

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: January 15, 2013
 ATTENTION: Board Members
 SUBJECT: Supplemental Sunset Review Report
 STAFF CONTACT: Letitia Robinson, Research Specialist
 Kimberly Kirchmeyer, Deputy Director

RECOMMENDED ACTION:

Review the attached Supplemental Sunset Review Report, provide any additional items that need to be discussed and included, and identify a two (2) person subcommittee to work with the Executive Director to finalize the report to provide to the Business, Professions, and Economic Development (B&P) Committee in March 2013. Possibly appoint additional two person subcommittee to meet with staff and review the Vertical Enforcement/Prosecution Model (VE/P) data

BACKGROUND AND ANALYSIS:

Attached is the first draft of the Board's Supplemental Sunset Review Report. The purpose of the Supplemental Sunset Review Report is to provide pertinent information that was not covered in the initial report. This report also provides updates on some of the items that were in the original report, as topics were not fully addressed in the initial report, including some that need to be reviewed for possible future legislation.

The largest portion of the report contains extensive data on the VE/P. At the time of this memo, the Board the Board is still in the process of gathering and analyzing all the information on the AG billing hours, thus has not completed its full analysis of the VE/P. Therefore, Board staff will continue to gather and analyze this data over the next month in order finalize the report.

The Members need to review the attached document and determine if there are any other items that should be discussed and included as part of the Supplemental Sunset Review Report. Additionally, because this report is still in draft form and must be submitted to the B&P Committee prior to the next Board meeting, and because further statistics must be gathered and analyzed, the Board should establish one (or two) two person subcommittees to work with Board staff to finalize the supplemental report.

*A report to Senate Business, Professions
and Economic Development Committee*

MEDICAL BOARD OF CALIFORNIA

SUNSET REVIEW REPORT SUPPLEMENTAL 2013

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Additional copies of this report can be obtained from: www.mbc.ca.gov

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Introduction

Introduction

- General Information
- Licensing Information
- Enforcement Information



Introduction

The purpose of this Supplemental Sunset Report is to provide pertinent information that was not covered in the initial report. This report also includes additional information on topics not fully addressed in the initial report because they were either new or evolving. It also includes the evaluation of the Vertical Enforcement/Prosecution model (VE/P) of investigating and prosecuting cases. References will be made to the initial report where applicable. The initial report is available on the Board's Web site in the "Forms/Publication" section:

http://www.mbc.ca.gov/publications/sunset_report_2012.pdf.

This report is divided into three sections: General Information, Licensing Program, and Enforcement Program. In the General Information section, the Board provides an update on its progress in implementing the new Department of Consumer Affairs (DCA) BreZE computer system. Information on the Board's recruitment to fill behind its retired annuitant positions is also included. Lastly, this section includes information on the Medical and Pharmacy Boards' Joint Forum to Promote Appropriate Prescribing and Dispensing held on February 21 and 22, 2013 in South San Francisco. This Forum provided education to both physicians and pharmacists on solutions to prevent prescription drug abuse.

The Licensing Program Section contains an update on the applicant satisfaction survey and the Board's Outpatient Surgery Setting Accreditation Program. The information provided in the original report did not contain a significant number of responses from the applicants, as the Board had just implemented the satisfaction survey. Therefore, the Board is providing additional information in that section. The Board is also providing an update on a section of law, Business and Professions Code section 2135.7, that became effective on January 1, 2013. This section of law allows applicants who have graduated from an unrecognized or disapproved school to apply to the Board if they meet other requirements. Although the Board has not received a large number of applications, the information on those that have been received is provided.

The Board was notified that nine States have pilot programs to begin the process of Maintenance of Licensure (MOL). This supplemental report provides information on these programs. The Board plans to evaluate the outcomes from these pilot programs prior to taking any action in regards to MOL.

Since the initial report, the Board received information regarding changes to postgraduate training programs. This information indicated the Accreditation Council Graduate for Medical Education (ACGME) and the Royal College of Physicians and Surgeons of Canada are beginning to accredit training programs outside of the United States and Canada. Information was also obtained that ACGME has begun to accredit postgraduate training programs in hospitals that are accredited by the American Osteopathic Association-Healthcare Facilities Accreditation Program (AOA-HFAP). All of these new postgraduate training options, if the Board chooses to accept applicants from these programs for licensure, would need either legislative or regulatory changes. The Board will be evaluating these programs and its laws and regulations to determine how to address these programs.

In the new issues section of the Midwifery Program's initial Sunset Review Report, three issues were identified. Since this original report, the Board's Midwifery Advisory Council (MAC) identified another issue for the Midwifery Program. This issue relates to Certified Nurse-Midwives supervising

midwifery students. This issue and any others approved by the Board at its February 1, 2013 meeting is more fully explained in this supplemental report.

The Enforcement Program Section covers three topics, including an update on the Expert Reviewer Training, information on how the Board is implementing the Consumer Protection Enforcement Initiative (CPEI) positions, and an evaluation of the Board's VE/P. At the time of the initial report, the Board had only completed one expert reviewer training, in Northern California. This report provides an update on the training that was provided in Southern California.

To provide the Committee with further information on the Board's positions and its efforts to find ways to improve the enforcement timeframes, this supplemental report includes information on how the Board plans to use the CPEI positions. These positions will help the Board in reducing the time it takes to investigate a complaint and take disciplinary action against a physician.

In the last report, the Board stated that a full evaluation of the statistics on the VE/P would be provided in a supplemental report. The Enforcement Program Section includes a review, evaluation, and analysis of the data on the VE/P. This data includes statistics on the time it takes to investigate a complaint, to file an accusation, and to receive disciplinary documents. The Board has analyzed this data and is providing its recommended action in this supplemental report.

Section 1

General Information

- BreEZe
- Retired Annuitants
- Medical and Pharmacy Boards' Joint Forum to Promote Appropriate Prescribing and Dispensing



General Information

BreEZe

The BreEZe information was provided in Section 9 - Current Issues of the original Sunset Review Report. The initial report discussed the Board's efforts on implementing the Department of Consumer Affairs' (DCA) new computer system known as BreEZe. The Board continues to spend a significant amount of hours participating in the efforts to launch the new system.

Board staff is now in the testing, training, and data validation phases of the project. A substantial amount of hours have been spent on performing test scripts. These test scripts are used to confirm the functionality of each portion of the system and provide feedback on any improvements and/or enhancements that may be necessary.

Additionally, staff have been reviewing the data that has been converted into the BreEZe system from the legacy systems to ensure the data from the older system is being placed in the correct areas and that it is all being converted to the new system. This ensures that no data is lost in the conversion.

In January 2013, Board staff began training on the BreEZe system, which is expected to be released for the Board to use in Spring 2013. Each staff member has been scheduled to receive at least 4 hours of training, however, most staff require 16-40 hours of training, based upon job duties. The training will cover the system's functionality, fields, and terminology associated with the BreEZe system. A significant amount of staff will receive additional specialized training in their areas of expertise.

The Board has six staff who are trainers not only for the Board staff but also for other staff at the DCA. These staff had to attend four weeks of Train the Trainer sessions in order to be familiar with the system and to understand their role as a trainer.

The Board expects to spend in excess of 6,000 hours on its efforts to help develop the BreEZe system and over 3,000 hours training Board staff. This is a significant workload issue but managers have maintained staff's enthusiasm for the system while ensuring the workload is getting done with minimal overtime.

Retired Annuitants

In June, 2012 the Board was notified that due to side letter agreements with the unions that all mission critical retired annuitants would be terminated on August 31, 2012. In lieu of retired annuitants, the Board was encouraged to hire seasonal or permanent intermittent (temporary) employees. At the time of notification, the Board had 50 retired annuitants working for the Board. The Board identified 19 retired annuitants that it deemed did not meet the mission critical definition and could be easily replaced with temporary employees and were therefore terminated in June 2012. The Board requested 31 retired annuitants be able to remain with the Board as they were mission critical. Of those 31 retired annuitants, the Board was authorized to keep 20 retired annuitants and had to separate 11 that were not deemed mission critical. However, only two (2) of the remaining 20 retired annuitants can remain with the Board after June 20, 2013. All others (18) must be separated by June 30, 2013. The Board was allowed to keep these retired annuitants either to finish a special project or to provide assistance during the time the Board went through the process to hire the temporary staff.

The Board has advertised for several seasonal and permanent intermittent employees and is in the process of interviewing and hiring these individuals. The Board is recruiting permanent intermittent Office Technicians (OT) to replace the retired annuitants in the district offices. These OTs are used to perform the clerical duties in the offices. The Board will begin recruiting permanent intermittent Special Investigators to replace those currently performing background investigations. Although the Board does not know if there are individuals interested in a part-time Special Investigator position, it will go through the recruitment process. The Board is also recruiting for Staff Services Analysts in the Licensing Program to replace the retired annuitants who process licensing applications. The Board will continue to seek these temporary employees to replace the retired annuitants.

Medical and Pharmacy Boards' Joint Forum to Promote Appropriate Prescribing and Dispensing

As stated in the Board's Sunset Review Report, prescription drug abuse and the resulting deaths are something the Board recognizes as an issue that must be given the utmost priority. As a consumer protection agency, the Board wants to address those individuals that prescribe inappropriately and to provide education to its licensees and the public in an effort to prevent prescription drug abuse. To that end, the Board, in collaboration with the Pharmacy Board, held a "Joint Forum to Promote Appropriate Prescribing and Dispensing" for all interested parties on February 21-22, 2013.

The Forum focused on 1) the problem, including inappropriate prescribing, inappropriate security of drugs, etc; 2) the responsible parties, including prescribers, dispensers, patients, and regulators/law enforcement; and 3) the solutions, including education, enforcement, and necessary tools (CURES). The Forum's keynote speaker from the White House Office of National Drug Control Policy discussed the global issues of prescription drug abuse and the roles of the Federal and State Governments. The Drug Enforcement Administration speaker discussed the nature of prescription drug abuse and what the State should be doing to respond. Other speakers and panelists provided a physician's, a pharmacist's, and a prosecutor's perspective to the issue of prescription drug abuse. The Forum provided a discussion on how education and cooperation between physicians and pharmacists can address the problem and what to do when a patient is addicted to prescription drugs.

A presentation was made on the CURES system (California's prescription drug monitoring program) and its significance in battling prescription drug abuse and inappropriate prescribing, as well as an update on its current status. A panel discussion was held on the problems and issues with prosecuting inappropriate prescribing and dispensing cases and areas where more collaboration is needed.

Lastly, the forum looked to the future and identified steps that must be taken in order to make the prevention of prescription drug abuse a reality. The Medical and Pharmacy Boards requested licensees, legislators, regulators, and law enforcement to come together to find ways to significantly impact this problem in an effort to save thousands of lives in the future.

Both the Medical and Pharmacy Board provided free continuing education credits to those licensees in attendance. The Forum was free to all in attendance and was held in the San Francisco Bay Area. A video of the Forum is on the Board's Web site for individuals to view for reference and education. The Board believes that the Forum was a step toward preventing prescription drug abuse and furthering its mission of consumer protection.

Since the date of the forum was immediately prior to the release of this Supplemental Sunset Report, a summary of the forum recommendations will be produced in a separate standalone report.

FIRST DRAFT

Section 2

Licensing Program

- Applicant Satisfaction Survey
- Outpatient Surgery Setting Accreditation Program
- International Medical Graduates (B&P Code section 2135.7)
- Maintenance of Licensure
- International Postgraduate Training Accreditation
- Allopathic and Osteopathic Postgraduate Training Programs
- Midwifery Program



Licensing Program

Applicant Satisfaction Survey

In Section 2 – Performance Measures and Customer Satisfaction Surveys of the Sunset Review Report information was provided on the Board's new Applicant Satisfaction Survey. This report included each question with responses and measurement of satisfaction. The Board has continued to collect data from this survey, which has assisted in creating new and efficient ways to enhance its services to applicants.

The Applicant Satisfaction Survey's previous report contained responses from only 77 applicants between the timeframe of August 22 and October 5, 2012. The Survey's current report includes a total of 242 applicant responses. Since the Survey's inception in August the Board's database of applicant feedback has more than tripled. These additional responses provide the Board a clearer picture of the applicant's experience with the application process.

The 242 responses show the Board is maintaining applicant satisfaction as stated in the initial report. 91% of applicants responded that the Board's instructions clearly state how to complete the application. 86% stated that the Board's Web site clearly indicates the requirements and how to apply for licensure. Among the applicants who visited the Board's Web site with questions concerning their application, 76% indicated that the Web site was comprehensive and informative. In October 2012, the Board released a new, updated version of the physician's and surgeon's license application. This version implemented changes to address common applicant concerns. In the future the Board will continue to assess applicant concerns in order to better serve the applicant population.

In the responses collected since the Board's initial report, applicant satisfaction has remained the same. The data shows only minor fluctuation of one to three percent in response to the questions. 68% of applicants were either very satisfied or somewhat satisfied with the Web Applicant Access System used to track their application progress online. Further, 71% of applicants were either very satisfied or somewhat satisfied with the time it took the Board to process their application. Responses to other questions reveal only minor changes since the initial report.

The Board must ensure that it continues to provide the same level of service identified in the surveys once it begins using the new BreEZe system.

Outpatient Surgery Setting Accreditation Program

In Section 4 – Licensing Program of the original Sunset Review Report, the Board discussed its Outpatient Surgery Setting Accreditation process and action taken to begin implementation of Senate Bill 100 Price (Statutes 2011, Chapter 645). The Board continues to make progress in implementing this bill. Further, more recent legislation has been passed that aims to improve patient care in outpatient cosmetic surgery centers. Therefore, the Board provides this update on its efforts to implement these bills.

The Board's Licensing Program and Information Systems Branch have been successful in designing the new Outpatient Surgery Settings database. This database is used to store information submitted to the Board from the four, Board-approved, accreditation agencies and is maintained on the Board's Web site. SB 100 amended Health and Safety Code section 1248.2, which now requires the Board to provide the following information on the status of outpatient surgery center settings on its Web site: the name, address, and telephone number of any owners, and their medical license numbers; the

name and address of the facility; the name and telephone number of the accreditation agency, the effective and expiration dates of the accreditation, and whether an outpatient setting is accredited or the setting's accreditation has been revoked, suspended, or placed on probation, or the setting has received a reprimand by the accreditation agency.

The information contained in the Outpatient Surgery Setting database is received directly from the accreditation agencies as required by law. These agencies are mandated to inform the Board on any new settings that are accredited, as well as, to provide updates on any changes to existing settings. Upon receipt of new and updated information from the agencies, the Board reflects those changes on its database.

Consumers may search for an accredited Outpatient Surgery Setting by setting name or owner name (as available) on the Board's Outpatient Surgery Setting Database. In the future, the online database will include copies of the Final Inspection Reports, which are public documents. The Board's staff will work on developing this for the Board's Web site, after the Board's successful implementation of its new computer system (BreZze) for Licensing and Enforcement. Currently, the Board provides these documents to consumers upon request.

The Board continues to work directly with the accreditation agencies to ensure compliance with the reporting requirements. Since each accreditation agency uses different data collection and reporting methods, the Board created a standardized reporting form. This form must be used by the accreditation agencies to provide the required information to the Board. At this time, three out of the four accreditation agencies are in compliance. One agency has not provided the newly, required information, including ownership information, expiration dates of accreditation, and complete inspection reports. This agency has not provided the Board with a plan to meet the reporting requirements. The Board is preparing to formally notify the non-compliant agency of the Board's expectations for compliance. Specifically, advising the agency to provide written documentation identifying a specific timeframe, that is acceptable by the Board, to submit the required information. Further, informing the agency that if it fails to respond appropriately, the Board may begin the process of seeking revocation of the accreditation.

Changes to Health and Safety Code Section 1248 now require the Board to investigate complaints related to a violation of the law or, upon discovery that an outpatient setting is not in compliance with a specific provision. This section also requires the Board to bring an appropriate action through or in conjunction with a district attorney to enjoin an outpatient setting's operation. The Board has developed procedures to handle complaints regarding outpatient surgery centers.

SB 100 made outpatient settings subject to the adverse event reporting requirements currently required for licensing health facilities. Adverse events are reported to the California Department of Public Health (CDPH) and the setting can be subject to penalties by CDPH for failing to report adverse events. If the adverse event report/complaint is not within the jurisdiction of CDPH, CDPH should forward the adverse event report/complaint to the Board in order for the Board to determine if the report of adverse events is within the jurisdiction of the Board. The Board has been in contact with CDPH requesting it to forward any adverse event reports/complaints that it receives that are not within the jurisdiction of CDPH to the Board. The Board is fully prepared to take appropriate action if and when an adverse report/complaint is received from CDPH. As of January 16, 2013, the Board has not received any reports/complaints from CDPH.

One of the provisions of SB 100 requires the Board to adopt regulations on or before January 1, 2013 on the issue of physician availability, specifically regarding the appropriate level of physician availability needed within clinics or other settings using laser or intense pulse light devices for elective cosmetic procedures. The regulations do not apply to FDA approved devices sold over the counter for self-use. On October 26, 2012, the Board held a regulatory hearing and approved the following regulatory language:

"Whenever an elective cosmetic procedure involving the use of a laser or intense pulse light device is performed by a licensed health care provider acting within the scope of his or her license, a physician with relevant training and expertise shall be immediately available to the provider. For the purposes of this section, "immediately available" means contactable by electronic or telephonic means without delay, interruptible, and able to furnish appropriate assistance and direction throughout the performance of the procedure and to inform the patient of provisions for post procedure care. Such provisions shall be contained in the licensed health care provider's standardized procedures or protocols."

The Board is currently in the process of preparing and submitting the final statement of reason to the Department of Consumer Affairs and then Office of Administrative Law for consideration and approval.

Assembly Bill 1548 (Carter, Chapter 140) prohibits outpatient cosmetic surgery centers from violating the prohibition of the corporate practice of medicine and enhances Business and Professions Code section 2417 with the addition of section 2417.5. Section 2417.5 creates the following penalty for corporations violating the prohibition of the corporate practice of medicine: a public offense punishable by imprisonment for up to five years and/or by a fine not exceeding \$50,000. The purpose of the bill was to elevate the penalties of violating the corporate practice of medicine prohibition in order to prevent further offenses, which will help to ensure consumer protection. The bill also defined "outpatient elective cosmetic medical procedures or treatments" as medical procedures or treatments that are performed to alter or reshape normal structures of the body solely in order to improve appearance. The Board does not foresee any impact to the program as the bill enhanced existing law by creating additional penalties for violating the corporate practice of medicine prohibition.

International Medical Graduates (B&P Code section 2135.7)

Section 1 – Background of the Board's Sunset Review Report discussed legislation affecting the Board, including SB 122 Price (Statutes 2012, Chapter 789). To date, the Board has received two applications pursuant to this new section (B&P Code section 2135.7). Both applications contain deficiencies that need to be resolved prior to processing. Once the applications are complete or as complete as they can be due to facility closures, they will be prepared and presented to the Board's Application Review Committee (ARC).

The Board also received an application in which the applicant does not meet the criteria of B&P Code section 2135.7 at this time. Additionally, one previous applicant had requested an Administrative Hearing. The hearing was held and the final decision was to have the applicant reviewed by the ARC. This application is not complete at this time. Once the application is complete the application will be prepared and presented to the ARC.

At this time, the Board only has only held one ARC, thus it is too early to determine many of the regulations that are needed until more applications are received pursuant to B&P Code section

2135.7. However, the Board will need regulations, once it has been able to identify some of the issues that may arise to warrant the need for regulations. This will be a continual process as new factors are discovered.

Maintenance of Licensure

In 2004, the Federation of State Medical Board (FSMB), House of Delegates (HOD) adopted a policy statement that “*State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking licensure.*” After seven years of careful study, which included input and guidance from physicians and health care organizations across the spectrum of medicine, a framework for Maintenance of Licensure (MOL) was formally adopted by the HOD in 2010.

MOL is a process by which licensed physicians periodically provide, as a condition of license renewal, evidence that they are actively participating in a program of continuous professional development that is relevant to their areas of practice, measured against objective data sources, and aimed at improving performance over time. MOL encourages and supports lifelong learning by all physicians and creates a system to confirm their practice improvement efforts.

While MOL still is several years away from being adopted by any state medical board, the FSMB currently is working to develop and implement five pilot projects to help states prepare for MOL and to determine the best practices.

While all 70 state medical boards (representing both allopathic physicians and osteopathic physicians) are aware of FSMB’s efforts in regards to MOL, and have, in one manner or another, discussed the framework at their meetings, only 12 state boards expressed any interest in participating in the pilot. When it came time for a final decision, only nine boards were able to commit resources to any one of the five pilots: the Osteopathic Medical Board of California, and the medical boards of Colorado, Delaware, Iowa, Massachusetts, Mississippi, Oregon, Virginia, and Wisconsin.

