.E., a 66 year old male, presented, based on the medical records, to physician assistant ("PA") Ricky Hicks, who worked in respondent's office and was supervised by respondent. Patient A.E.'s chief complaint was low back pain that started with the lifting of a box. PA Hicks examined patient A.E. finding hyperaemia at post pharynx, and spine C-3 and L5 paraspinal tenderness. A blood pressure of 136/98 was recorded. Hick's assessment was low back pain syndrome and upper respiratory infection. His treatment plan was for routine labs, including blood level, blood sugar level, urine analysis; throat swab for bacteria; Tylenol #3; and Sudafed (a decongestant). Respondent cosigned the chart on the same date, October 6, 1999. Lab tests were collected on September 23, 1999, and reported on October 1, 1999, and included the following abnormal values (normals in parentheses): triglycerides, 413 (35-160); creatine kinase (an indication of muscle injury) 536 (26-174); T4 (a thyroid measure) 0.9 (4.5-12.5); free thyroxin index (a thyroid measure) 0 (1-5); sedrate (an indicator of inflammation in the body), 17 (0-10); glucose, 173 (70-105); alk. phos. (a liver enzyme), 189 (37-147); AST (a liver enzyme), 67 (0-34); ALT (a liver enzyme), 137 (5-30); and GGT (a liver enzyme), 46 (5-38). A lab sheet dated October 6, 1999, shows a hemoglobin level of 14, a blood sugar level of 124 and a negative strep test. A respiratory status evaluation

sheet completed and dated October 6, 1999, shows all normal results and indicates that lobe percussion/vibration was performed. A sheet indicating muscle strength testing, speech testing and swallow function testing show all normal results and is dated October 6, 1999. A sheet labeled "Range of Motion Testing" shows all normal results. The CPT codes used to bill for the examination included, among others, 92506, which is for evaluation of speech and voice communication and is performed on patients with brain injury from trauma, surgery or stroke (three hours); 92525, which is for evaluation of swallowing and oral function to determine if the person with brain injury or stroke can be fed orally; 94667, which is for pulmonary service employed to treat areas of lung collapse or infection; and 95851, which is for neuromuscular service for range of motion testing, which testing requires documentation of exact degrees and radians of range of motion. Patient A.E.'s chart does not contain documentation substantiating any of the above billing codes. Nor does the chart document any medical condition that would warrant the corresponding procedures. There were no protocols in place to support the procedures that PA Hicks prescribed for patient A.E. The chart for patient A.E. does not document any discussion between respondent and PA Hicks regarding a treatment plan to address the abnormal blood test results or the abnormal blood pressure.

B. On or about October 6, 1999, respondent was grossly negligent when he failed to discuss with PA Hicks, or document same, a treatment plan to address patient A.E.'s abnormal laboratory test results.

C. On or about October 6, 1999, respondent was grossly negligent when he authorized PA Hicks to perform procedures in connection with patient A.E. that were not medically necessary.

D. On or about October 6, 1999, respondent was grossly negligent when he billed Medi-Cal for procedures that were not medically necessary.

PATIENT J.C.