All nine volunteer boards participated in the *State Readiness Inventory Pilot*. This pilot, administered during October and November, 2012, used an electronic survey designed to facilitate state medical boards’ discussion of the best approach to implementation of MOL. The goal is to identify issues state medical boards need to consider and possibly resolve to ensure the successful implementation of MOL. The data collected is currently being collated and reviewed.

There are four other pilots that will be part of the larger MOL process; each is expected to begin sometime during 2013. It is not expected that all nine boards will participate in each pilot nor is expected that any single board will participate in every pilot. Further, while FSMB has extended an invitation to all state medical boards to participate in the MOL process, it is doubtful that any new boards will join. The following describe the four additional pilots:

- *Physician Acceptability Survey to Assess MOL Activities Pilot*: Serves to collect opinions from licensed physicians about the potential features of a comprehensive MOL system.
- *State Board License Renewal Process Integration Pilot*: Focuses on identifying how the proposed MOL system can be integrated into existing license renewal policies and procedures.

- *Describing the Attributes of Physician Practices in Support of MOL Pilot:* Begins the work that makes MOL “practice relevant”. The first phase of the pilot is to develop models for describing individual physician practices that, in turn, will facilitate identification of relevant and meaningful educational and practice improvement activities.
- *Reporting of Maintenance of Certification Data to State Medical Boards Pilot:* Facilitates successful reporting of MOC participation data to state medical boards for their use in evaluating board certified physicians’ compliance with MOL program requirements. State medical boards will be asked to evaluate whether the detail and format of the provided data are adequate to enable decisions regarding board certified physician licensees’ compliance with MOL requirements.

The Board looks forward to receiving the outcomes from these pilots, anticipated during 2014, and then will undertake its own evaluation of the data provided, before making a decision on how best the Board will move forward with MOL to improve consumer protection.

International Postgraduate Training Accreditation: ACGME and RCPSC

To obtain a California Physician’s and Surgeon’s License, applicants must have a minimum number of years of satisfactory completion of Accreditation Council Graduate for Medical Education (ACGME) and/or Royal College of Physicians and Surgeons of Canada (RCPSC) accredited postgraduate training in the United States or Canadian.

For the past 30 years, ACGME only evaluated postgraduate training residency and/or fellowship programs in the U.S. The RCPSC previously only evaluated postgraduate training residency programs in Canada. ACGME has announced it will be evaluating postgraduate training in other countries, as ACGME-International (ACGME-I). The RCPSC has created a new division Royal College Canada International (RCCI) and is currently providing postgraduate training consultation services to other countries.

ACGME-I recently completed the first phase of a partnership with the Ministry of Health in Singapore to restructure the GME accreditations system in that country. ACGME-I has already accredited 40 postgraduate training programs in Singapore at the National University of Singapore. In addition, Duke University School of Medicine has opened a new medical school in Singapore in a joint venture with the National University of Singapore. Meanwhile, the ACGME-I has signed contracts in Qatar and Abu Dhabi in the United Arab Emirates and is in negotiation with officials in Oman.

The ACGME-I standards are not identical to the U.S. standards. ACGME-I has incorporated the different delivery systems between U.S. and international countries. The ACGME-I will continue to expand and accredit postgraduate training programs in other countries with standards similar to the standards in the U.S.

RCCI has recently provided services in the following countries and/or worked with organizations or medical schools/teaching hospitals, within these countries and/or organizations:

- Australia - Royal Australasian College of Physicians and the Royal Australasian College of Surgeons.
- Haiti - RCCI delivered simulation training to health professionals in Haiti to improve front-line care.

- La Francophonie - At the 2011 annual Conference International Des Doyens De Faculte De Medecine D'Expression Francasie, RCCI presented the CanMEDs frame work and provided an overview of the RCPSC accreditation standards.
- Chile - A RCCI team was recently (2011) invited by the Pontifical Catholic University in Santiago, Chile to review up to eight residency training programs utilizing Canadian standards.
- India - RCCI is exploring opportunities with medical organizations in India to help Indian authorities implement national standards for the evaluation and assessment of postgraduate medical trainees.
- Oman - RCCI has signed an agreement with Oman Medical Specialties Board to develop a lasting educational partnership and RCCI reviewed a number of postgraduate training programs;
- Saudi Arabia - RCCI has signed agreements with the Saudi Commission on Health Specialties and medical education organizations in Saudi Arabia to facilitate the transfer of Canadian expertise and standards in postgraduate medical education to Saudi Arabian educators. Saudi Arabia is looking to implement (with modifications that reflect local needs and realities) enhanced standards in medical education and residency training that draw upon Canadian standards, experience and advice.
- China - RCCI is exchanging knowledge with a number of Chinese organizations involved in medical education and postgraduate medical training. They are exploring how RCCI might offer Canadian expertise and standards in postgraduate medical education.

RCCI runs conferences, short courses and workshops for international medical faculty on all aspects of the [CanMEDS](#) competencies and standards. This includes physician evaluation and assessment, curriculum development, examiner and surveyor training, accreditation standards for residency programs and the training of clinician educators.

RCCI also provides conferences, short courses and workshops for practitioners that include online bio-ethics modules for physicians and simulation workshops that equip physicians and health care teams with training in difficult critical care situations. RCCI can deliver workshops using high-fidelity simulation platform or "virtual patient" technology- either onsite or remotely.

RCCI uses Canadian standards to perform operational reviews of international specialty residency programs, providing its partners with an assessment of their strengths and opportunities for improvement. In addition, RCCI offers consulting services covering postgraduate medical education standards, systems and tools as well as continuing professional development standards and programming. RCCI also provides advice on issues involving human resources and health system reform.

Based upon the information available, it appears RCCI may move into the accreditation of postgraduate training residency programs in other countries. The initial programs likely will be in the UK and Australia since the postgraduate training programs in those countries are similar to Canada's. To date, RCCI has not accredited any international postgraduate training programs.

RCCI has already taken the first step of consulting and setting up new international postgraduate training programs to be equivalent to RCPSC accredited postgraduate training programs. It is safe to assume that RCCI accreditation to these new postgraduate training programs will be following in the near future.

These two new programs are going to be presented to the Licensing Committee at its meeting on January 31, 2013. The Board will review and assess these new programs to determine how to address them when considering postgraduate training.

Allopathic and Osteopathic Postgraduate Training Programs

Currently the Board recognizes Accreditation Council Graduate for Medical Education (ACGME) accredited postgraduate training for the purposes of allopathic medical school students' clinical clerkship training and for the required postgraduate training for licensure as a physician and surgeon. ACGME accredited postgraduate training programs are at hospitals that are accredited by the Joint Commission. Recently ACGME has accredited postgraduate training programs in hospitals that are accredited by the American Osteopathic Association-Healthcare Facilities Accreditation Program (AOA-HFAP). B&P Code section 2089.5 specifically references the "Joint Commission on Accreditation of Hospitals" as the hospital accreditation agency for ACGME postgraduate training programs.

American Osteopathic Association (AOA) accredits postgraduate training for licensure purposes for osteopathic medical school graduates. AOA accredited postgraduate training programs are usually obtained in hospitals that are accredited by the AOA-HFAP.

ACGME and AOA have reached an agreement for ACGME to approve all postgraduate training programs for both Allopathic medical schools (M.D. degrees awarded) and Osteopathic medical school (D.O. degrees awarded) graduates. This change will require an amendment to B&P Code section 2089.5 to include the AOA-HFAP as an approved accreditation agency for hospitals offering ACGME accredited postgraduate training programs.

The need to amend B&P Code section 2089.5 will be presented to the Licensing Committee and the Full Board at the Board's January 31, 2013 through February 1, 2013, meeting.

Midwifery Program

In addition to the new issues listed in Appendix 1 – Midwifery Program of the Sunset Review Report, the Midwifery Advisory Committee (MAC) identified an additional issue at its December 6, 2012. The MAC determined that Business and Professions Code (B&P) section 2514 does not include certified nurse midwives (CNM) as being able to supervise midwifery students. The MAC supported amending B&P section 2514 to include CNMs, who are licensed by the Board of Registered Nursing (BRN), as individuals who can supervise midwifery students. The Board will need to seek the BRN's input on this issue too.

Currently both physicians and CNMs are identified as being able to sign off on clinical experience for license midwife students pursuant to B&P section 2513, but supervision of training is not specifically identified in law.

Section 3

Enforcement Program

- Expert Reviewer Training
- Consumer Protection Enforcement Initiative Positions
- Vertical Enforcement/Prosecution



Enforcement Program

Expert Reviewer Training

In Section 5 – Enforcement Program, of the initial Sunset Review Report the Board's enhancements to its Expert Reviewer Training program was discussed. Under the sub-section, "Performance Targets/Expectations" the Board reported 100 expert reviewers attended its first scheduled training using the new interactive components of the training.

Since the initial report was submitted, the Board has conducted a second training session, held in Irvine. This session was held on February 9, 2013 and was attended by over *(will post number once training is completed)* expert reviewers. The participants also received continuing medical education credits.

Consumer Protection Enforcement Initiative Positions

In July 2009 there were several negative articles written regarding the length of time it was taking the Board of Registered Nursing to discipline a registered nurse who was in violation of the law. The articles also looked at the length of time it was taking other healing arts boards under the Department of Consumer Affairs (DCA) to complete investigations. It was determined by DCA that the enforcement processes of these boards was lengthy and needed to be improved to provide better consumer protection. In response to these articles, the DCA developed the CPEI. This initiative's main goal was to reduce the enforcement completion timelines by addressing three specific areas. These areas included administrative improvements, staffing and information technology resources, and legislative changes. For the staffing resources, the DCA developed a Budget Change Proposal (BCP) requesting resources for all healing arts boards. This BCP went through the budget process and was approved in 2010. Due to this BCP, the Medical Board of California (Board) received 22.5 positions effective fiscal year (FY) 2010/2011.

The Board began to fill these positions by hiring an additional manager and one Staff Services Analyst in the Central Complaint Unit. The manager would provide the review of the complaints, and the analyst's duties included seeking experts to perform the upfront review, preparing the complaint for mailing to the expert, and conducting the follow-up to ensure timely response by the expert. The Board management knew that the timeframe for the upfront expert review was increasing and these two resources would assist in this area. This left the Board with 20.5 CPEI positions.

Because the Board conducted investigations for the Osteopathic Medical Board of California (OMBC) and the Board of Psychology (BOP), 2.5 of the CPEI positions authorized for the Board were to assist in those boards' investigations. However, these boards determined that they would rather have the positions under their specific authority. Therefore, in FY 2011/2012, those 2.5 positions were taken from the Board and provided to the OMBC and the BOP. This left the Board with 18 CPEI positions.

During FY 2010/2011, the Board was required to decrease its positions due to a requested workforce cap drill. The Board had not moved to fill any of its positions due to the uncertainty of the number of positions it would lose. The final direction on how many positions the Board would lose due to the workforce cap (2.5 positions) was not provided to the Board until June 2011. With the loss of these 2.5 positions, the Board had 15.5 remaining CPEI positions.

Although the Board began to identify where to establish these 15.5 positions and into which classification, the Board was also under a hiring freeze, which required the Board to request hiring freeze exemptions for any position the Board wanted to fill. The Board had several investigator and

medical consultant positions that required exemptions, as well as several licensing positions that were vacant, and determined that those exemptions were higher priority than the establishment of new positions.

The hiring freeze was lifted in November of 2011 and the Board again began discussion to fill these positions. However, in early 2012, the Board was notified that it would be required to eliminate 18.1 positions due to the 5% salary savings reduction. Rather than eliminate existing staff, the Board used the 15.5 CPEI positions (and 2.6 vacant positions) to meet the reduction.

The Board was notified in September 2012 that it could reestablish these positions in the temporary help blanket as long as the Board always maintains a 5% vacancy rate to meet the required salary reduction level. The Board has determined that it will request the re-establishment of 14.5 positions in the following areas in order to improve the enforcement timeframes as originally planned in the CPEI.

- Six (6) positions will be used to establish a Northern Operation Safe Medicine Unit (OSM), identical to the OSM in the South. The Northern OSM will consist of 1 Supervising Investigator, 4 Investigators, and 1 Office Technician. The establishment of this office will take the unlicensed activity cases from the workload of the investigators in the northern district offices. This will reduce the investigators caseloads in the field offices and will assist in decreasing the investigation time for physicians who violate the law. This basically adds four (4) investigators for general workload.
- Two (2) positions will be used to provide the Tustin and Rancho Cucamonga district offices with the full complement of investigators. All other district offices have six investigators. Due to budget reductions several years ago, these two offices were reduced to five investigators. This increase in investigators will assist in the reduction of the number of cases assigned to each investigator thus reducing the investigation timeframe.
- Two (2) positions will be added to the Board's Expert Reviewer Program. These analyst positions will assist in the recruitment and training of the Board's expert reviewers. The Board needs additional experts and has determined that training experts not only improves the time to provide an opinion, but also improves the quality of the opinion.
- Three (3) positions will be added to the Central Complaint Unit (CCU) and the Discipline Coordination Unit (DCU) to assist in the ever increasing workload in these areas. One analyst will be assigned to the Quality of Care section and will assist with the processing of those complaints, reducing the analysts workload in this section. One analyst will be assigned to the DCU and will process the administrative cases in an effort to reduce the time it takes to prepare the disciplinary documents. Lastly, one position will be used to establish a clerical position to assist with these duties in both the CCU and the DCU. All three of the positions will assist in improving the enforcement timeframes.
- One and a half (1.5) positions will be used to conduct malpractice investigations. It is believed that this workload could be processed beginning with a desk investigation thereby reducing the number of cases referred to the field investigative staff. This will reduce the investigators workload and reduce the time it takes to investigate a complaint.

Board staff is working on preparing the paperwork for the establishment of these positions, which also requires the review and approval by DCA. All of these positions will help the Board in reducing the enforcement timeframe and meeting the original goal of the CPEI. Thus far the following positions have been sent to DCA for approval: the Northern OSM positions; the additional two investigator positions; and the three CCU/DCU positions.

Vertical Enforcement/Prosecution (VE/P)

In Section 1 – Background and Description of the Board and Regulated Profession, and Section 5 – Enforcement Program, of the Sunset Review Report, the Vertical Enforcement/Prosecution Model (VE/P) and its origination was briefly discussed. In the Report, it stated that additional information, including a review of pertinent data, would be provided in this Supplemental Report. Pursuant to Government Code section 12529.7 the Board must provide a report to the Legislature regarding the VE/P model. The Board provided a report to the Legislature in March 2012, however, the report did not contain a detailed report with statistical data regarding the program. The Board includes the full report including an analysis of the data and recommendations in this supplemental report.

A portion of the Board's mission is to protect consumers through the vigorous, objective enforcement of the Medical Practice Act. Historically, the Board has faced criticism because of the time it takes from receipt of a complaint to the conclusion of prosecution. In an attempt to solve this pervasive challenge, legislation was enacted via Senate Bill (SB) 1950 (Figueroa), Chapter 1085, Statutes of 2002, which mandated the appointment of an Enforcement Program Monitor (hereinafter "Monitor") to "monitor and evaluate the disciplinary system and procedures" of the Board for a period of two years. In both the initial and final reports of the *Medical Board of California Enforcement Program Monitor*, the Monitor recommended the vertical prosecution model whereby "the trial attorney and the investigator are assigned as the team to handle a complex case as soon as it is opened as a formal investigation." The Monitor opined that the vertical prosecution model would improve efficiency and reduce case cycle time, and, thereby, ensure the quality and safety of medical care to the people of California. Consequently, SB 231, Chapter 674, Statutes of 2005, was enacted into law, codifying the use of the vertical prosecution model, effective January 1, 2006.

Under SB 231, the Board and the Department of Justice (DOJ) Health Quality Enforcement Section (HQES) were required to implement a vertical prosecution model to conduct its investigations and prosecutions. Under the legislation, each complaint referred to a Board district office for investigation is simultaneously and jointly assigned to a Board investigator and a HQES deputy. The legislative goal of VE/P was to bring Board investigators and HQES Deputies Attorney General (DAG) together from the beginning of an investigation with the goal of increasing public protection by improving coordination and teamwork, increasing efficiency, and reducing investigation and prosecution delays. Additionally, the Board hoped the relationship between Board investigators and HQES would enhance the Board's ability to recruit and retain experienced investigators, particularly if Board investigators were compensated commensurate to DOJ Agents for the complexity of the investigations they undertake.

The Board and HQES agreed that VE/P included three basic elements. First, each complaint of alleged misconduct by a physician referred to a Board office for investigation would be simultaneously and jointly assigned to a Board investigator and a HQES DAG. Second, that joint assignment would exist for the duration of the case. Third, under the direction of a DAG, the assigned Board investigator would be responsible for obtaining the evidence required to permit the DAG to advise the Board on legal matters such as whether a formal accusation should be filed, whether the case should be closed, or whether other action should be taken.

As mandated, the Board and the HQES implemented the vertical prosecution model on January 1, 2006. Since not all of the Board's cases lead to prosecution (approximately 60% of the cases result in closure with no need for prosecution), the name of the new model was changed from the Vertical Prosecution Model to the Vertical Enforcement/Prosecution model, (although statute still refers to a vertical prosecution model). Due to staffing limitations, the VE/P model was also changed from pairing a

DAG with a Board investigator from the outset of an investigation until the matter was resolved to instead assigning a “lead” DAG to a district office to provide legal support and direction to investigators until a “primary” DAG was assigned. Sexual misconduct cases, or cases where there is a potential imminent threat to the consumer, were immediately assigned to a “primary” DAG.

Initial statistical data from the implementation pilot (January 2006 – April 2007) identified trends which suggested that VE/P could more quickly identify cases for closure, expedite egregious complaints, and reduce the time to complete investigations. The pilot did not, however, provide sufficient time to address concerns regarding the time to complete a prosecution because some Board investigations may take over 18 months to complete. The available statistics at that time only covered a 16-month period. The analysis of the initial pilot showed promise in reducing the time frames to: obtain medical records, obtain a physician interview, obtain a medical expert opinion, close a case without prosecution, file an Interim Suspension Order and file an Accusation. Therefore, VE/P was continued.

In August 2010, a program evaluation summary report resulting from a study of VE/P was prepared by Benjamin Frank, LLC. Mr. Frank concluded that the insertion of DAGs into the investigative process did not translate into more positive disciplinary outcomes or a decrease in investigation completion times. Mr. Frank recommended scaling back and optimizing DAG involvement in investigations. His report identified that the best practices and most fiscally sound use of DAG hours were found to occur in Northern California, where DAGs did not typically attend complainant/witness and subject interviews unless the case facts supported their attendance. Northern California disciplinary timelines statistics were superior to those of the Los Angeles area, where DAGs were significantly more involved in every aspect of the investigation. According to Mr. Frank’s assessment, this translated into unnecessary costs. He also identified in his report significant Board investigator frustration. This was due to both how the VE/P was implemented in the legislation and how it impacted the initial investigation time. Mr. Frank, identified these two factors as contributors to staff attrition.

On November 1, 2012, the Board submitted its *Sunset Review Report 2012* to the Senate Business, Professional and Economic Development (B&P) Committee. Section 5 provided a review and summary of the Board’s “Enforcement Program.” While VE/P was discussed narratively within Section 5, statistical data to depict the timelines of cases was not included. The Board explained it was conducting a thorough review of statistics related to VE/P, to be relayed to the B&P Committee in a Spring 2013 report. The report would include a review of factors to assess the efficacy of VE/P and any recommendations from the Board regarding its continuation.

Although the recommendation for VE/P and its initial assessment after 16 months of implementation appeared to have promise for long-term improved efficiencies and a reduction in case cycle time, the statistical data over an eight year time period does not reflect an overall improvement, but it does show improvement in certain types of cases.

The following chart reflects the investigation timeframe averages prior to and continuing into VE/P implementation (FY 04/05 through FY 11/12). Over time with increases and decreases in the number of cases closed and the average days to close cases, from FY 04/05 (before VE/P) through FY 11/12 there was no change in the average days to complete an investigation. For example, the average days from the initiation of an investigation to closure or referral in FY 04/05, prior to the VE/P, was 296 days. The VE/P was implemented beginning in the second half of FY 05/06, but the average remained relatively the same that FY at 312 days. FYs 06/07 through 10/11 the average spiked during full VE/P implementation between 336 to an all-time high of 401 days. FY 11/12 decreased to 298 days,

returning to relatively the same average as the pre-VE/P FY 04/05 of 296 days. Even though there is no change in the overall closure average, there is now a slight reduction of 12 days in the time for cases referred to disciplinary action.

INVESTIGATION TIME FRAMES

	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases
Fiscal Year	04/05		05/06		06/07		07/08		08/09		09/10		10/11		11/12	
All Investigation Closures	296	1,204	312	1,062	336	941	374	961	401	847	382	1,003	356	1,089	298	1,132
Closed - No Further Action	269	860	290	749	324	645	354	701	384	568	355	635	330	701	272	749
Referred for Disciplinary Action	362	344	365	313	364	296	426	260	437	279	427	368	404	388	350	383

Discussion of Attached Statistical Charts

Attachment A provides the overall and subcategorized data. The statistical data is displayed to show each of the main case types investigated by the Board and to identify whether VE/P had produced efficiencies. The case types examined were gross negligence/incompetence, inappropriate prescribing, unlicensed activity, sexual misconduct, mental/physical illness, self-abuse of drugs/alcohol, fraud, conviction, unprofessional conduct, and internet prescribing.

What Attachment A indicates, is that when VE/P was first implemented there were significant increases in the overall average and median days to process investigations. The averages are now back to and lower than the pre VE/P. The anticipation is that the overall averages would continue at the current level or decrease. The data clearly indicates that there must have been many factors that needed to be overcome in the integration of the VE/P into the investigative process.

It was anticipated that VE/P would produce improvements in the time it takes to investigate gross negligence cases that can be delayed when the physician fails to produce medical records. With a DAG assigned to the case from inception, if a subpoena for records was required, the DAG would be available to review and enforce the subpoena. However, there has not been a substantial improvement, only a 21 day reduction in the average time it takes to have these cases referred for disciplinary action.

Subpoena enforcement actions for obtaining medical records and a physician interview are critical as the Board is unable to determine how egregious the physician's actions are until the medical records have been obtained and reviewed and the physician interviewed. The Board adopted a "zero tolerance" policy in 2009 for delays in medical record acquisition and the physician interview. In addition, it sponsored legislation to require a physician's attendance at an interview. The DAG's attention to the process of subpoena enforcement is essential and if the DAG's time is spent on other investigative cases and is not available for subpoena enforcement the Board will not see a continued reduction in the time to complete and refer these cases for prosecution.

Subpoena enforcement actions continue to contribute to case aging problems. The length of time it is taking to file the supporting documents to enforce a subpoena for medical records and/or the attendance of a physician at an interview continues to increase the case age and, at best, the timeframes will remain relatively similar to pre-VE/P timelines.

Attachment B provides the overall and subcategorized data for investigation initiated to suspension issued and investigation completed to suspension issued. The categories are basically the same as in Attachment A. What Attachment B indicates is that there has been a significant decrease in the all case types, and in most subcategories, in the time it takes to obtain a suspension. Overall, investigation to suspension has decreased by almost 100 days.

It was anticipated that VE/P would produce improvements in the time it takes to obtain a suspension order. Suspension orders are critical in that they are issued in cases when the harm to the public appears imminent and the physician must be removed or restricted from practicing medicine as quickly as possible.

Cases involving a physician's physical or mental illness and sexual misconduct typically result in a suspension order. However the timeframe to obtain these suspensions has increased, therefore more DAG time needs to be focused on these cases to ensure consumer protection. Having the DAGs working on the case from inception ensures that they are familiar with the details of the case in order to draft the necessary documents in an expeditious manner.

Attachment C provides the overall and subcategorized data for investigation initiated to accusation filed and investigation completed to accusation filed. The categories are basically the same as in Attachment A.

The data indicates that VE/P has made a slight improvement in the average time it takes to investigate all case types and file an accusation. The average time was 551 days in FY 04/05 and 519 day in FY 11/12, a decrease of 32 days. However, there has not been an improvement in all of the individual case types. Overall the majority of the case types indicate increased timeframes. For example:

- Cases alleging inappropriate prescribing have seen a 16 day increase
- Cases alleging self-abuse of drugs/alcohol has seen a 157 day increase
- Cases alleging mental/physical illness have seen an 87 day increase

However, there are case types with decreased timeframes:

- Cases alleging gross negligence/incompetence saw a 55 day decrease
- Cases based upon a criminal conviction saw a 114 day decrease (these cases result from the arrest of a physician)

Attachment D provides the overall and subcategorized data for investigation initiated to stipulated decision received and investigation completed to stipulated decision received. The categories are basically the same as in Attachment A. Because of the DAGs' involvement, in certain types of cases, the time from investigation to stipulation received went down. The statistics indicate that the DAGs' involvement in all types of cases has not decreased the investigative time but indicates there is a slight increase. However it has decreased the amount of time it takes the DAG to obtain a stipulation. More focused DAG time on those cases where the time went up, such as sexual misconduct, mental/physical illness, and inappropriate prescribing might bring those averages down.

Attachment E provides the overall and subcategorized data for investigation initiated to submittal of the matter to an ALJ and investigation completed to submittal of the matter to an ALJ. The categories are basically the same as in Attachment A. What Attachment E indicates is that the overall time from the initiation of an investigation until the matter was submitted had a decrease of 77 days. The significance

of this chart is that the time from investigation closed until the matter is heard by the ALJ has significantly decreased in almost every category. This is an indication that having the DAG involved in the case that goes to hearing and knowing the underlying circumstances has had a positive impact in getting the case heard.

Attachment F provides the overall and subcategorized data for investigation initiated to default decision received and investigation completed to default decision received. The categories are basically the same as in Attachment A. The cases that resulted in a default decision did not see any improvement, but in fact saw an increase in both timeframes. From FY 04/05 to FY 11/12 for the timeframe from investigation initiated until the default decision was received increased by 213 days, with hardly any decreases seen between those years. The time it took from the investigation completed until the default decision increased by 92 days.

Attachment G represents the cases declined by the Attorney General's office and those cases needing supplemental investigation after referral to the AG's office. Even though these numbers are small, the cases declined has stayed consistent over the years. However the expectation of VE/P was that this number would decline. The same would hold true for cases needing supplemental investigation.

The chart below provides a synopsis of the charts discussed above and provided in the attachments. The chart below provides the timeframes for all case types. It also shows the average time in calendar days.

TIME TO FILE AN ACCUSATION	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	164	166	171	173	154	206	198	232
From Investigation Initiated to Accusation	551	564	533	566	608	575	580	519
From Investigation Completed to Accusation	149	169	166	146	132	124	126	121
TIME TO ISSUE A SUSPENSION	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	30	28	26	20	25	18	27	31
From Investigation Initiated to Suspension Issued	392	307	315	471	358	228	451	297
From Investigation Completed to Suspension Issued	168	120	93	215	105	66	191	109
TIME TO STIPULATED DECISION RECEIVED	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	156	141	143	145	118	135	120	160
From Investigation Initiated to Stipulation Received	922	1,039	923	940	818	916	912	914
From Investigation Completed to Stipulation Received	528	636	542	518	410	431	477	459
TIME TO MATTER SUBMITTED TO ALJ OR PROPOSED DECISION RECEIVED	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	42	30	37	39	33	27	37	38
From Investigation Initiated to Proposed Decision	1,115	1,161	926	1,161	1,102	850	973	1,038
From Investigation Completed to Proposed Decision	713	747	604	751	700	437	513	565
TIME TO DEFAULT DECISION RECEIVED	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	12	7	11	8	12	7	11	8
From Investigation Initiated to Default Decision Received	477	554	673	591	732	771	690	678
From Investigation Completed to Default Decision Received	190	211	411	304	441	374	322	282

Board staff is still examining the hours expending by the DAGs in the investigation and prosecution of cases. This will be provided in the final report as it is not available for this first draft.

The overall statistics do not find that the VE/P has dramatically improved the timeframes to discipline physicians found in violation of the law. Although, with the decrease in investigative time in the last two years, decreases should be reflected in the overall disciplinary timeframes in FY 13/14 and ongoing.

The VE/P was enacted to streamline the investigatory and prosecution timelines, however, there have been many factors that resulted in this not happening as expeditiously as anticipated.

Some of the unanticipated consequences of VE/P relate to DAGS having to devote substantial time to cases that will not result in referral for discipline. DAGs are unable to fulfill other critical legal obligations (e.g., subpoena enforcement actions) because they are working on lower priority cases. As a result, the urgent investigations/cases must wait for the DAG availability while they are tending to less severe cases.

In addition, investigators find themselves waiting at numerous stages of the investigation for DAG availability, feedback or approval to continue in the course of the investigation. Under the protocol established between MBC and HQE, investigators must wait the following number of days for availability or contact from a DAG at each milestone:

- 5 days for a DAG to approve their Initial Plan and Progress Report
- 15-20 days for the investigator to schedule an interview (due to coordinating with the DAG's schedule)
- 10 days to review the expert package
- 10 days to review closure

Up to 40 days could be added to an investigation because of the VE/P review process.

Recommended Modifications

The Board believes that the VE/P model should be modified. Approximately 60% of cases that are investigated by the Board's district offices result in closures without disciplinary action taken. A majority of those could be eliminated from the DAGs' workload that would allow them more time to focus on urgent or complex cases (specifically: sexual misconduct, mental/physical illness, peer review investigations), and time to process and follow-up on the enforcement of subpoenas. With this proposed model and the continuation of all of the improvements already implemented in the enforcement program (as outlined in the initial report, Section 5), the timeframes both for the investigation and prosecution phases will decrease and consumer protection will be enhanced.

In reviewing the data, the Board is recommending legislation be enacted to modify the VE/P model. The Board does recognize that DAG involvement in "high profile" or "urgent" cases is critical, as evidenced by the decrease in the time it take to obtain a suspension order. It is recommended that the VE/P model be continued for the following types of cases:

1. Sexual Misconduct
2. Physical or Mental Illness
3. Peer Review (805) Cases

In all other cases (e.g., prescribing, gross negligence, incompetence, conviction of crime) designation to VE/P should be jointly considered by Board staff and HQES staff as the case is assigned at the field office. This assignment could be regularly reconsidered as the case progresses to ensure appropriate use of HQES resources and that a DAG is brought into the case when necessary.

Investigation Initiated to Investigation Closure Timeframes - Average Calendar Days

The chart below illustrates the average calendar days for all case types and then a breakdown by each individual type. This chart captures the average calendar days from the time the district office initiated the investigation to the time the investigation was closed for all closures. Further, it breaks down the closure timeframes between those cases closed with no further action and those referred for disciplinary action.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, and petitions for reinstatement. It also excludes all cases that were referred solely to the District/City Attorney for criminal action as they are not in VE/P.

Fiscal Years	04/05		05/06		06/07		07/08		08/09		09/10		10/11		11/12	
	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases
All Case Types																
All Investigation Closures	296	1,204	312	1,062	336	941	374	961	401	847	382	1,003	356	1,089	298	1,132
Closed - No Further Action	269	860	290	749	324	645	354	701	384	568	355	635	330	701	272	749
Referred for Disciplinary Action	362	344	365	313	364	296	426	260	437	279	427	368	404	388	350	383
Gross Negligence/Incompetence																
All Investigation Closures	329	756	343	650	380	516	395	546	451	454	427	538	396	632	342	515
Closed - No Further Action	295	545	316	464	358	341	363	410	403	328	388	379	357	430	321	366
Referred for Disciplinary Action	416	211	412	186	422	175	490	136	577	126	519	159	478	202	395	149
Inappropriate Prescribing																
All Investigation Closures	367	76	373	59	382	51	490	41	439	49	497	67	427	69	422	90
Closed - No Further Action	335	51	335	43	364	35	438	19	420	26	375	36	357	32	308	41
Referred for Disciplinary Action	431	25	477	16	422	16	534	22	462	23	638	31	488	37	518	49
Unlicensed Activity																
All Investigation Closures	197	74	258	54	326	66	324	68	414	54	376	41	274	37	220	58
Closed - No Further Action	186	66	231	47	323	62	312	63	430	49	359	36	258	33	213	51
Referred for Disciplinary Action	280	8	437	7	367	4	480	5	258	5	495	5	409	4	276	7
Sexual Misconduct																
All Investigation Closures	266	58	245	84	282	68	333	53	420	54	400	55	317	65	273	75
Closed - No Further Action	283	30	227	51	300	49	316	41	364	33	318	32	300	45	244	49
Referred for Disciplinary Action	247	28	274	33	235	19	393	12	508	21	515	23	355	20	329	26
Mental/Physical Illness																
All Investigation Closures	221	37	188	23	288	42	357	29	221	27	353	31	340	34	187	41
Closed - No Further Action	220	24	176	14	296	26	335	16	227	20	270	18	370	20	151	23
Referred for Disciplinary Action	223	13	208	9	275	16	384	13	202	7	468	13	296	14	233	18
Self-abuse of Drugs/Alcohol																
All Investigation Closures	177	52	250	48	221	47	323	58	229	42	323	36	241	41	276	64
Closed - No Further Action	164	34	256	26	213	24	369	30	256	15	330	23	216	21	263	33
Referred for Disciplinary Action	202	18	243	22	229	23	274	28	214	27	312	13	267	20	290	31
Fraud																
All Investigation Closures	244	30	290	30	288	41	373	50	426	32	412	18	361	23	425	24
Closed - No Further Action	248	22	298	19	251	25	403	32	432	22	263	8	397	15	390	13
Referred for Disciplinary Action	235	8	275	11	346	16	318	18	412	10	530	10	294	8	467	11
Conviction of Crime																
All Investigation Closures	173	51	191	47	217	43	235	34	250	58	194	125	239	101	161	157
Closed - No Further Action	158	35	200	27	229	28	270	23	277	29	175	54	205	56	142	108
Referred for Disciplinary Action	206	16	180	20	196	15	162	11	224	29	208	71	281	45	205	49
Unprofessional Conduct																
All Investigation Closures	242	61	260	62	256	56	350	76	321	69	310	87	273	85	262	104
Closed - No Further Action	217	45	234	54	256	45	356	62	366	41	357	48	305	47	279	63
Referred for Disciplinary Action	311	16	434	8	254	11	321	14	255	28	251	39	234	38	237	41
Internet Prescribing																
All Investigation Closures	127	8	220	4	245	8	253	5	307	7	425	2	115	2	554	3
Closed - No Further Action	140	7	220	4	245	8	155	4	146	4	681	1	115	2	494	1
Referred for Disciplinary Action	38	1	0	0	0	0	645	1	523	3	169	1	0	0	584	2

Investigation Initiated to Investigation Closure Timeframes - Median Calendar Days

The chart below illustrates the median calendar days for all case types and then a breakdown by each individual type. This chart captures the median calendar days from the time the district office initiated the investigation to the time the investigation was closed for all closures. Further, it breaks down the closure timeframes between those cases closed with no further action and those referred for disciplinary action.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, and petitions for reinstatement. It also excludes all cases that were referred solely to the District/City Attorney for criminal action as they are not in VE/P.

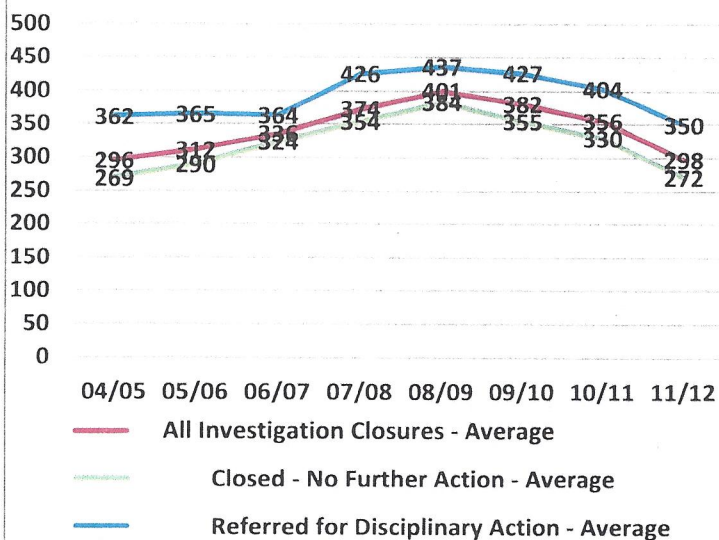
Fiscal Years	04/05		05/06		06/07		07/08		08/09		09/10		10/11		11/12	
	Med. Days	# Cases	Med. Days	# Cases	Med. Days	# Cases	Med. Days	# Cases	Med. Days	# Cases	Med. Days	# Cases	Med. Days	# Cases	Med. Days	# Cases
All Case Types																
All Investigation Closures	271	1,204	290	1,062	301	941	339	961	353	847	360	1,003	327	1,089	263	1,132
Closed - No Further Action	243	860	271	749	301	645	318	701	335	568	324	635	298	701	236	749
Referred for Disciplinary Action	347	344	351	313	346	296	408	260	406	279	412	368	403	388	331	383
Gross Negligence/Incompetence																
All Investigation Closures	303	756	326	650	354	516	364	546	423	454	405	538	369	632	315	515
Closed - No Further Action	274	545	299	464	337	341	329	410	365	328	376	379	325	430	289	366
Referred for Disciplinary Action	395	211	385	186	382	175	476	136	545	126	504	159	472	202	387	149
Inappropriate Prescribing																
All Investigation Closures	308	76	299	59	308	51	457	41	441	49	499	67	422	69	426	90
Closed - No Further Action	274	51	282	43	316	35	412	19	316	26	378	36	351	32	289	41
Referred for Disciplinary Action	401	25	413	16	292	16	491	22	533	23	610	31	463	37	486	49
Unlicensed Activity																
All Investigation Closures	149	74	221	54	301	66	276	68	325	54	408	41	222	37	203	58
Closed - No Further Action	142	66	213	47	303	62	265	63	325	49	408	36	208	33	203	51
Referred for Disciplinary Action	284	8	450	7	407	4	365	5	167	5	591	5	473	4	138	7
Sexual Misconduct																
All Investigation Closures	247	58	233	84	231	68	240	53	319	54	358	55	303	65	246	75
Closed - No Further Action	265	30	228	51	268	49	214	41	284	33	277	32	277	45	194	49
Referred for Disciplinary Action	236	28	251	33	208	19	329	12	421	21	513	23	393	20	325	26
Mental/Physical Illness																
All Investigation Closures	183	37	166	23	225	42	350	29	187	27	330	31	319	34	103	41
Closed - No Further Action	199	24	120	14	236	26	333	16	184	20	226	18	335	20	93	23
Referred for Disciplinary Action	174	13	218	9	251	16	359	13	220	7	363	13	305	14	228	18
Self-abuse of Drugs/Alcohol																
All Investigation Closures	131	52	224	48	183	47	211	58	171	42	248	36	183	41	199	64
Closed - No Further Action	123	34	209	26	169	24	211	30	174	15	259	23	187	21	219	33
Referred for Disciplinary Action	149	18	252	22	197	23	193	28	144	27	128	13	169	20	170	31
Fraud																
All Investigation Closures	177	30	223	30	285	41	372	50	334	32	365	18	363	23	390	24
Closed - No Further Action	177	22	213	19	274	25	395	32	328	22	197	8	363	15	328	13
Referred for Disciplinary Action	210	8	257	11	332	16	254	18	447	10	424	10	295	8	434	11
Conviction of Crime																
All Investigation Closures	156	51	142	47	157	43	198	34	240	58	141	125	185	101	111	157
Closed - No Further Action	153	35	142	27	181	28	274	23	234	29	125	54	174	56	100	108
Referred for Disciplinary Action	179	16	139	20	150	15	166	11	240	29	148	71	203	45	170	49
Unprofessional Conduct																
All Investigation Closures	183	61	232	62	165	56	321	76	279	69	227	87	176	85	243	104
Closed - No Further Action	176	45	213	54	215	45	329	62	322	41	315	48	218	47	269	63
Referred for Disciplinary Action	300	16	424	8	97	11	277	14	108	28	59	39	17	38	206	41
Internet Prescribing																
All Investigation Closures	144	8	231	4	204	8	134	5	196	7	425	2	115	2	533	3
Closed - No Further Action	148	7	231	4	204	8	134	4	120	4	681	1	115	2	494	1
Referred for Disciplinary Action	38	1	0	0	0	0	645	1	520	3	169	1	0	0	584	2

Investigation Initiated to Investigation Closure Timeframes - Average/Median Calendar Days