E. On or about October 12, 1999, patient J.C., a 53 year old male in no acute distress, presented, based on the medical records, to PA Hicks with a complaint of back pain for two days. Vital signs were normal. Physical examination by PA Hicks revealed mild supra pubic tenderness and L3-L5 paraspinal tenderness. A hand written note on a lab sheet recorded a blood sugar reading of 147 (normal is 64 to 110) and a normal hemoglobin level of 13. A normal strep test was documented. A respiratory status evaluation sheet was completed and dated October 12, 1999, showing all normal results and indicating that lobe percussion/vibration was performed. A sheet indicating muscle strength testing, speech testing and swallow function testing showing all normal results is in the chart for patient J.C., and is dated October 12, 1999. A sheet labeled "Range of Motion Testing" shows all normal results. PA Hicks's assessment of patient J.C. was low back pain syndrome and urinary tract infection. His treatment plan was for routine labs, hemoglobin, blood sugar level, and urine analysis; strep test; Bactrim DS for ten days; Tylenol #3 one tab every 8 hours as needed for pain (45 pills prescribed); and follow up as needed. Respondent billed Medi-Cal for the examination of patient J.C. using the following CPT codes, among others: 92506, which is for evaluation of speech and voice communication and is performed on patients with brain injury from trauma, surgery or stroke (three hours); 92525, which is for evaluation of swallowing and oral function to determine if the person with brain injury or stroke can be fed orally; 94667, which is for pulmonary service employed to treat areas of lung collapse or infection; and 95851, which is for neuromuscular service for range of motion testing, which testing requires documentation of exact degrees and radians of range of motion. There is no documentation in patient J.C.'s chart to substantiate the above billing codes and procedures. Nor is there documentation in the chart of any medical condition that would warrant the billed procedures. There is no documentation supporting the need for the strep test performed. There were no protocols in place to support PA Hicks's treatment procedures for patient J.C. The chart for patient J.C. does not contain any documentation

of a treatment plan to treat patient J.C.'s abnormal laboratory test results. The chart for patient J.C. does not contain any documentation of a discussion between respondent and PA Hicks of the abnormal laboratory test results.

F. On or about October 12, 1999, respondent was grossly negligent when he failed to discuss with PA Hicks, or document same, patient J.C.'s abnormal laboratory test results and a plan of treatment for them.

G. On or about October 12, 1999, respondent was grossly negligent when he authorized PA Hicks to perform medical procedures on patient J.C. that were not medically necessary.

H. On or about October 12, 1999, respondent was grossly negligent when he billed Medi-Cal for procedures that were not medically necessary.

PATIENT D.S.

I. On or about October 6, 1999, patient D.S., a 47 year old female, presented, based on the medical records, to PA Hicks with a complaint of stuffy nose, cough, and sore throat for three days. Vital signs were listed as normal. PA Hicks's physical exam disclosed hyperemia at posterior pharynx (red back of throat), positive rhonchi (congested lung sounds). A respiratory status evaluation sheet was completed and dated October 6, 1999, that showed all normal results and indicated that lobe percussion/vibration was performed. A sheet indicating muscle strength testing, speech testing and swallow function testing dated October 6, 1999 indicated all normal results. A sheet labeled "Range of Motion Testing" dated October 6, 1999 shows all normal results for patient D.S. A hand written note indicated an elevated blood sugar level of 146 and a normal hemoglobin. A positive strep test was noted in the chart. PA Hicks's assessment was for routine hemoglobin level, blood sugar level, urine analysis; strep test; Amox (antibiotic) 500 mg 3 times per day for 10 days; and Phenergan with codeine (a narcotic cough medicine). Respondent billed Medi-Cal for the examination of patient D.S. using the following CPT codes, among others: 92506, which is for evaluation of speech and voice communication and is performed on patients with brain injury from

trauma, surgery or stroke (three hours); 92525, which is for evaluation of swallowing and oral function to determine if the person with brain injury or stroke can be fed orally; 94667, which is for pulmonary service to treat areas of lung collapse or infection; and 95851, which is for neuromuscular service for range of motion testing, which testing requires documentation of exact degrees and radians of range of motion. There is no documentation in patient D.S.'s chart to substantiate the above billing codes and procedures. Nor is there any documentation in the chart of any medical condition that would warrant the billed procedures. There were no protocols in place to support PA Hicks's treatment procedures for patient D.S. The chart for patient D.S. does not contain any documentation of a treatment plan as to the abnormal laboratory test results. The chart for patient D.S. does not contain any documentation of a discussion between respondent and PA Hicks of the abnormal laboratory test results.

J. On or about October 6, 1999, respondent was grossly negligent when he failed to discuss with PA Hicks, or document same, a treatment plan to address patient D.S.'s abnormal laboratory test results (i.e., elevated glucose level).

K. On or about October 6, 1999, respondent was grossly negligent when he authorized PA Hicks to perform medical procedures on patient D.S. that were not medically necessary.

L. On or about October 6, 1999, respondent was grossly negligent when he billed Medi-Cal for procedures that were not medically necessary.

PATIENT E.A.

M. On or about October 11, 1999, patient E.A., an obese 57 year old female, presented, based on the medical records, to PA Hicks with a complaint of back pain for a period of time. Vital signs were significant for a blood pressure of 140/80 (normal is 120/80). PA Hicks's physical exam disclosed a L3-L5 paraspinal tenderness. A hand written lab report showed a normal hemoglobin level, normal blood sugar level and a normal strep test. A respiratory status evaluation sheet was completed and dated October 11, 1999, showing normal results and indicating that lobe percussion/vibration was

performed. A sheet indicating muscle strength testing, speech testing and swallow function testing were performed with normal results was dated October 11, 1999. A sheet labeled "Range of Motion" Testing dated October 11, 1999, shows normal results. Respondent billed Medi-Cal for the examination of patient E.A. using the following CPT codes, among others: 92506, which is for evaluation of speech and voice communication and is performed on patients with brain injury from trauma, surgery or stroke (three hours); 92525, which is for evaluation of swallowing and oral function to determine if the person with brain injury or stroke can be fed orally; 94667, which is for pulmonary service employed to treat areas of lung collapse or infection; and 95851, which is for neuromuscular service for range of motion testing, which testing requires documentation of exact degrees and radians of range of motion. There is no documentation in patient E.A.'s chart to substantiate the above billing codes and procedures. Nor does the chart contain any documentation of any medical condition that would warrant the billed procedures. As to the strep test performed, there is no documentation of complaints of a sore throat or abnormal physical findings during a throat exam. There were no protocols in place to support PA Hicks's treatment procedures for patient E.A. PA Hicks's assessment was for low back pain syndrome and the treatment plan was for routine labs; strep test; Tylenol #3 (45 pills prescribed); and follow up as needed.

N. On or about October 11, 1999, respondent was grossly negligent when he failed to discuss with PA Hicks, or document same, patient E.A.'s abnormally high blood pressure reading and a treatment plan for it.

O. On or about October 11, 1999, respondent was grossly negligent when he authorized PA Hicks to perform medical procedures on patient E.A. that were not medically necessary.

P. On or about October 11, 1999, respondent was grossly negligent when he billed Medi-Cal for procedures that were not medically necessary.

PATIENT C.A.

Q. On or about October 11, 1999, patient C.A. presented, based on the medical records, to PA Hicks with a complaint of low back pain for two weeks. Vital signs were significant for a blood pressure of 130/100 (normal is 120/80). PA Hicks's physical exam disclosed a L3-L5 paraspinal tenderness. A hand written lab report showed a normal hemoglobin level, normal blood sugar level and a normal strep test. A respiratory status evaluation sheet was completed and dated October 11, 1999, showing normal results and indicating that lobe percussion/vibration was performed. A sheet indicating that muscle strength testing speech, testing and swallow function testing were performed with normal results was dated October 11, 1999. A sheet labeled "Range of Motion Testing" dated October 11, 1999 shows normal results. Respondent billed Medi-Cal for the examination of patient C.A. using the following CPT codes, among others: 92506, which is for evaluation of speech and voice communication and is performed on patients with brain injury from trauma, surgery or stroke (three hours); 92525, which is for evaluation of swallowing and oral function to determine if the person with brain injury or stroke can be fed orally; 94667, which is for pulmonary service employed to treat areas of lung collapse or infection; and 95851, which is for neuromuscular service for range of motion testing, which testing requires documentation of exact degrees and radians of range of motion. There is no documentation in patient C.A.'s chart to substantiate the above billing codes and procedures. Nor is there any documentation in the chart of any medical condition that would warrant the billed procedures. As to the strep test performed, there is no documentation of complaints of a sore throat or abnormal physical findings during a throat examination. There were no protocols in place to support PA Hicks's treatment procedures for patient C.A. PA Hicks's assessment was for low back pain syndrome and the treatment plan was for routine labs; strep test; Tylenol #3 (45 pills prescribed); and follow up as needed.