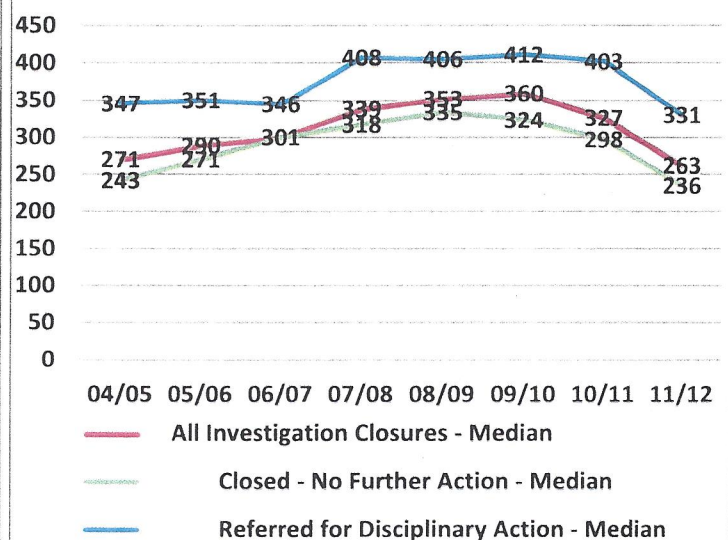
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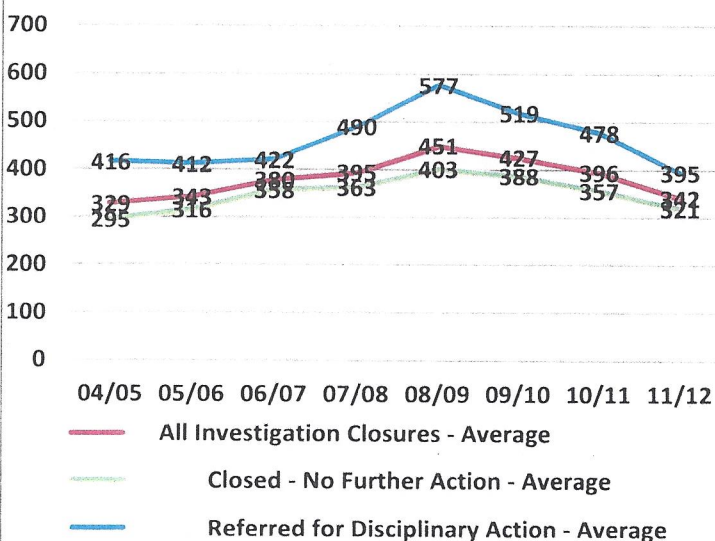
All Case Types



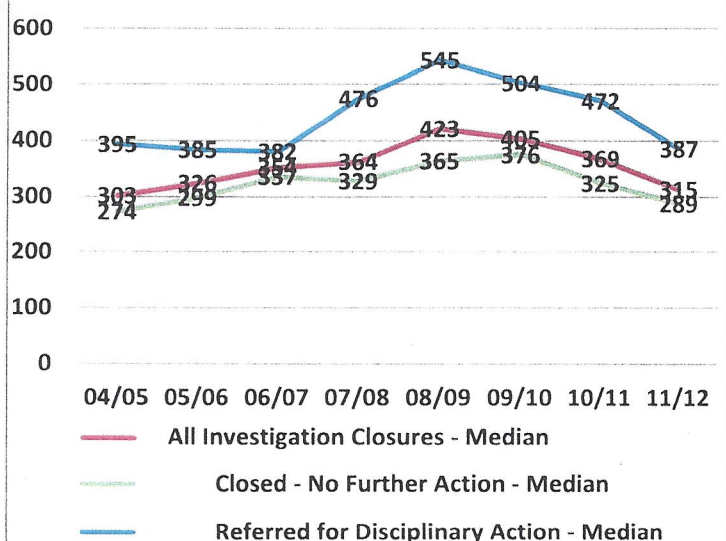
All Case Types



Gross Negligence/Incompetence



Gross Negligence/Incompetence

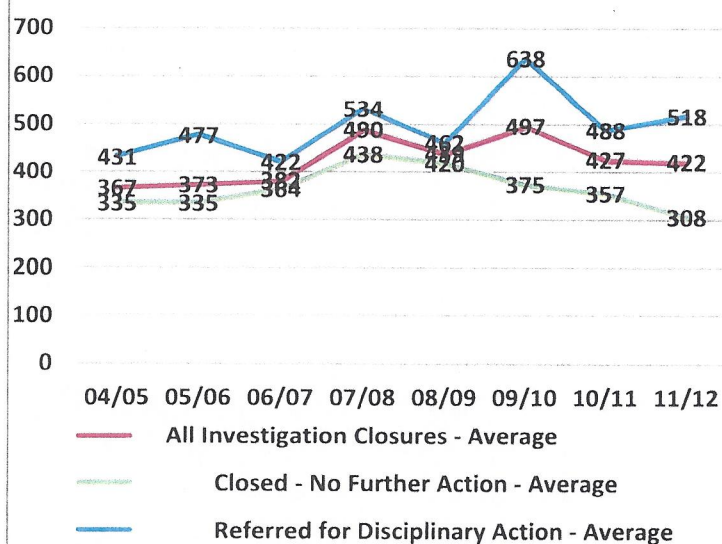


Investigation Initiated to Investigation Closure Timeframes - Average/Median Calendar Days

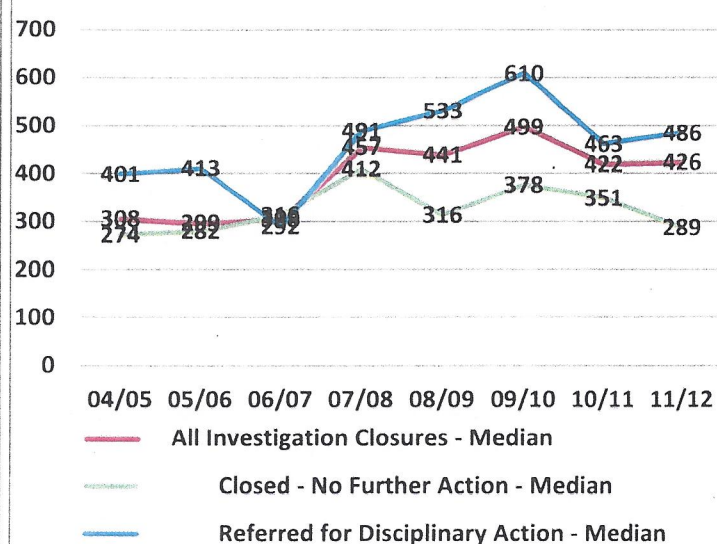
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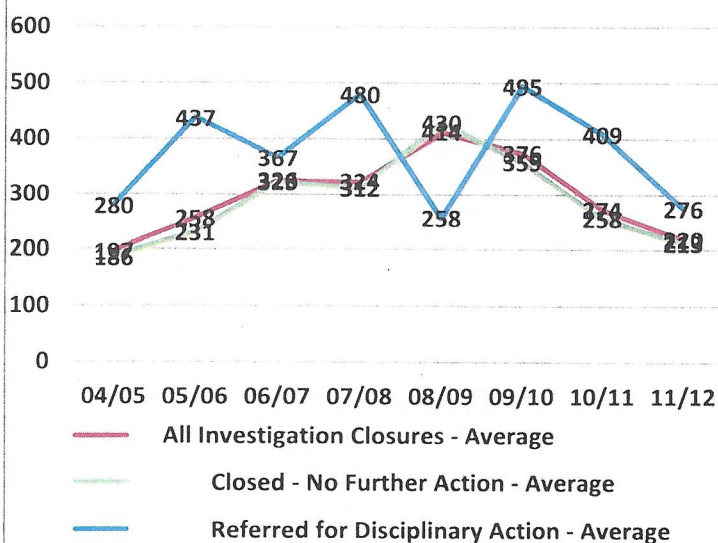
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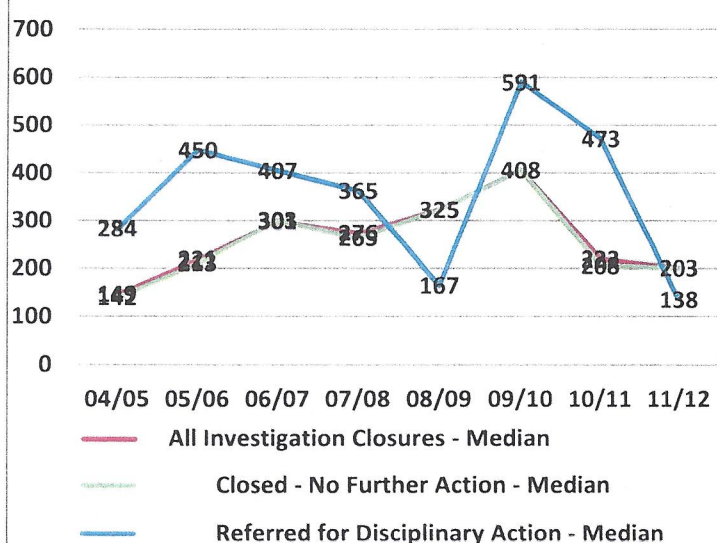
Inappropriate Prescribing



Unlicensed Activity



Unlicensed Activity

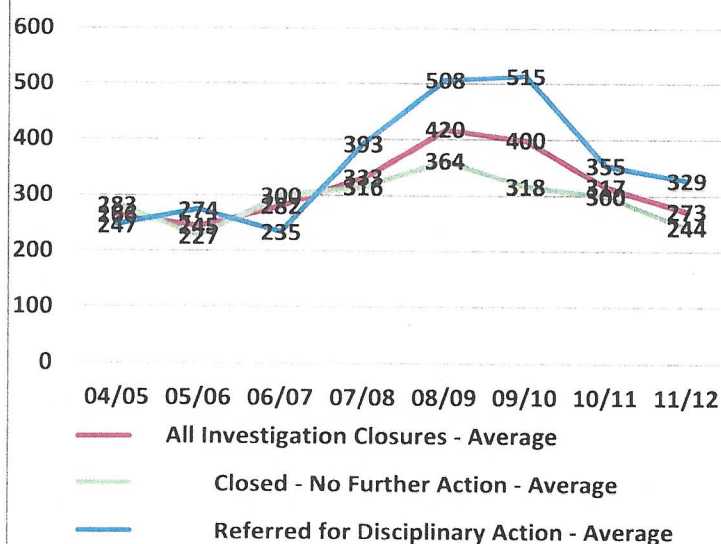


Investigation Initiated to Investigation Closure Timeframes - Average/Median Calendar Days

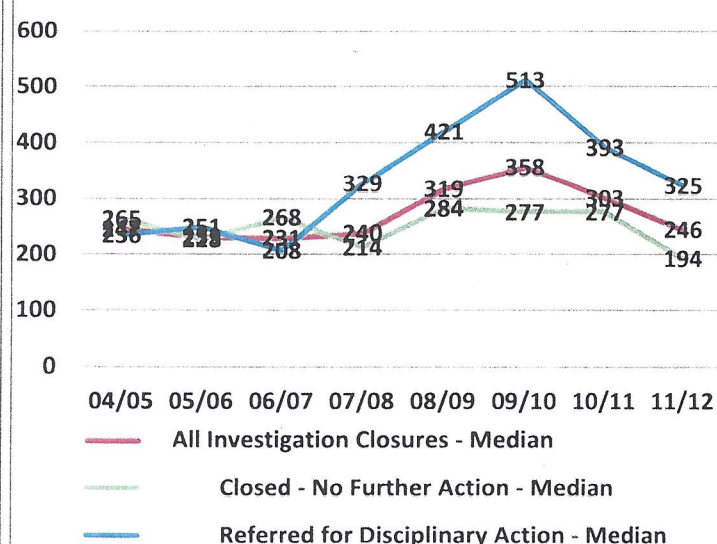
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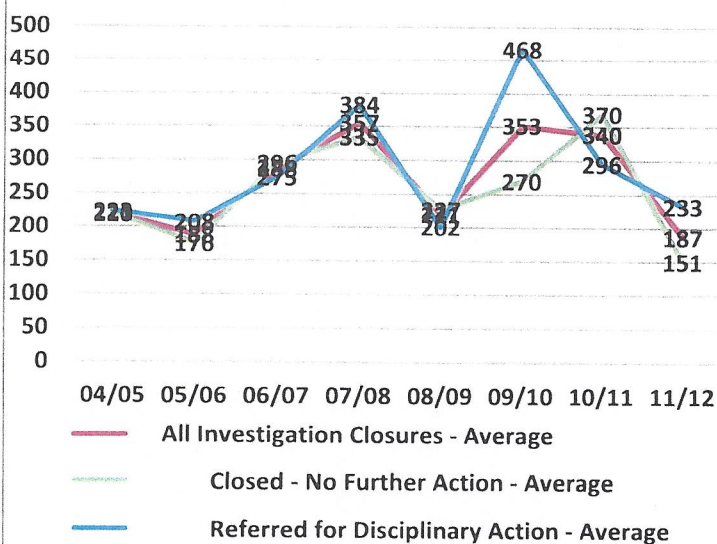
Sexual Misconduct



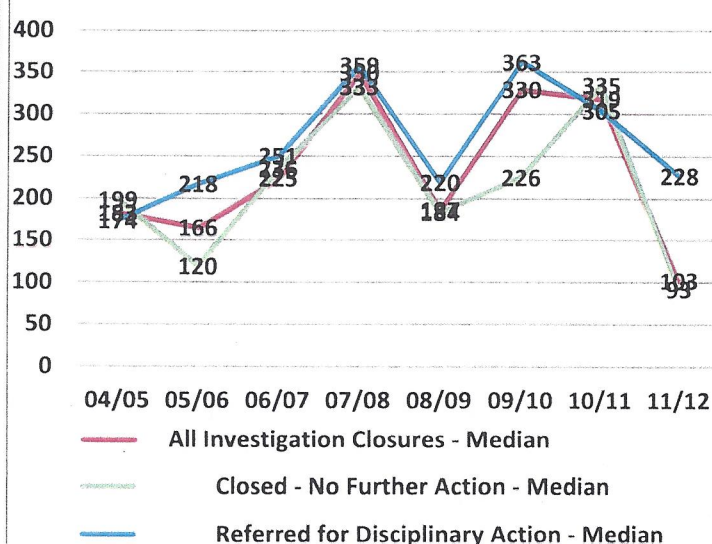
Sexual Misconduct



Mental/Physical Illness



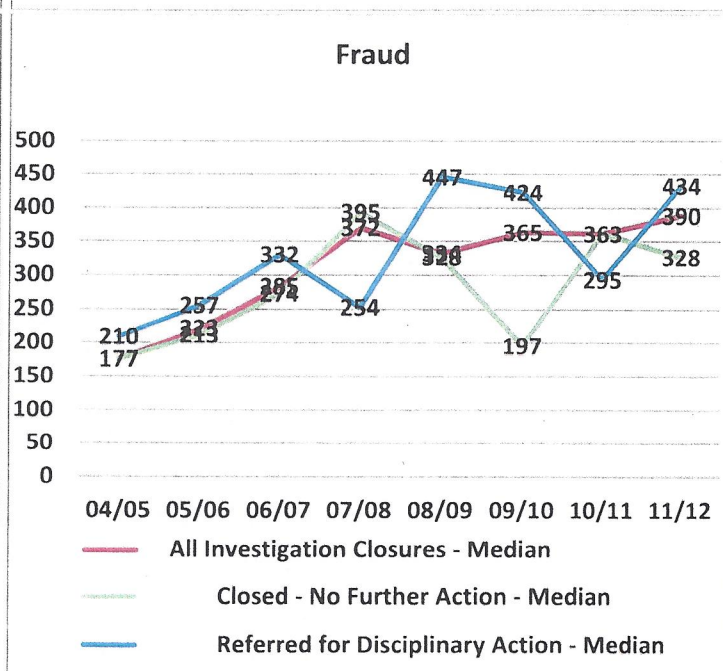
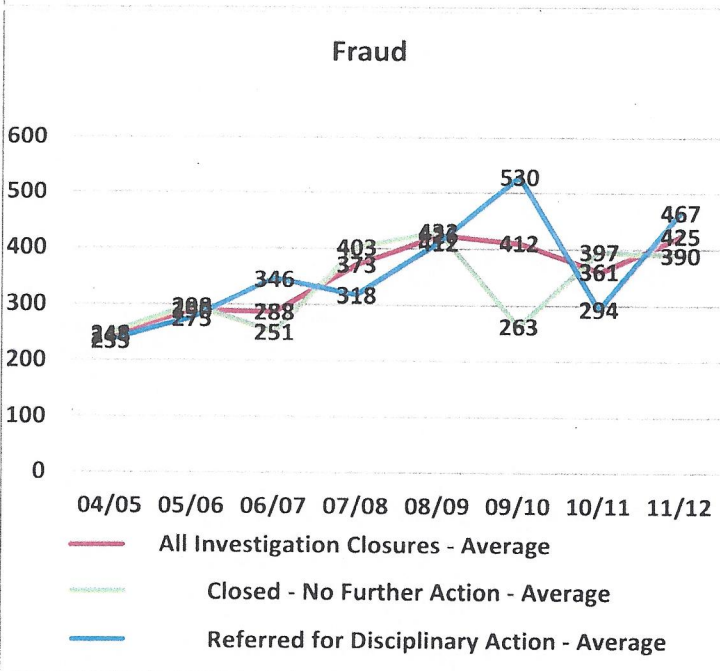
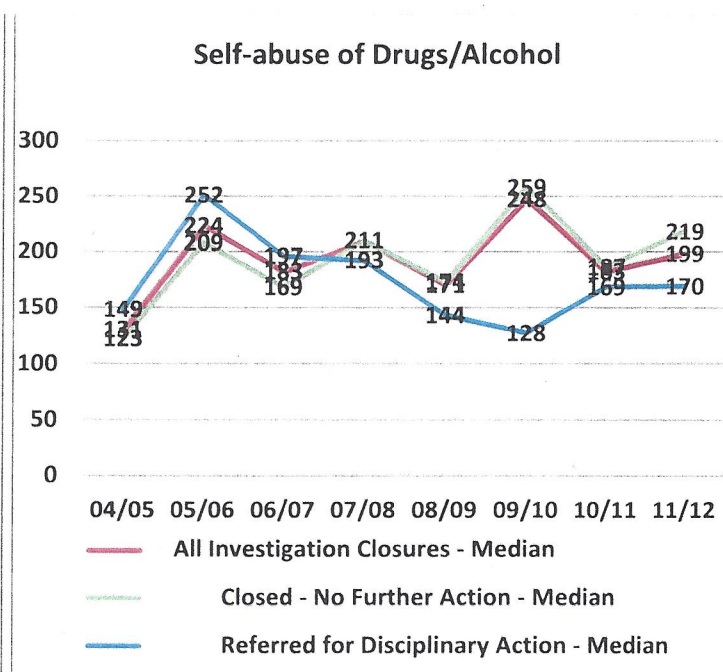
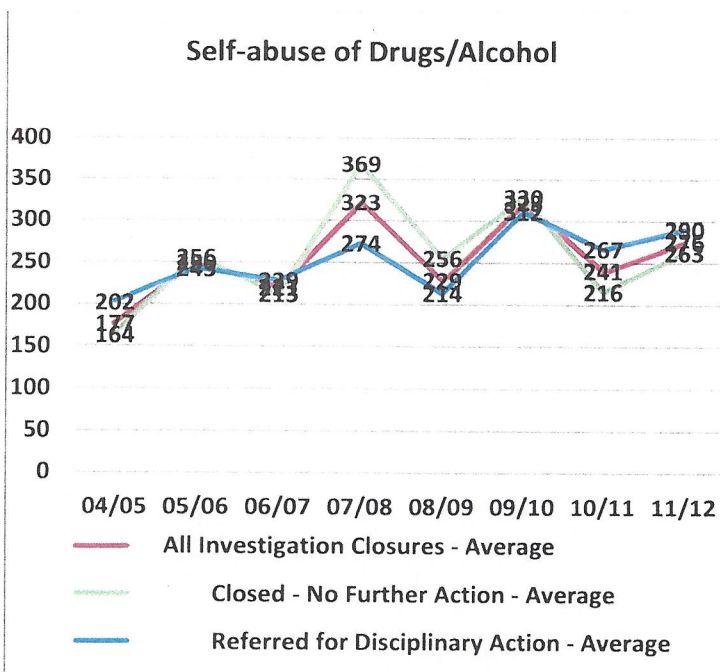
Mental/Physical Illness



Investigation Initiated to Investigation Closure Timeframes - Average/Median Calendar Days