R. On or about October 11, 1999, respondent was grossly negligent when he failed to discuss with PA Hicks, or document same, patient C.A.'s abnormally high blood pressure reading and a treatment plan for it.

S. On or about October 11, 1999, respondent was grossly negligent when he authorized PA Hicks to perform medical procedures on patient C.A. that were not medically necessary.

T. On or about October 11, 1999, respondent was grossly negligent when he billed Medi-Cal for procedures that were not medically necessary.

PATIENT S.K.

U. On or about September 15, 1999, patient S.K. presented, based on the medical records, to PA Hicks with a complaint of low back pain. Vital signs were significant for a blood pressure of 130/90 (normal is 120/80). PA Hicks's physical exam disclosed a L3-L5, S1 paraspinal tenderness. A hand written lab report showed a normal hemoglobin level, normal blood sugar level and a normal strep test. A respiratory status evaluation sheet was completed and dated September 15, 1999, showing normal results and indicating that lobe percussion/vibration was performed. A sheet indicating that muscle strength testing, speech testing and swallow function testing were performed with normal results was dated September 15, 1999. A sheet labeled "Range of Motion Testing" dated September 15, 1999, shows normal results. Respondent billed Medi-Cal for the examination of patient S.K. using the following CPT codes, among others: 92506, which is for evaluation of speech and voice communication and is performed on patients with brain injury from trauma, surgery or stroke (three hours); 92525, which is for evaluation of swallowing and oral function to determine if the person with brain injury or stroke can be fed orally; 94667, which is for pulmonary service employed to treat areas of lung collapse or infection; and 95851, which is for neuromuscular service for range of motion testing, which testing requires documentation of exact degrees and radians of range of motion. There is no documentation in patient S.K.'s chart to substantiate the above billing codes and procedures. Nor is there any documentation in the chart of any

medical condition that would warrant the billed procedures. As to the strep test performed, there is no documentation of complaints of a sore throat or abnormal physical findings during a throat examination. There were no protocols in place to support PA Hicks's treatment procedures for patient S.K. The chart for patient S.K. does not contain any documentation of a treatment plan for the abnormal blood pressure recorded. PA Hicks's assessment was low back pain syndrome, and the treatment plan was for routine labs; strep test; Tylenol #3 (45 pills prescribed); and follow up as needed.

V. On or about September 15, 1999, respondent was grossly negligent when he authorized PA Hicks to perform medical procedures on patient S.K. that were not medically necessary.

W. On or about September 15, 1999, respondent was grossly negligent when he billed Medi-Cal for procedures that were not medically necessary.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

16. Respondent is subject to disciplinary action under section 2234, subdivision (c) of the Code in that respondent was repeatedly negligent in the supervision of a physician assistant and in the care and treatment of patients. The circumstances are as follows:

A. The facts and circumstances alleged in paragraph 15 above are incorporated here as if fully set forth.

PATIENT A.E.

B. On or about October 6, 1999, respondent was negligent when he failed to discuss with PA Hicks, or document same, a treatment plan to address patient A.E.'s abnormal lab test results.

C. On or about October 6, 1999, respondent was negligent when he failed to discuss with PA Hicks, or document same, patient A.E.'s abnormally high blood pressure reading and a treatment plan for it.

D. On or about October 6, 1999, respondent was negligent when he billed Medi-Cal for procedures for which there was a lack of necessary documentation in the chart.

E. On or about October 6, 1999, respondent was negligent when he billed Medi-Cal for procedures that were not medically necessary.

F. On or about October 6, 1999, respondent was negligent when he authorized PA Hicks to perform medical procedures on patient A.E. that were not medically necessary.

G. On or about October 6, 1999, respondent was negligent when he authorized PA Hicks to prescribe treatment to patient A.E. that was not within accepted guidelines for low back pain syndrome.

H. On or about October 6, 1999, respondent was negligent when he authorized PA Hicks to perform procedures in connection with patient A.E. for which there were no established written protocols.