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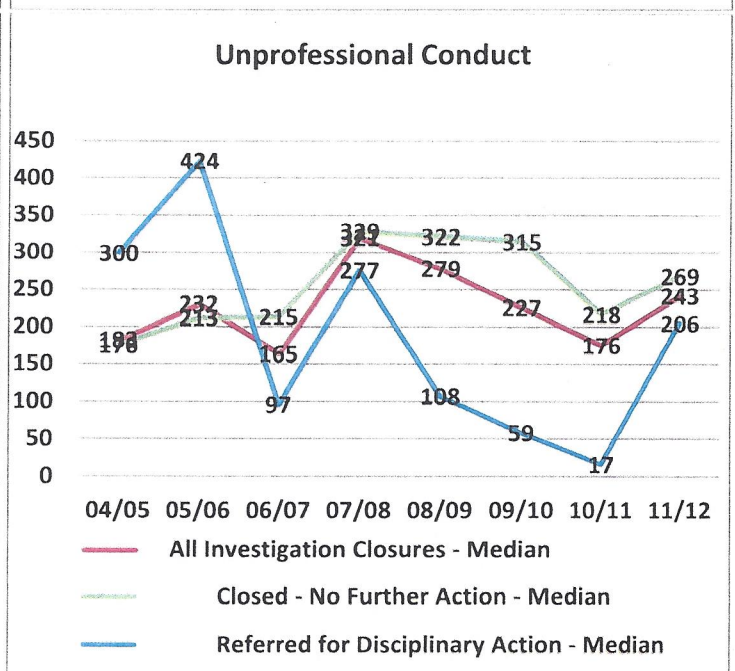
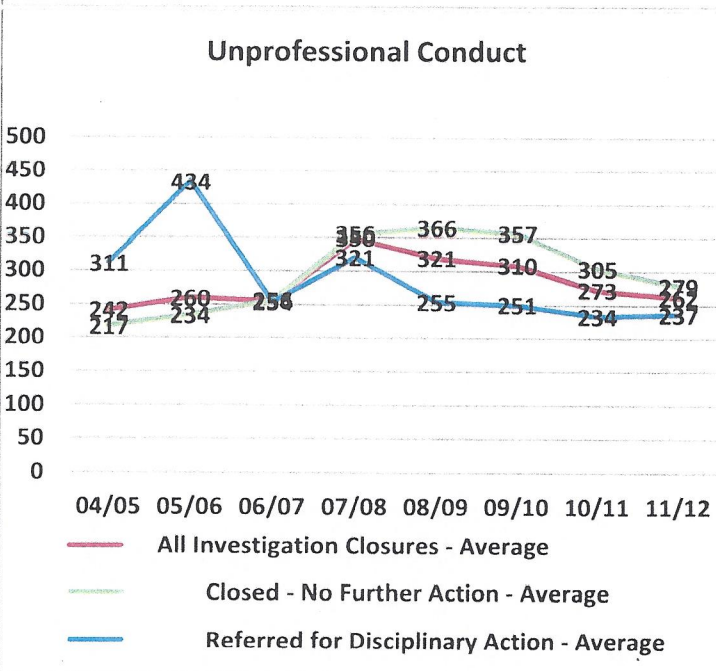
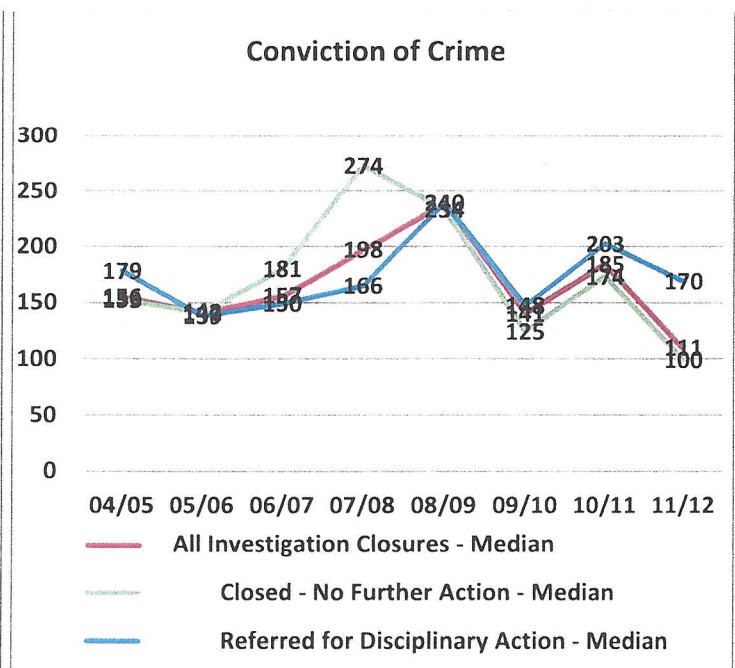
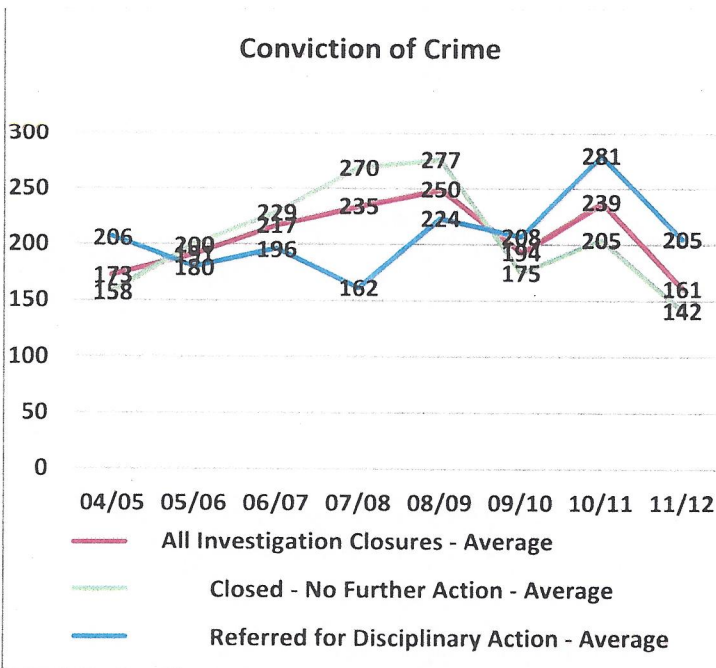
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Investigation Initiated to Investigation Closure Timeframes - Average/Median Calendar Days

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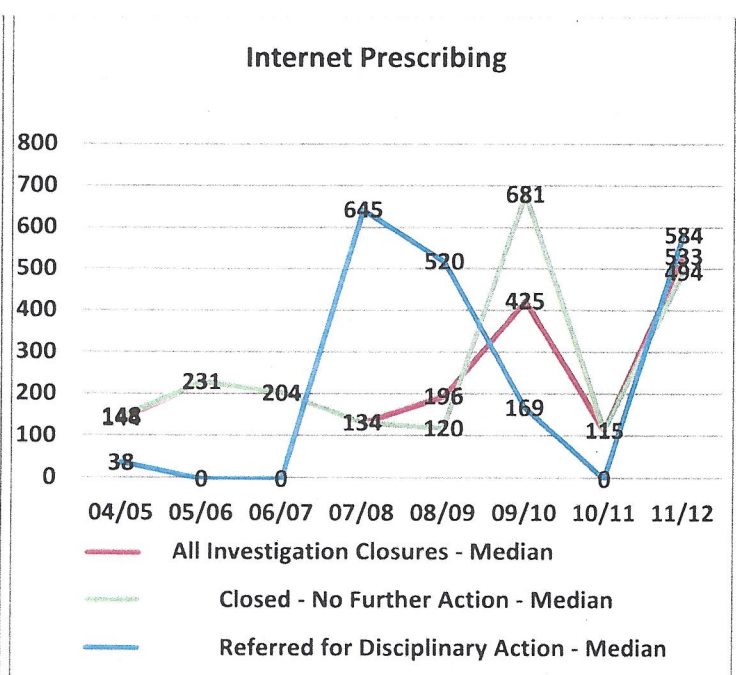
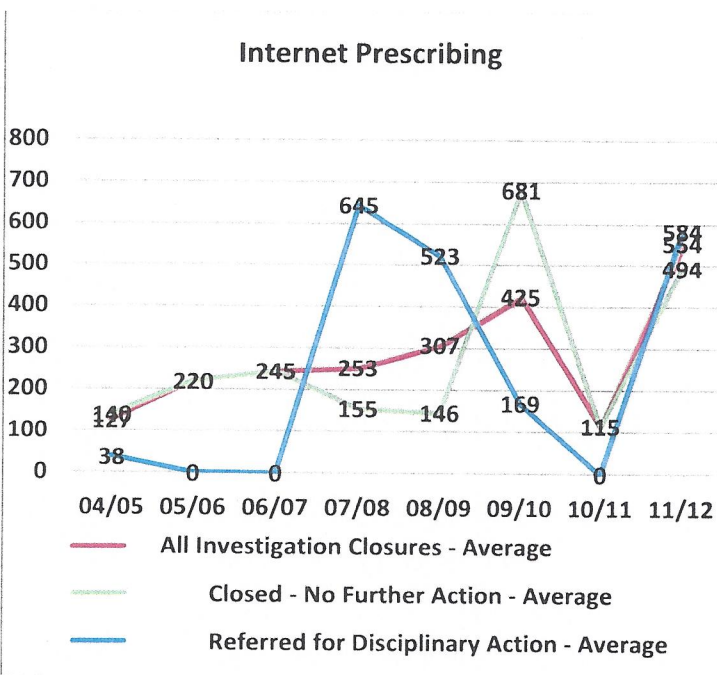
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Investigation Initiated to Investigation Closure Timeframes - Average/Median Calendar Days

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Investigation Initiated/Completed to Suspension Order Issued Timeframes Average Calendar Days

The chart below illustrates the average calendar days for all case types and then a breakdown by each individual type. This chart captures the average calendar days from the time the district office initiated the investigation to the time a Suspension Order was issued and the average calendar days from the time the district office completed the investigation to the time a Suspension Order was issued.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation, petitions for reinstatement, and subsequent discipline on probationers. This data includes the following suspension orders: interim suspension orders, Penal Code section 23 restrictions, stipulated agreements to restrictions/suspension, and temporary restraining orders. It does not include out-of-state suspension orders, automatic suspension orders, or orders to cease practice while on probation.

Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	30	28	26	20	25	18	27	31
Investigation Initiated to Suspension Issued - Average	392	307	315	471	358	228	451	297
Investigation Completed to Suspension Issued - Average	168	120	93	215	105	66	191	109
Gross Negligence/Incompetence - (Number of cases)	7	2	2	1	5	1	7	4
Investigation Initiated to Suspension Issued - Average	766	488	193	521	235	378	970	690
Investigation Completed to Suspension Issued - Average	439	163	33	267	170	2	452	222
Inappropriate Prescribing - (Number of cases)	3	4	0	3	4	1	4	3
Investigation Initiated to Suspension Issued - Average	745	769	0	1,147	761	232	499	221
Investigation Completed to Suspension Issued - Average	108	241	0	572	224	2	260	103
Sexual Misconduct - (Number of cases)	11	10	7	7	3	4	6	3
Investigation Initiated to Suspension Issued - Average	258	204	394	397	556	436	40	250
Investigation Completed to Suspension Issued - Average	110	112	145	278	166	161	8	143
Mental/Physical Illness - (Number of cases)	2	3	6	2	3	5	5	6
Investigation Initiated to Suspension Issued - Average	142	309	201	752	221	182	544	214
Investigation Completed to Suspension Issued - Average	52	173	95	60	45	80	170	85
Self-abuse of Drugs/Alcohol - (Number of cases)	6	7	6	5	8	5	4	12
Investigation Initiated to Suspension Issued - Average	164	131	316	150	177	136	73	283
Investigation Completed to Suspension Issued - Average	50	45	76	34	26	20	11	92
Fraud - (Number of cases)	0	0	3	1	1	1	0	0
Investigation Initiated to Suspension Issued - Average	0	0	634	386	686	22	0	0
Investigation Completed to Suspension Issued - Average	0	0	95	81	2	2	0	0
Conviction of Crime - (Number of cases)	1	2	2	1	0	1	1	3
Investigation Initiated to Suspension Issued - Average	57	334	23	47	0	147	150	116
Investigation Completed to Suspension Issued - Average	51	63	9	2	0	40	2	46
Unprofessional Conduct - (Number of cases)	0	0	0	0	1	0	0	0
Investigation Initiated to Suspension Issued - Average	0	0	0	0	303	0	0	0
Investigation Completed to Suspension Issued - Average	0	0	0	0	44	0	0	0

Investigation Initiated/Completed to Suspension Order Issued Timeframes Median Calendar Days

The chart below illustrates the median calendar days for all case types and then a breakdown by each individual type. This chart captures the median calendar days from the time the district office initiated the investigation to the time a Suspension Order was issued and the median calendar days from the time the district office completed the investigation to the time a Suspension Order was issued.

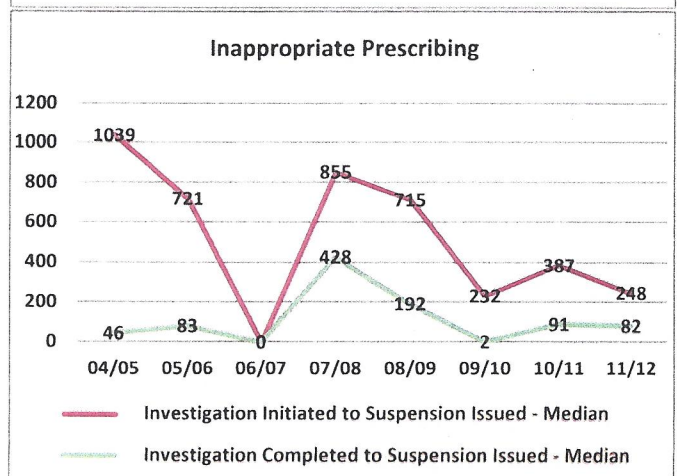
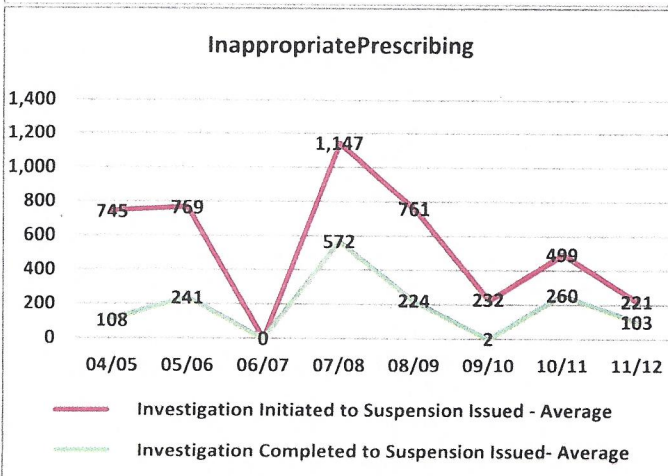
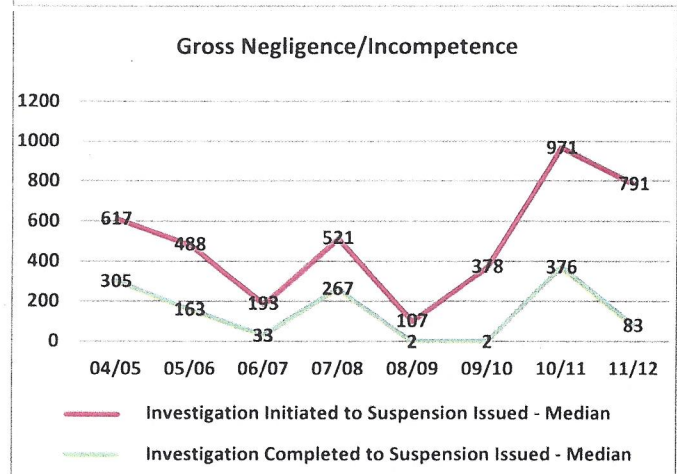
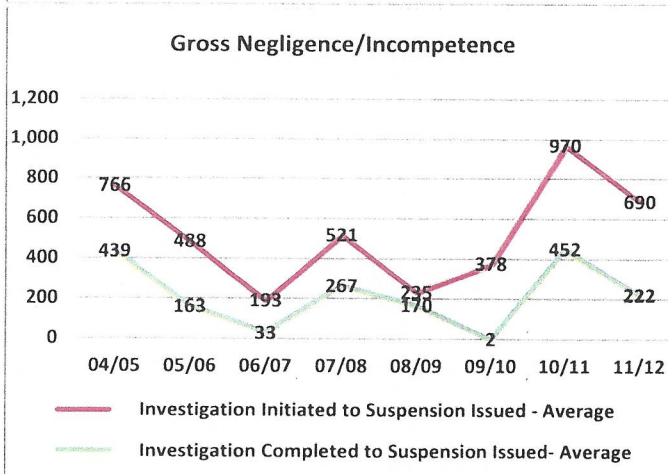
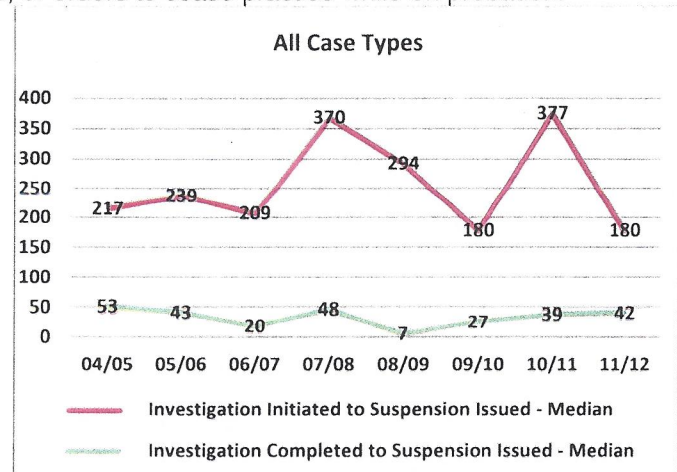
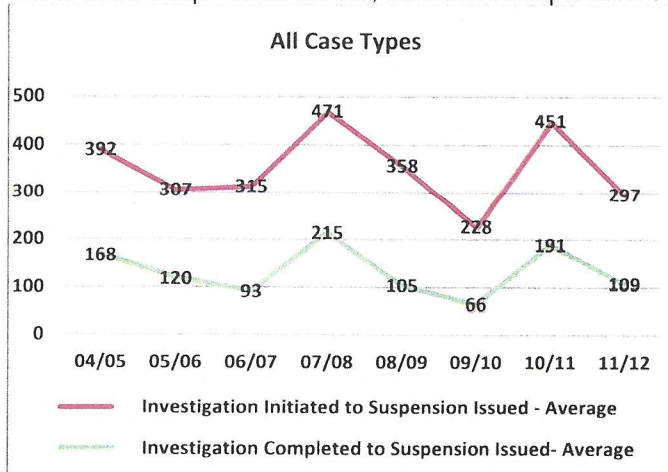
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Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	30	28	26	20	25	18	27	31
Investigation Initiated to Suspension Issued- Median	217	239	209	370	294	180	377	180
Investigation Completed to Suspension Issued - Median	53	43	20	48	7	27	39	42
Gross Negligence/Incompetence - (Number of cases)	7	2	2	1	5	1	7	4
Investigation Initiated to Suspension Issued- Median	617	488	193	521	107	378	971	791
Investigation Completed to Suspension Issued - Median	305	163	33	267	2	2	376	83
Inappropriate Prescribing - (Number of cases)	3	4	0	3	4	1	4	3
Investigation Initiated to Suspension Issued- Median	1039	721	0	855	715	232	387	248
Investigation Completed to Suspension Issued - Median	46	83	0	428	192	2	91	82
Sexual Misconduct - (Number of cases)	11	10	7	7	3	4	6	3
Investigation Initiated to Suspension Issued- Median	209	84	209	220	521	327	28	91
Investigation Completed to Suspension Issued - Median	86	33	2	19	2	60	2	4
Mental/Physical Illness - (Number of cases)	2	3	6	2	3	5	5	6
Investigation Initiated to Suspension Issued- Median	142	336	200	752	270	193	542	217
Investigation Completed to Suspension Issued - Median	52	169	106	60	56	113	164	41
Self-abuse of Drugs/Alcohol - (Number of cases)	6	7	6	5	8	5	4	12
Investigation Initiated to Suspension Issued- Median	137	115	387	154	86	121	65	171
Investigation Completed to Suspension Issued - Median	27	4	80	11	6	24	11	32
Fraud - (Number of cases)	0	0	3	1	1	1	0	0
Investigation Initiated to Suspension Issued- Median	0	0	358	386	686	22	0	0
Investigation Completed to Suspension Issued - Median	0	0	2	81	2	2	0	0
Conviction of Crime - (Number of cases)	1	2	2	1	0	1	1	3
Investigation Initiated to Suspension Issued- Median	57	334	23	47	0	147	150	137
Investigation Completed to Suspension Issued - Median	51	63	9	2	0	40	2	13
Unprofessional Conduct - (Number of cases)	0	0	0	0	1	0	0	0
Investigation Initiated to Suspension Issued- Median	0	0	0	0	303	0	0	0
Investigation Completed to Suspension Issued - Median	0	0	0	0	44	0	0	0

Investigation Initiated/Completed to Suspension Order Issued Timeframes Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a Suspension Order was issued. The bottom lines are a subset of the top line and represent the average/median calendar days from the time the district office completed the investigation to the time a Suspension Order was issued.

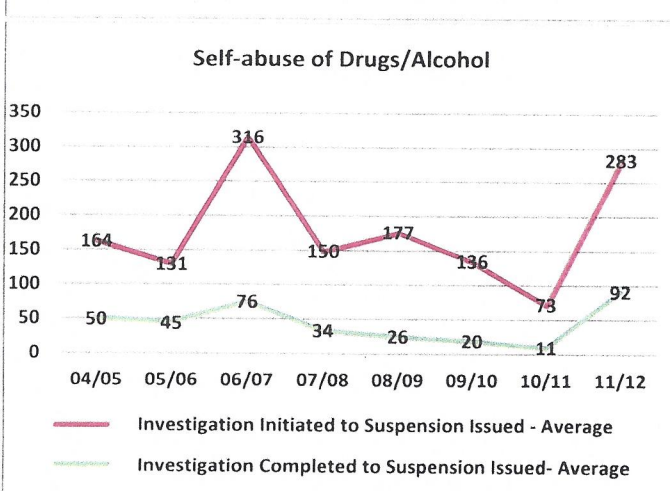
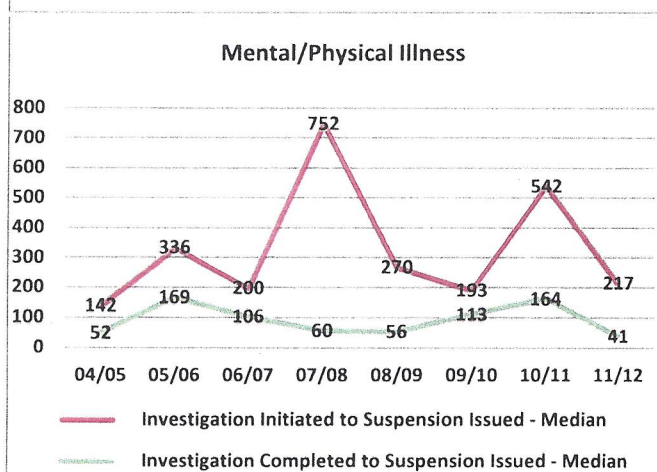
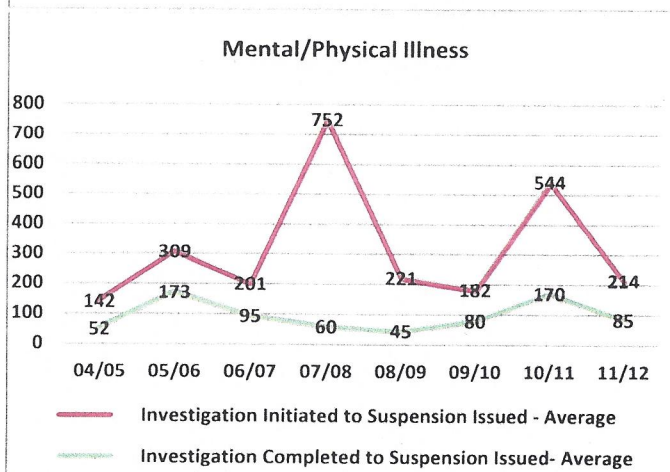
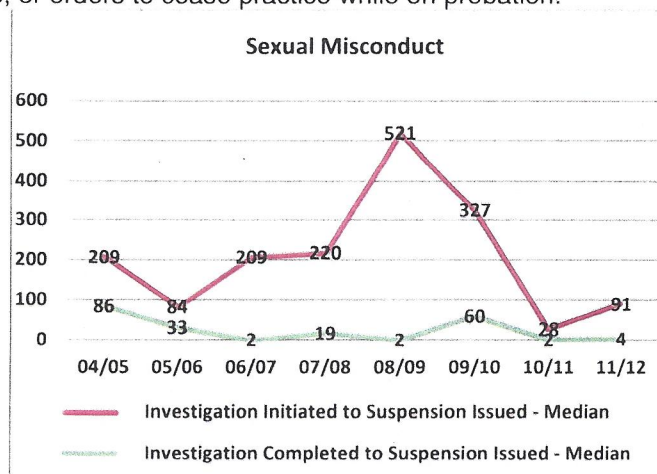
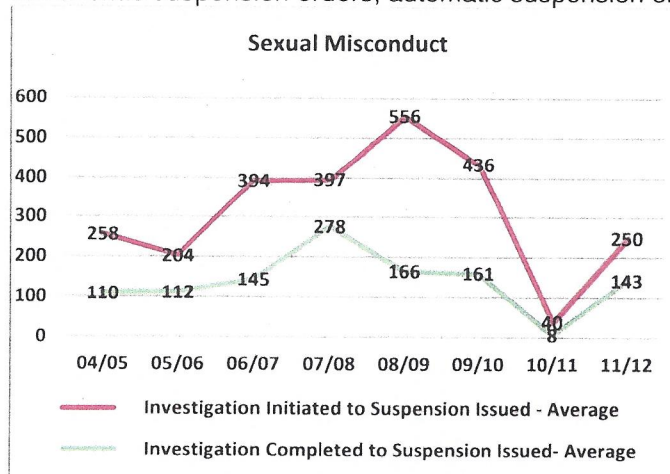
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Investigation Initiated/Completed to Suspension Order Issued Timeframes Average/Median Calendar Days

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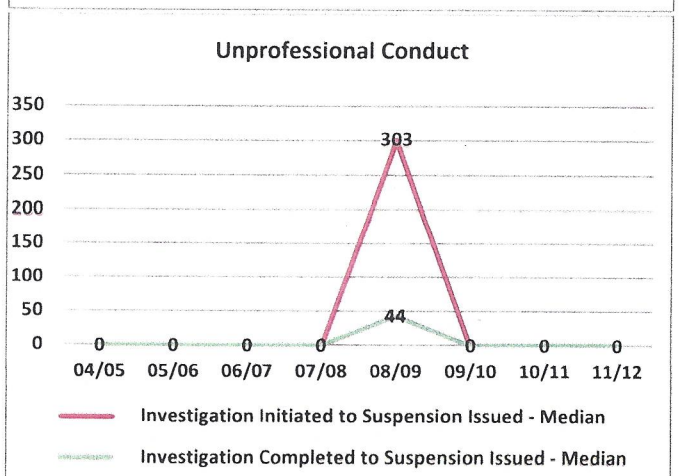
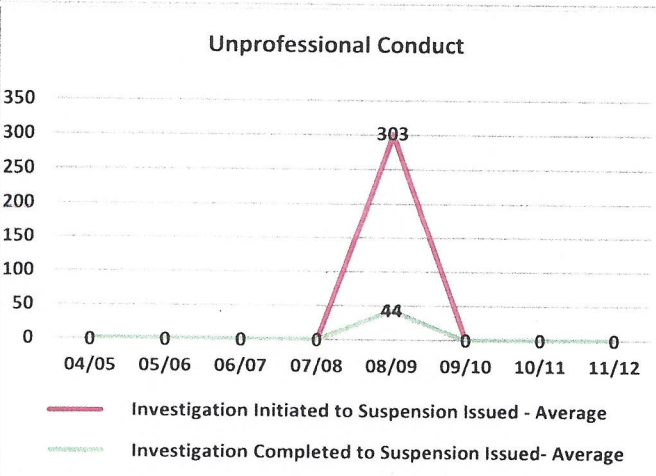
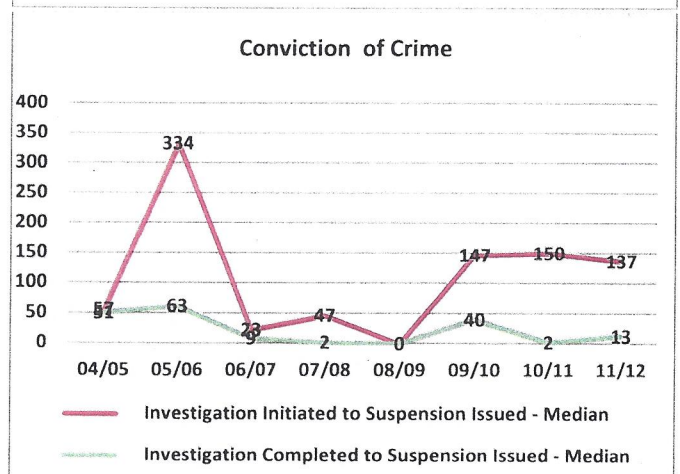
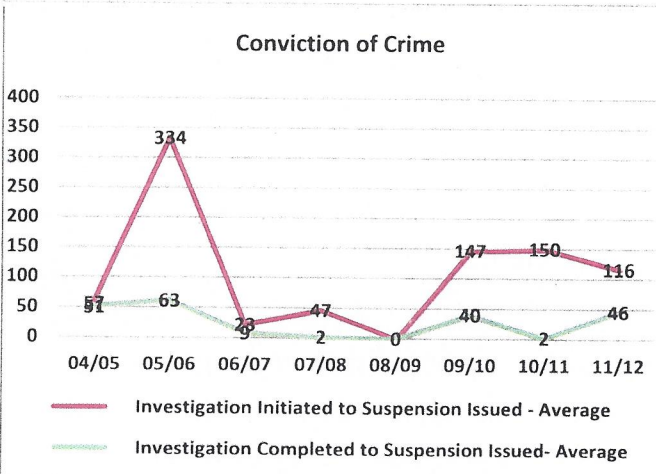
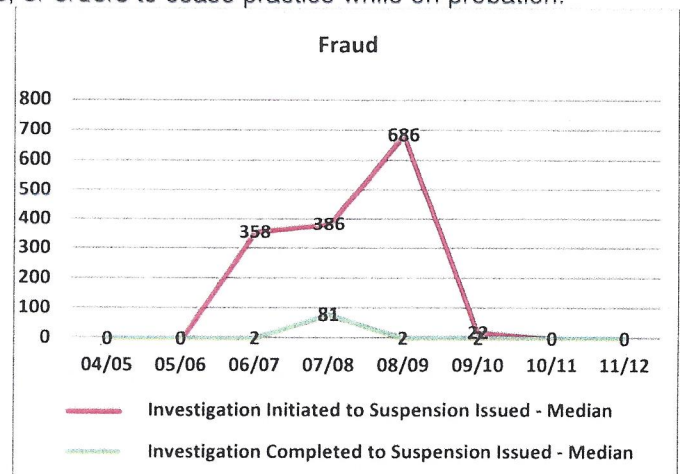
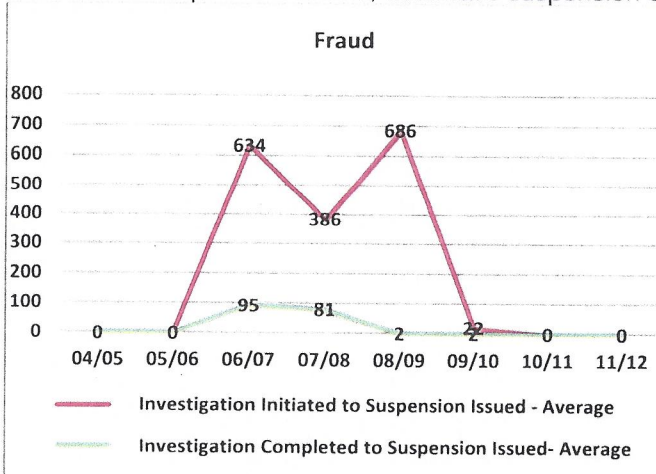
This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation, petitions for reinstatement, and subsequent discipline on probationers. This data includes the following suspension orders: interim suspension orders, Penal Code section 23 restrictions, stipulated agreements to restrictions/suspension, and temporary restraining orders. It does not include out-of-state suspension orders, automatic suspension orders, or orders to cease practice while on probation.



Investigation Initiated/Completed to Suspension Order Issued Timeframes Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a Suspension Order was issued. The bottom lines are a subset of the top line and represent the average/median calendar days from the time the district office completed the investigation to the time a Suspension Order was issued.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation, petitions for reinstatement, and subsequent discipline on probationers. This data includes the following suspension orders: interim suspension orders, Penal Code section 23 restrictions, stipulated agreements to restrictions/suspension, and temporary restraining orders. It does not include out-of-state suspension orders, automatic suspension orders, or orders to cease practice while on probation.



Investigation Initiated/Completed to Accusation Filed – Average Calendar Days

The chart below illustrates the average calendar days for all case types and then a breakdown by each individual type. This chart captures the average calendar days from the time the district office initiated the investigation to the time an Accusation was filed and the average calendar days from the time the district office completed the investigation to the time an Accusation was filed.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation, petitions for reinstatement, and subsequent discipline on probationers. This data also excludes cases that had a petition to compel examination granted and those where an offer for a public letter of reprimand was rejected by the respondent.

Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	164	166	171	173	154	206	198	232
Investigation Initiated to Accusation Filed - Average	551	564	533	566	608	575	580	519
Investigation Completed to Accusation Filed - Average	149	169	166	146	132	124	126	121
Gross Negligence/Incompetence - (Number of cases)	93	97	107	99	84	107	116	108
Investigation Initiated to Accusation Filed - Average	610	621	595	622	721	626	639	555
Investigation Completed to Accusation Filed - Average	153	161	176	152	144	106	114	114
Inappropriate Prescribing - (Number of cases)	17	9	7	14	18	15	12	34
Investigation Initiated to Accusation Filed - Average	644	623	756	659	612	790	647	660
Investigation Completed to Accusation Filed - Average	148	157	273	136	130	167	209	104
Unlicensed Activity - (Number of cases)	2	5	2	5	2	5	2	7
Investigation Initiated to Accusation Filed - Average	619	1,068	413	848	384	430	693	664
Investigation Completed to Accusation Filed - Average	33	498	66	269	152	109	78	350
Sexual Misconduct - (Number of cases)	18	20	11	13	4	18	8	12
Investigation Initiated to Accusation Filed - Average	434	344	437	632	693	768	472	435
Investigation Completed to Accusation Filed - Average	182	93	182	243	228	274	166	81
Mental/Physical Illness - (Number of cases)	9	4	7	7	6	4	8	15
Investigation Initiated to Accusation Filed - Average	356	286	258	453	368	462	538	443
Investigation Completed to Accusation Filed - Average	98	89	64	85	107	106	141	145
Self-abuse of Drugs/Alcohol - (Number of cases)	14	8	17	19	23	21	21	23
Investigation Initiated to Accusation Filed - Average	264	391	385	324	313	344	405	421
Investigation Completed to Accusation Filed - Average	59	126	124	63	76	93	85	140
Fraud - (Number of cases)	1	8	7	7	4	6	8	10
Investigation Initiated to Accusation Filed - Average	1,025	391	552	263	525	488	439	577
Investigation Completed to Accusation Filed - Average	292	208	163	132	170	70	157	178
Conviction of Crime - (Number of cases)	3	8	9	7	7	23	14	16
Investigation Initiated to Accusation Filed - Average	358	370	247	343	302	315	453	244
Investigation Completed to Accusation Filed - Average	234	147	100	98	70	120	140	68
Unprofessional Conduct - (Number of cases)	5	4	4	2	3	6	9	6
Investigation Initiated to Accusation Filed - Average	738	551	544	491	763	710	580	247
Investigation Completed to Accusation Filed - Average	309	123	227	198	157	73	175	74
Internet Prescribing - (Number of cases)	2	3	0	0	3	1	0	1
Investigation Initiated to Accusation Filed - Average	463	1,013	0	0	861	265	0	709
Investigation Completed to Accusation Filed - Average	78	659	0	0	189	97	0	75

Investigation Initiated/Completed to Accusation Filed – Median Calendar Days

The chart below illustrates the median calendar days for all case types and then a breakdown by each individual type. This chart captures the median calendar days from the time the district office initiated the investigation to the time an Accusation was filed and the median calendar days from the time the district office completed the investigation to the time an Accusation was filed.

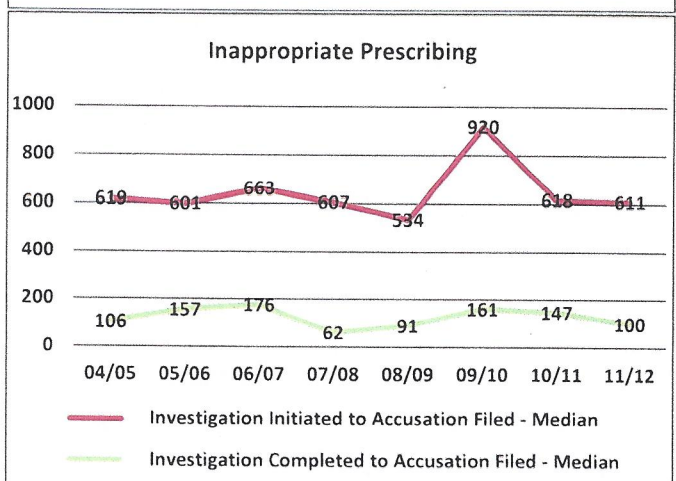
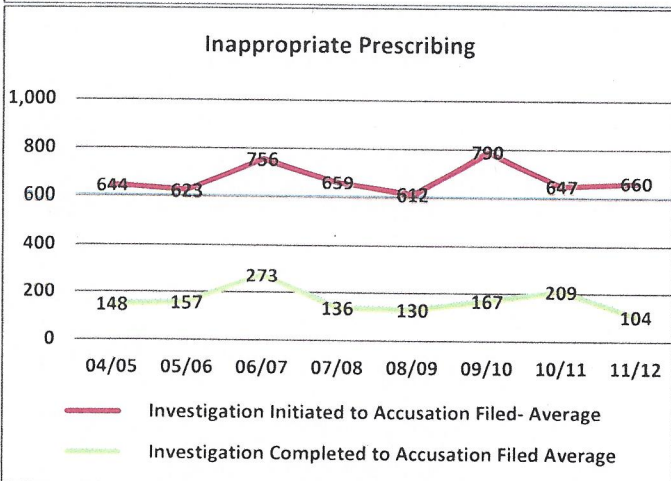
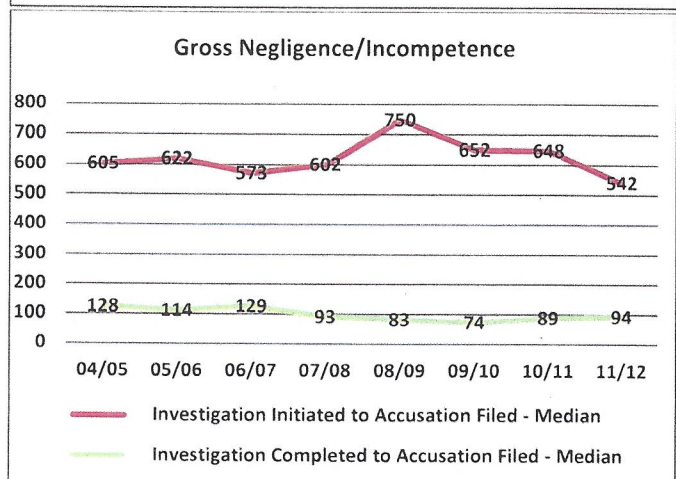
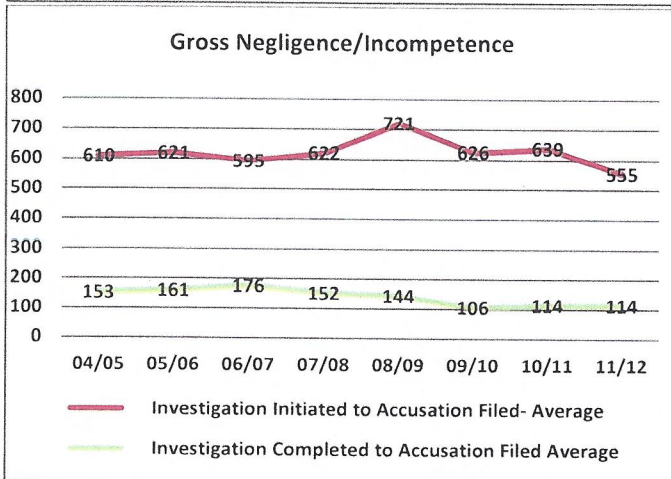
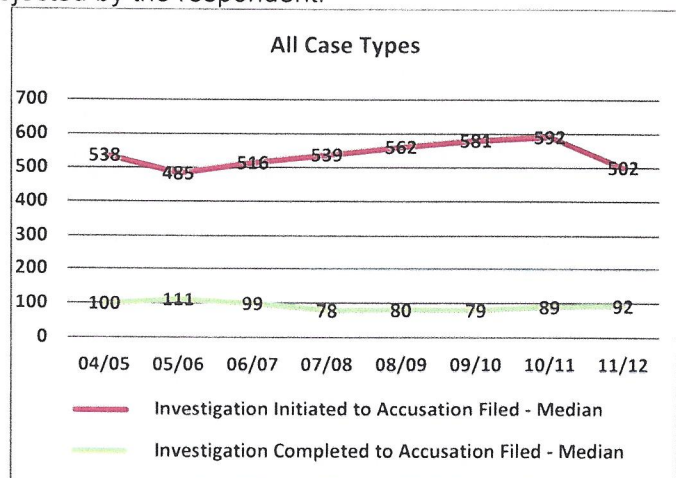
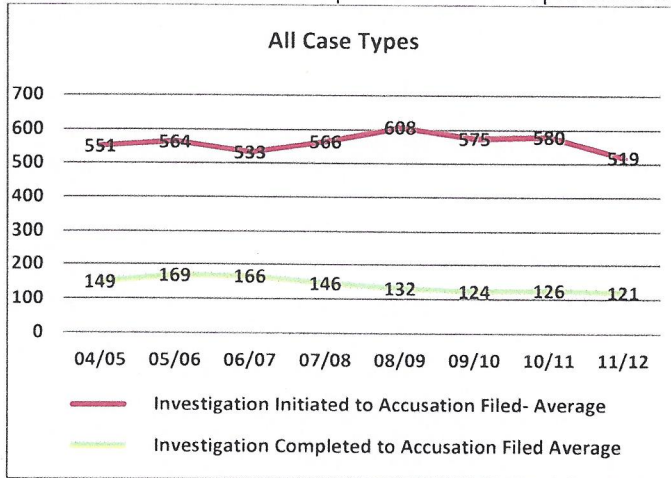
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Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	164	166	171	173	154	206	198	232
Investigation Initiated to Accusation Issued- Median	538	485	516	539	562	581	592	502
Investigation Completed to Accusation Issued - Median	100	111	99	78	80	79	89	92
Gross Negligence/Incompetence - (Number of cases)	93	97	107	99	84	107	116	108
Investigation Initiated to Accusation Issued- Median	605	622	573	602	750	652	648	542
Investigation Completed to Accusation Issued- Median	128	114	129	93	83	74	89	94
Inappropriate Prescribing - (Number of cases)	17	9	7	14	18	15	12	34
Investigation Initiated to Accusation Issued- Median	619	601	663	607	534	920	618	611
Investigation Completed to Accusation Issued - Median	106	157	176	62	91	161	147	100
Unlicensed Activity - (Number of cases)	2	5	2	5	2	5	2	7
Investigation Initiated to Accusation Issued- Median	619	727	413	887	384	477	693	580
Investigation Completed to Accusation Issued - Median	33	159	66	255	152	94	78	118
Sexual Misconduct - (Number of cases)	18	20	11	13	4	18	8	12
Investigation Initiated to Accusation Issued- Median	432	324	462	615	716	767	515	485
Investigation Completed to Accusation Issued - Median	177	75	115	114	45	114	79	76
Mental/Physical Illness - (Number of cases)	9	4	7	7	6	4	8	15
Investigation Initiated to Accusation Issued- Median	283	325	201	459	404	358	592	441
Investigation Completed to Accusation Issued - Median	74	92	37	41	86	81	73	93
Self-abuse of Drugs/Alcohol - (Number of cases)	14	8	17	19	23	21	21	23
Investigation Initiated to Accusation Issued- Median	192	363	333	243	349	226	320	369
Investigation Completed to Accusation Issued - Median	52	60	78	50	47	52	68	80
Fraud - (Number of cases)	1	8	7	7	4	6	8	10
Investigation Initiated to Accusation Issued- Median	1025	394	554	284	515	462	428	533
Investigation Completed to Accusation Issued - Median	292	144	148	96	34	59	114	111
Conviction of Crime - (Number of cases)	3	8	9	7	7	23	14	16
Investigation Initiated to Accusation Issued- Median	246	310	251	332	282	254	443	215
Investigation Completed to Accusation Issued - Median	74	107	71	78	72	69	92	58
Unprofessional Conduct - (Number of cases)	5	4	4	2	3	6	9	6
Investigation Initiated to Accusation Issued- Median	712	443	522	491	720	775	481	91
Investigation Completed to Accusation Issued - Median	78	55	49	198	155	79	62	81
Internet Prescribing - (Number of cases)	2	3	0	0	3	1	0	1
Investigation Initiated to Accusation Issued- Median	463	993	0	0	773	265	0	709
Investigation Completed to Accusation Issued - Median	78	659	0	0	189	97	0	75