PATIENT J.C.

I. On or about October 12, 1999, respondent was negligent when he failed to discuss with PA Hicks, or document same, a treatment plan for patient J.C. to address patient J.C.'s abnormal laboratory test results.

J. On or about October 12, 1999, respondent was negligent when he billed Medi-Cal for procedures for which there was a lack of necessary documentation in the chart.

K. On or about October 12, 1999, respondent was negligent when he billed Medi-Cal for procedures that were not medically necessary.

L. On or about October 12, 1999, respondent was negligent when he authorized PA Hicks to perform medical procedures on patient J.C. that were not medically necessary.

M. On or about October 12, 1999, respondent was negligent when he authorized PA Hicks to prescribe treatment to patient J.C. that was not within accepted guidelines for low back pain syndrome.

N. On or about October 12, 1999, respondent was negligent when he authorized PA Hicks's diagnosis and treatment of a urinary tract infection in patient J.C. without the documentation of conditions fulfilling generally accepted diagnostic criteria for a urinary tract infection.

O. On or about October 12, 1999, respondent was negligent when he authorized PA Hicks to perform procedures in connection with patient J.C. for which there were no established written protocols.

PATIENT D.S.

P. On or about October 6, 1999, respondent was negligent when he failed to discuss with PA Hicks, or document same, a treatment plan to address patient D.S.'s abnormal lab test results (i.e., elevated glucose level).

Q. On or about October 6, 1999, respondent was negligent when he billed Medi-Cal for procedures for which there was a lack of necessary documentation in the chart.

R. On or about October 6, 1999, respondent was negligent when he billed Medi-Cal for procedures that were not medically necessary.

S. On or about October 6, 1999, respondent was negligent when he authorized PA Hicks to perform medical procedures on patient D.S. that were not medically necessary.

T. On or about October 6, 1999, respondent was negligent when he authorized PA Hicks to perform procedures in connection with patient D.S. for which there were no established written protocols.

PATIENT E.A.

U. On or about October 11, 1999, respondent was negligent when he failed to discuss with PA Hicks, or document same, patient E.A.'s abnormally high blood pressure reading and a treatment plan for it.

V. On or about October 11, 1999, respondent was negligent when he billed Medi-Cal for procedures for which there was a lack of necessary documentation in the chart.

W. On or about October 11, 1999, respondent was negligent when he billed Medi-Cal for procedures that were not medically necessary.

X. On or about October 11, 1999, respondent was negligent when he authorized PA Hicks to perform medical procedures on patient E.A. that were not medically necessary.

Y. On or about October 11, 1999, respondent was negligent when he authorized PA Hicks to prescribe treatment to patient E.A. that was not within accepted guidelines for low back pain syndrome.

Z. On or about October 11, 1999, respondent was negligent when he authorized PA Hicks to perform procedures in connection with patient E.A. for which there were no established written protocols.

PATIENT C.A.

AA. On or about October 11, 1999, respondent was negligent when he failed to discuss with PA Hicks, or document same, patient C.A.'s abnormally high blood pressure reading and a treatment plan for it.

BB. On or about October 11, 1999, respondent was negligent when he billed Medi-Cal for procedures for which there was a lack of necessary documentation in the chart.

CC. On or about October 11, 1999, respondent was negligent when he billed Medi-Cal for procedures that were not medically necessary.

DD. On or about October 11, 1999, respondent was negligent when he authorized PA Hicks to perform medical procedures on patient C.A. that were not medically necessary.

EE. On or about October 11, 1999, respondent was negligent when he authorized PA Hicks to prescribe treatment to patient C.A. that was not within accepted guidelines for low back pain syndrome.

FF. On or about October 11, 1999, respondent was negligent when he authorized PA Hicks to perform procedures in connection with patient C.A. for which there were no established written protocols.

PATIENT S.K.

GG. On or about September 15, 1999, respondent was negligent when he failed to discuss with PA Hicks, or document same, patient S.K.'s abnormal blood pressure reading and a treatment plan for it.

HH. On or about September 15, 1999, respondent was negligent when he billed Medi-Cal for procedures for which there was a lack of necessary documentation in the chart of patient S.K.

II. On or about September 15, 1999, respondent was negligent when he billed Medi-Cal for procedures that were not medically necessary.

JJ. On or about September 15, 1999, respondent was negligent when he authorized PA Hicks to perform medical procedures on patient S.K. that were not medically necessary.

KK. On or about September 15, 1999, respondent was negligent when he authorized PA Hicks to prescribe treatment to patient S.K. that was not within accepted guidelines for low back pain syndrome.

LL. On or about September 15, 1999, respondent was negligent when he authorized PA Hicks to perform procedures in connection with patient S.K. for which there were no established written protocols.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

17. Respondent is subject to disciplinary action under section 2234, subdivision (d), of the Code in that respondent was incompetent in the supervision of a physician assistant and in the care and treatment of patients. The circumstances are set forth in paragraphs 15 above and 18 below, which paragraphs are incorporated here as though fully set forth.

FOURTH CAUSE FOR DISCIPLINE

(False or Fraudulent Claims)

18. Respondent is subject to disciplinary action under section 810 of the Code and under Penal Code section 550, subdivisions (a)(5), (a)(6), and (a)(7), in that he knowingly prepared, made, or subscribed writings with the intent to present or use such writings (or to allow their presentation or use) in support of false or fraudulent claims; knowingly made or caused to be made fraudulent claims for payment of health care benefits; and knowingly submitted claims for health care benefits that were not used by, or on behalf of, claimants. The circumstances are as follows:

A. Neither patient A.E., J.C., D.S., E.A., C.A. nor S.K. were ever actually seen by PA Hicks or respondent. None of the examinations, procedures or tests referenced in paragraph 15 above for patients A.E., J.C., D.S., E.A., C.A. and S.K. were in fact performed. The medical records for each of the six patients, which respondent signed as the supervisor of PA Hicks, were falsely created medical records.

B. Respondent billed Medi-Cal for the false examinations, treatments and tests for patients A.E., J.C., D.S., E.A., C.A. and S.K. as more fully set forth in paragraph 15 above. Respondent was reimbursed by the State of California for each of the billings set forth in paragraph 15 above for patients A.E., J.C., D.S., E.A., C.A. and S.K.

FIFTH CAUSE FOR DISCIPLINE

(Signing False Documents)

19. Respondent is subject to disciplinary action under section 2261 of the Code in that he signed false documents. The circumstances are set forth in paragraphs 15 and 18 above, which paragraphs are incorporated here as though fully set forth.

SIXTH CAUSE FOR DISCIPLINE

(Creating False Medical Records)

20. Respondent is subject to disciplinary action under section 2262 of the Code in that he created false medical records with fraudulent intent. The circumstances are set forth in paragraphs 15 and 18 above, which paragraphs are incorporated here as though fully set forth.

SEVENTH CAUSE FOR DISCIPLINE

(Failure to Properly Supervise Physician Assistant)

21. Respondent is subject to disciplinary action under sections 2234 and 3527 of the Code in that he engaged in unprofessional conduct when he failed to properly supervise a physician assistant. The circumstances are set forth in paragraphs 15, 16 and 18 above, which paragraphs are incorporated here as though fully set forth.

EIGHTH CAUSE FOR DISCIPLINE

(Excessive Treatment)

22 Respondent is subject to disciplinary action under section 725 of the Code in that respondent authorized the clearly excessive treatment by a physician assistant. The circumstances are set forth in paragraphs 15, 16, and 18 above, which paragraphs are incorporated here as if fully set forth.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Division issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G74582, issued to Clarence Sutton, Jr., M.D.;

2. Revoking, suspending or denying approval of Clarence Sutton, Jr., M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering Clarence Sutton, Jr., M.D. to pay the Division the reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the costs of probation monitoring;

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

DATED: June 11, 2001.

RON JOSEPH
Executive Director
Medical Board of California
State of California
Complainant