Investigation Initiated/Completed to Accusation Filed – Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time an Accusation was filed. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time an Accusation was filed.

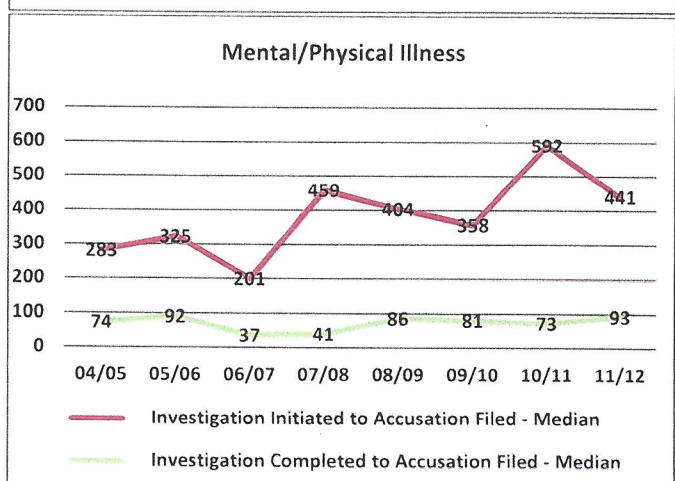
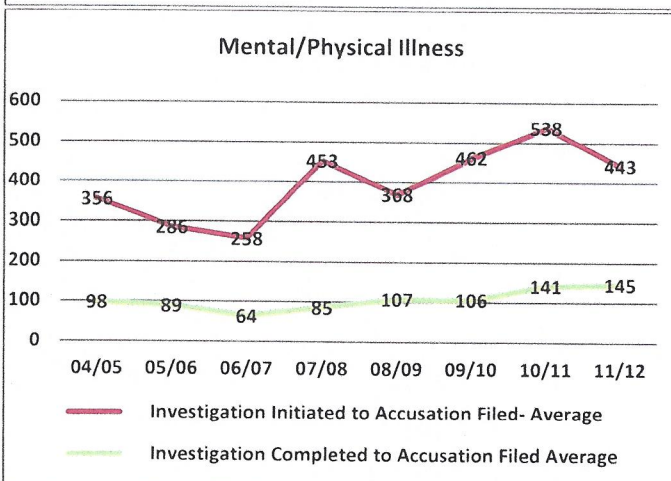
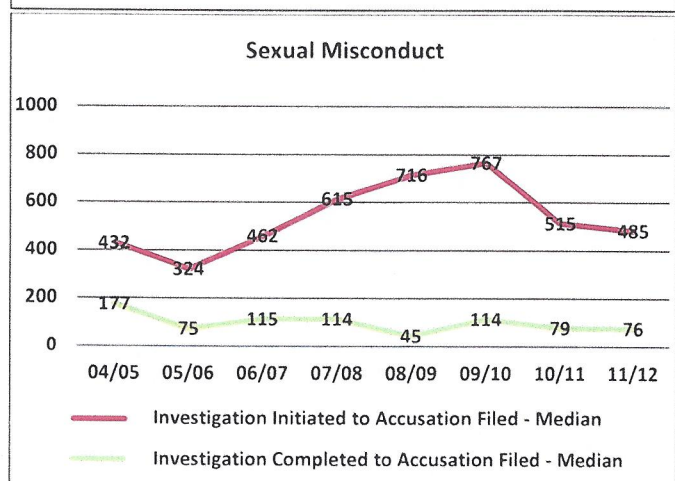
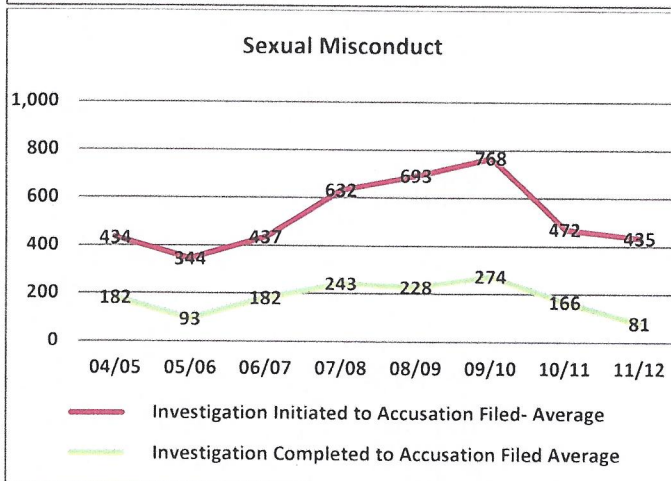
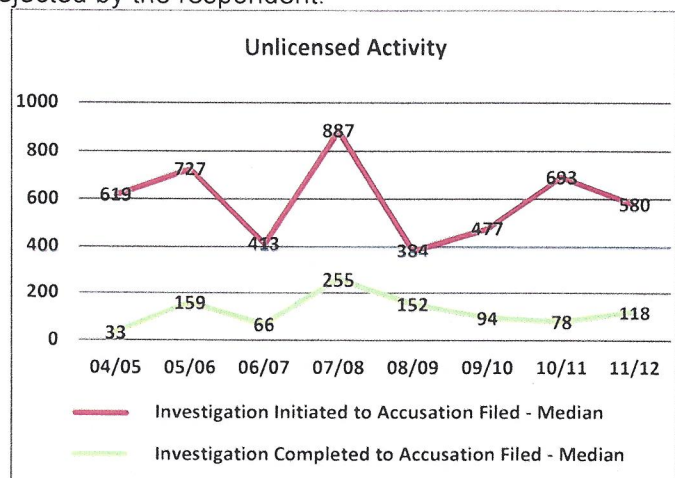
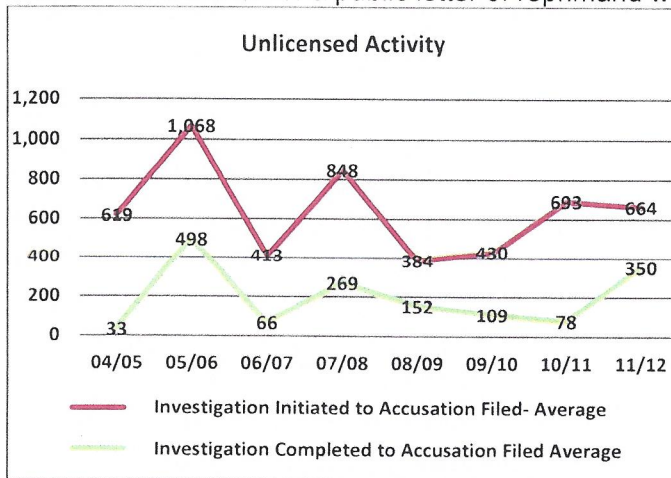
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Investigation Initiated/Completed to Accusation Filed – Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time an Accusation was filed. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time an Accusation was filed.

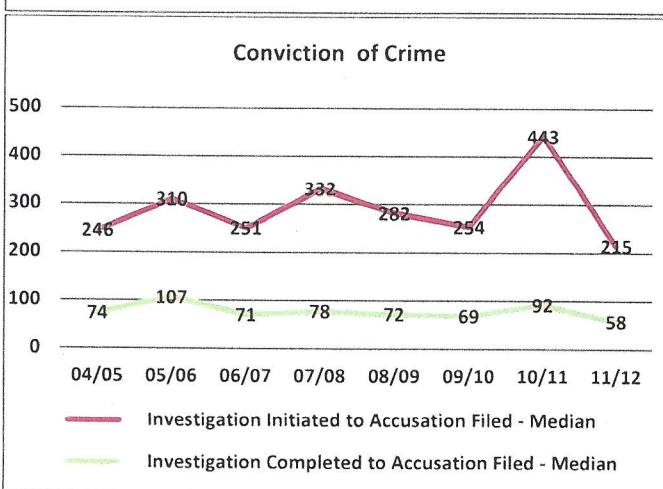
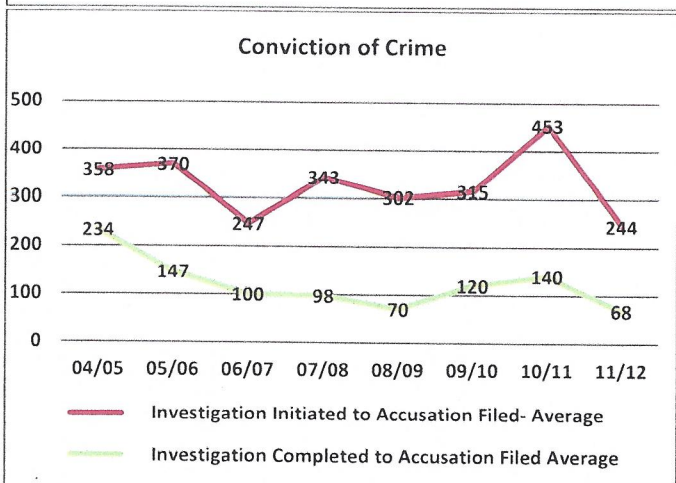
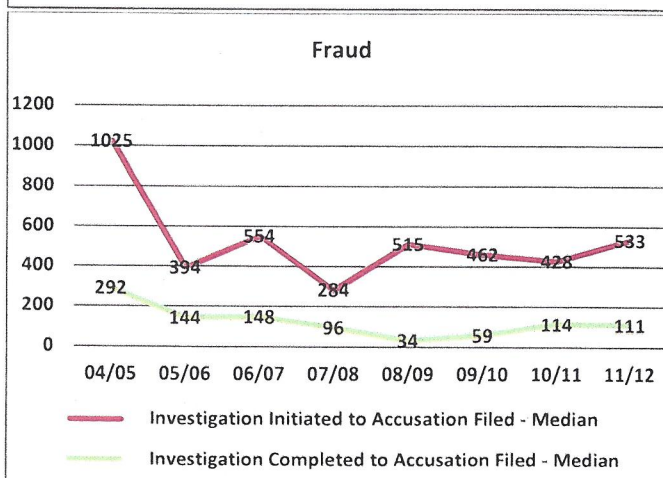
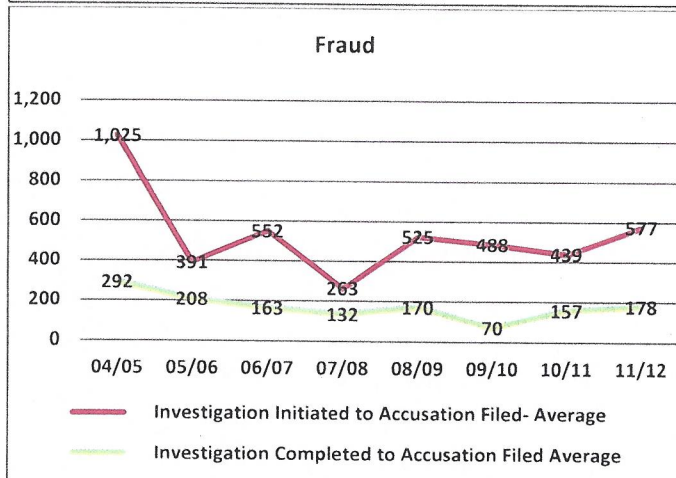
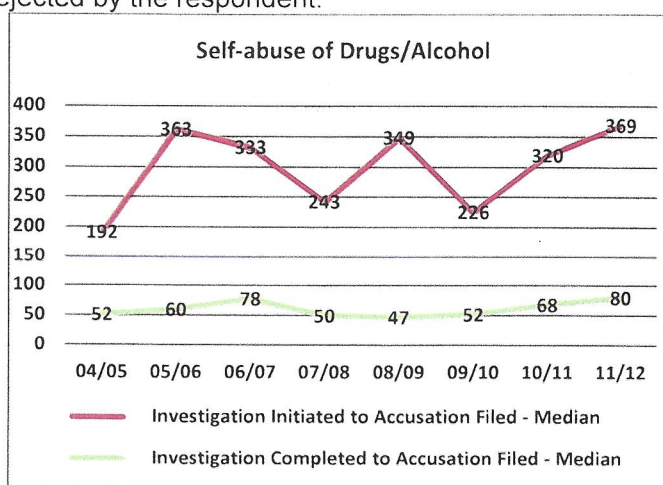
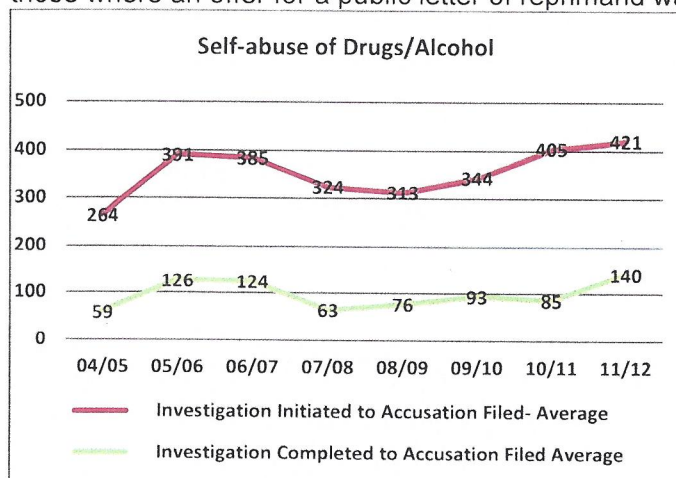
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Investigation Initiated/Completed to Accusation Filed – Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time an Accusation was filed. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time an Accusation was filed.

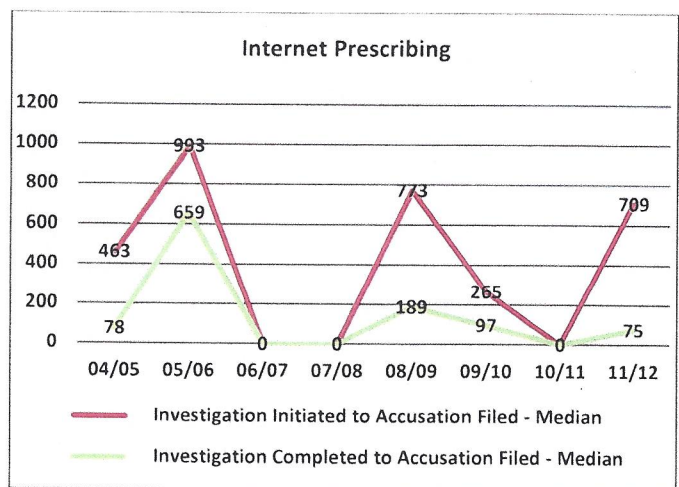
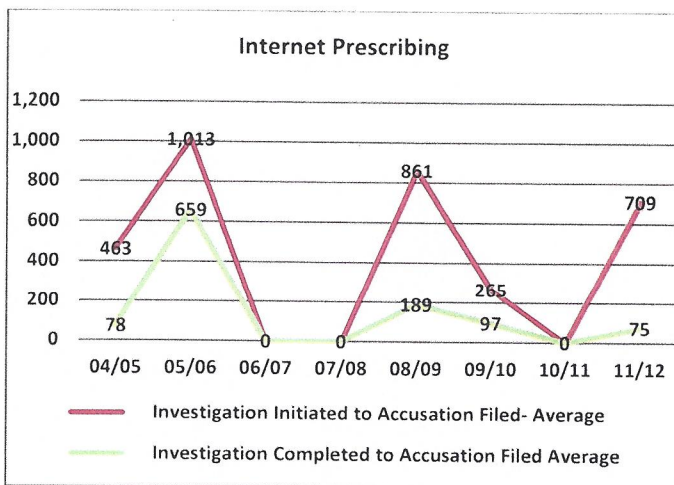
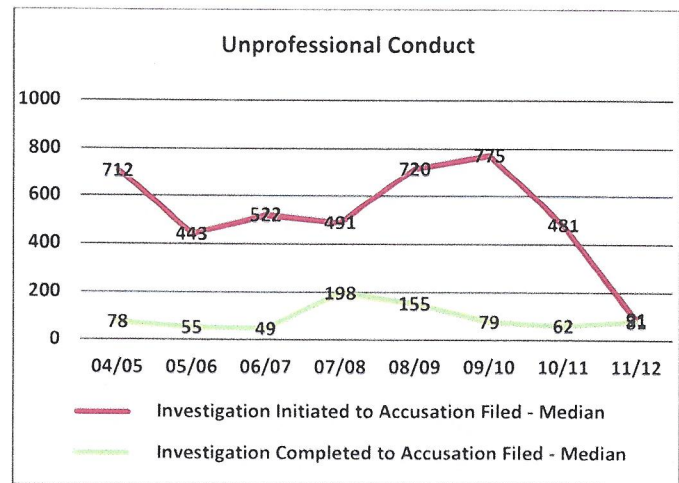
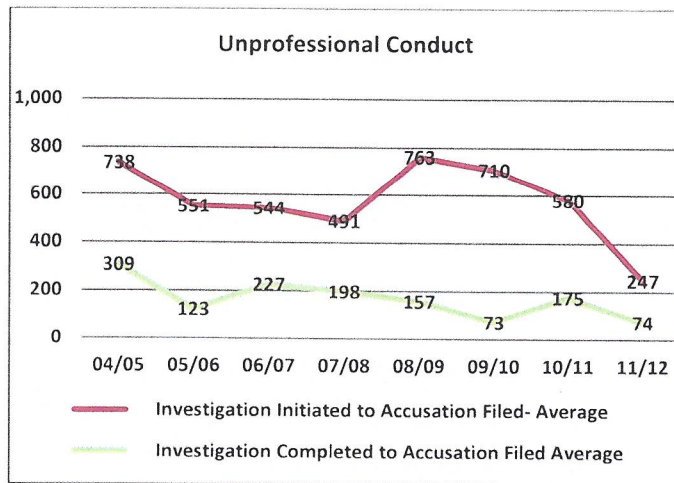
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Investigation Initiated/Completed to Accusation Filed – Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time an Accusation was filed. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time an Accusation was filed.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation, petitions for reinstatement, and subsequent discipline on probationers. This data also excludes cases that had a petition to compel examination granted and those where an offer for a public letter of reprimand was rejected by the respondent.



Investigation Initiated/Completed to Stipulated Decision Received Average Calendar Days

The chart below illustrates the average calendar days for all case types and then a breakdown by each individual type. The chart captures the average calendar days from the time the district office initiated the investigation to the time a Stipulated Decision was received and the average calendar days from the time the district office completed the investigation to the time a Stipulated Decision was received.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	156	141	143	145	118	135	120	160
Investigation Initiated to Stipulation Received- Average	922	1,039	923	940	818	916	912	914
Investigation Completed to Stipulation Received- Average	528	636	542	518	410	431	477	459
Gross Negligence/Incompetence - (Number of cases)	90	88	82	86	69	76	57	90
Investigation Initiated to Stipulation Received- Average	979	1,083	1,032	997	965	1,012	1,025	974
Investigation Completed to Stipulation Received- Average	559	665	582	536	495	447	499	452
Inappropriate Prescribing - (Number of cases)	18	16	7	10	9	14	10	14
Investigation Initiated to Stipulation Received- Average	913	1,193	1,163	945	895	1,002	1,312	1,097
Investigation Completed to Stipulation Received- Average	458	704	590	491	455	419	726	529
Unlicensed Activity - (Number of cases)	6	2	2	7	3	1	3	4
Investigation Initiated to Stipulation Received- Average	1,233	1,119	964	1,386	677	843	803	1,285
Investigation Completed to Stipulation Received- Average	1,157	532	754	856	175	408	472	855
Sexual Misconduct - (Number of cases)	9	12	9	7	4	9	8	6
Investigation Initiated to Stipulation Received- Average	812	715	620	1,057	736	1,286	1,050	917
Investigation Completed to Stipulation Received- Average	374	438	387	665	263	806	637	539
Mental/Physical Illness - (Number of cases)	8	2	11	9	5	5	4	12
Investigation Initiated to Stipulation Received- Average	792	599	449	627	358	304	867	632
Investigation Completed to Stipulation Received- Average	267	533	275	306	178	110	531	360
Self-abuse of Drugs/Alcohol - (Number of cases)	10	8	10	11	17	10	17	16
Investigation Initiated to Stipulation Received- Average	414	588	495	522	503	462	536	743
Investigation Completed to Stipulation Received- Average	224	357	263	310	217	290	288	456
Fraud - (Number of cases)	2	2	9	8	2	4	2	6
Investigation Initiated to Stipulation Received- Average	1,052	1,808	1,048	809	526	583	787	657
Investigation Completed to Stipulation Received- Average	762	1,297	649	410	330	263	261	339
Conviction of Crime - (Number of cases)	5	2	8	4	7	10	14	5
Investigation Initiated to Stipulation Received- Average	850	1,437	534	810	584	594	619	711
Investigation Completed to Stipulation Received- Average	667	1,028	439	536	354	359	380	361
Unprofessional Conduct - (Number of cases)	6	7	1	1	2	5	3	7
Investigation Initiated to Stipulation Received- Average	976	990	680	184	723	938	1,058	789
Investigation Completed to Stipulation Received- Average	537	544	214	184	430	403	450	474
Internet Prescribing - (Number of cases)	2	2	3	2	0	1	1	0
Investigation Initiated to Stipulation Received- Average	970	969	2,046	1,319	0	1,141	588	0
Investigation Completed to Stipulation Received- Average	520	610	1,613	830	0	622	420	0

Investigation Initiated/Completed to Stipulated Decision Received Median Calendar Days

The chart below illustrates the median calendar days for all case types and then a breakdown by each individual type. The chart captures the median calendar days from the time the district office initiated the investigation to the time a Stipulated Decision was received and the median calendar days from the time the district office completed the investigation to the time a Stipulated Decision was received.

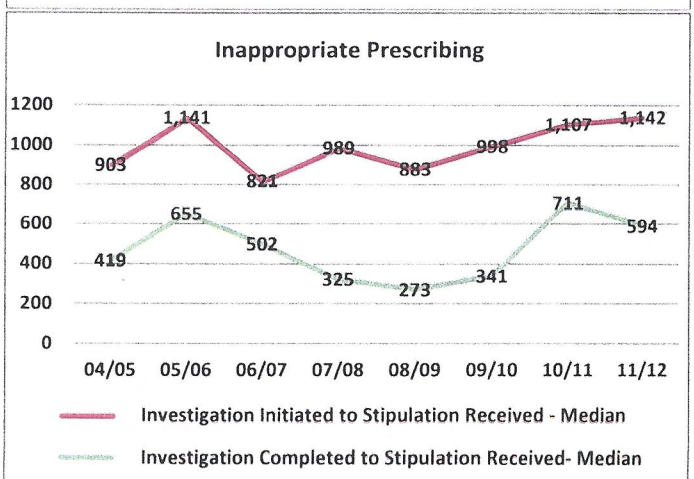
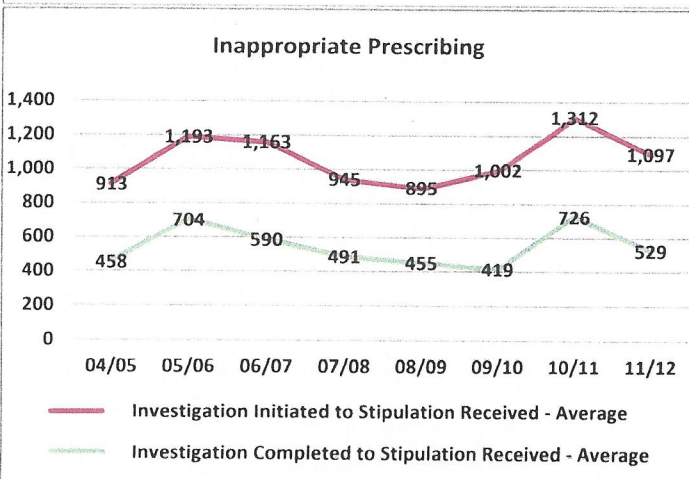
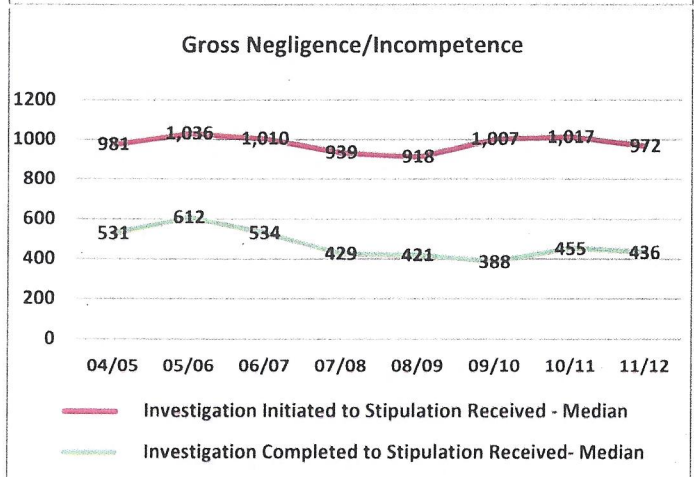
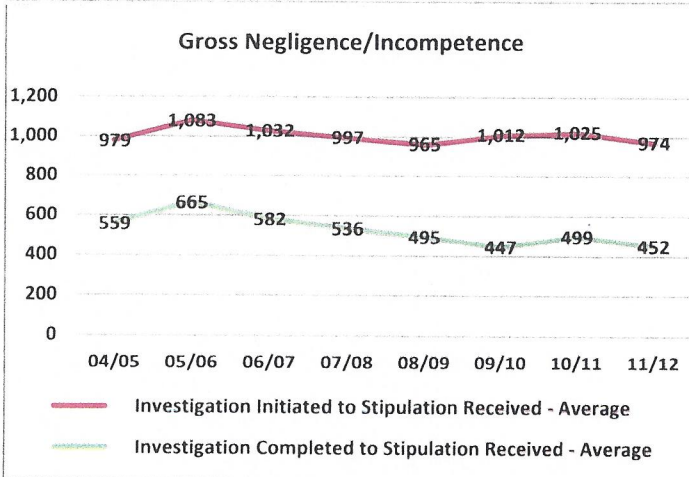
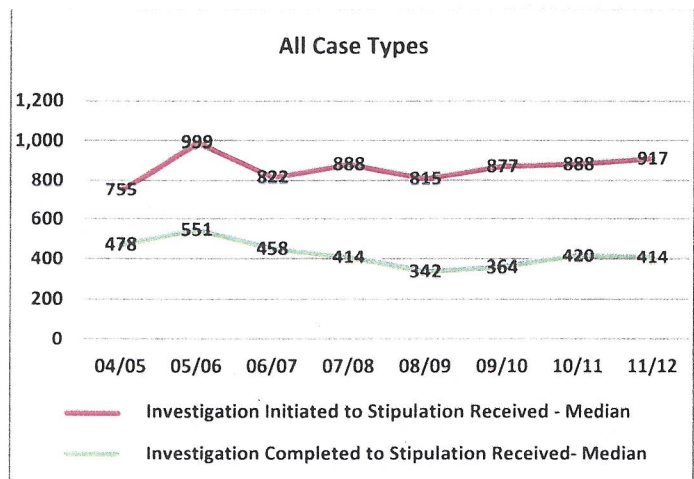
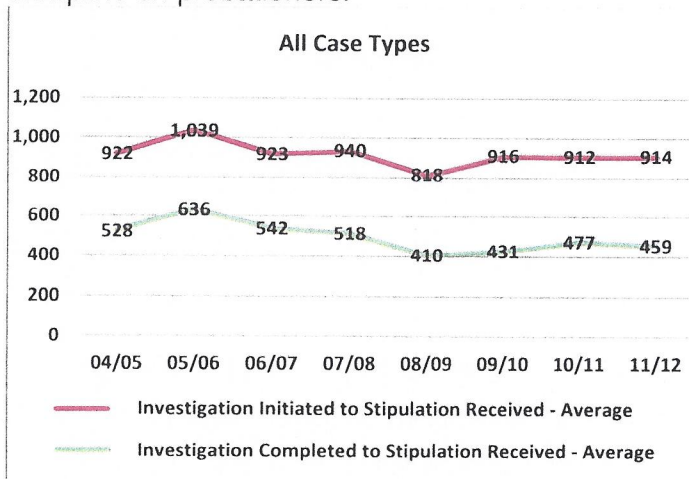
This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	156	141	143	145	118	135	120	160
Investigation Initiated to Stipulation Received - Median	755	999	822	888	815	877	888	917
Investigation Completed to Stipulation Received- Median	478	551	458	414	342	364	420	414
Gross Negligence/Incompetence - (Number of cases)	90	88	82	86	69	76	57	90
Investigation Initiated to Stipulation Received - Median	981	1,036	1,010	939	918	1,007	1,017	972
Investigation Completed to Stipulation Received- Median	531	612	534	429	421	388	455	436
Inappropriate Prescribing - (Number of cases)	18	16	7	10	9	14	10	14
Investigation Initiated to Stipulation Received - Median	903	1,141	821	989	883	998	1,107	1,142
Investigation Completed to Stipulation Received- Median	419	655	502	325	273	341	711	594
Unlicensed Activity - (Number of cases)	6	2	2	7	3	1	3	4
Investigation Initiated to Stipulation Received - Median	1,262	1,119	964	1,152	989	843	704	1,282
Investigation Completed to Stipulation Received- Median	1,197	532	754	678	171	408	579	1,026
Sexual Misconduct - (Number of cases)	9	12	9	7	4	9	8	6
Investigation Initiated to Stipulation Received - Median	828	662	629	1053	601	1156	1139	935
Investigation Completed to Stipulation Received- Median	358	309	338	666	202	583	365	514
Mental/Physical Illness - (Number of cases)	8	2	11	9	5	5	4	12
Investigation Initiated to Stipulation Received - Median	720	599	454	602	338	310	860	536
Investigation Completed to Stipulation Received- Median	164	533	245	203	99	128	534	260
Self-abuse of Drugs/Alcohol - (Number of cases)	10	8	10	11	17	10	17	16
Investigation Initiated to Stipulation Received - Median	363	442	483	496	478	419	430	702
Investigation Completed to Stipulation Received- Median	149	299	216	281	204	264	222	442
Fraud - (Number of cases)	2	2	9	8	2	4	2	6
Investigation Initiated to Stipulation Received - Median	1,052	1,808	707	808	526	572	787	577
Investigation Completed to Stipulation Received- Median	762	1,297	391	432	330	479	261	344
Conviction of Crime - (Number of cases)	5	2	8	4	7	10	14	5
Investigation Initiated to Stipulation Received - Median	832	1,437	457	895	527	597	590	574
Investigation Completed to Stipulation Received- Median	528	1,028	376	433	373	341	287	269
Unprofessional Conduct - (Number of cases)	6	7	1	1	2	5	3	7
Investigation Initiated to Stipulation Received - Median	939	1,083	680	184	723	1,040	1,092	667
Investigation Completed to Stipulation Received- Median	587	485	214	184	430	365	318	407
Internet Prescribing - (Number of cases)	2	2	3	2	0	1	1	0
Investigation Initiated to Stipulation Received - Median	970	969	1447	1319	0	1141	588	0
Investigation Completed to Stipulation Received- Median	520	610	1158	830	0	622	420	0

Investigation Initiated/Completed to Stipulated Decision Received Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a Stipulated Decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a Stipulated Decision was received.

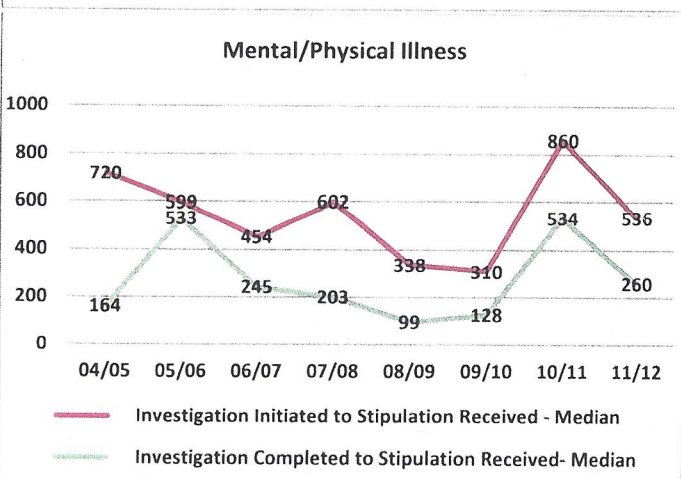
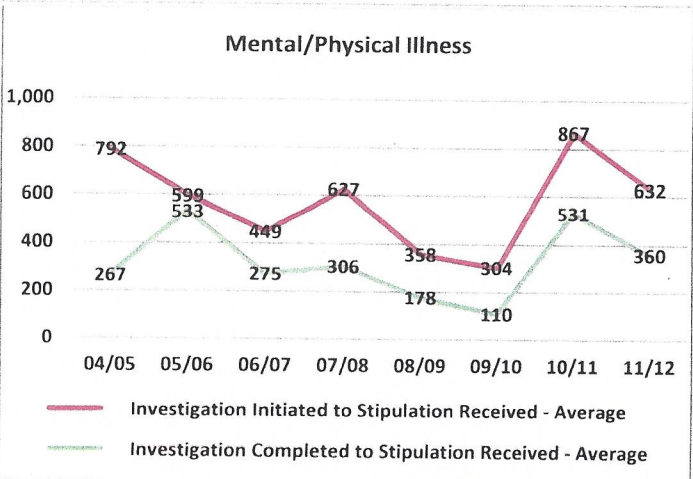
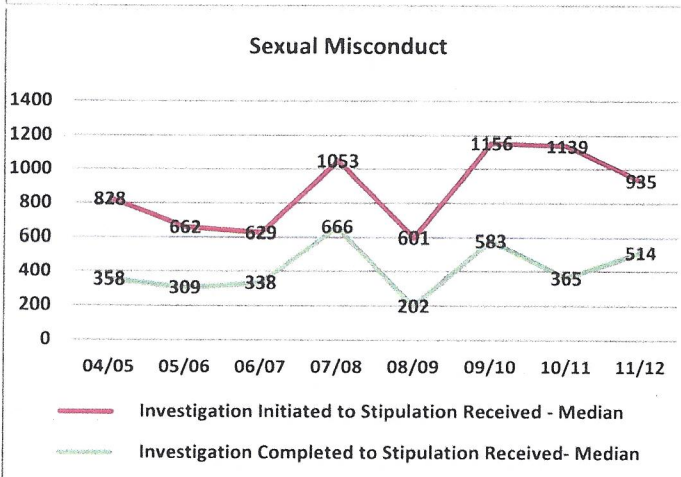
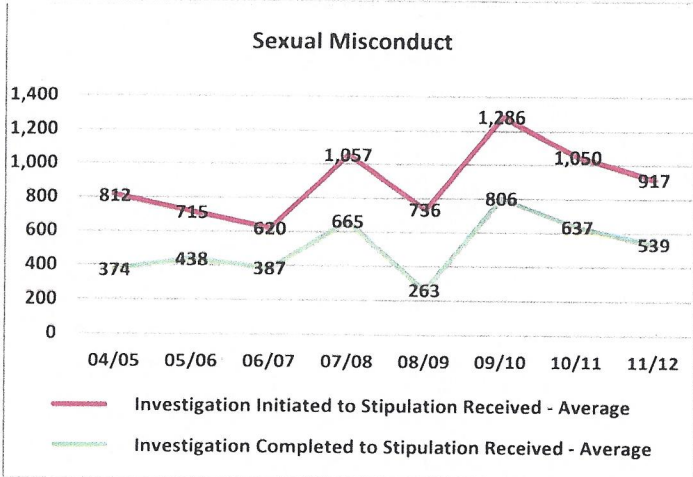
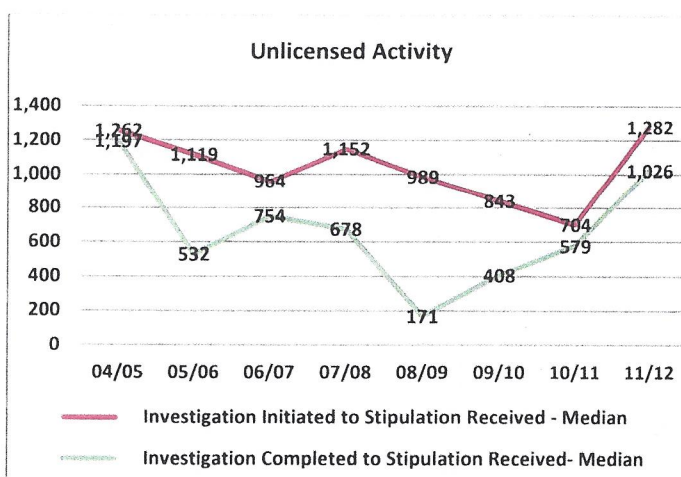
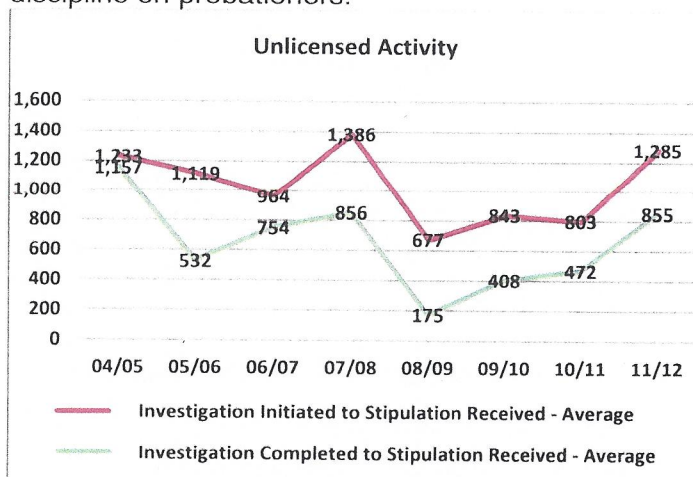
This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.



Investigation Initiated/Completed to Stipulated Decision Received Average/Median Calendar Days

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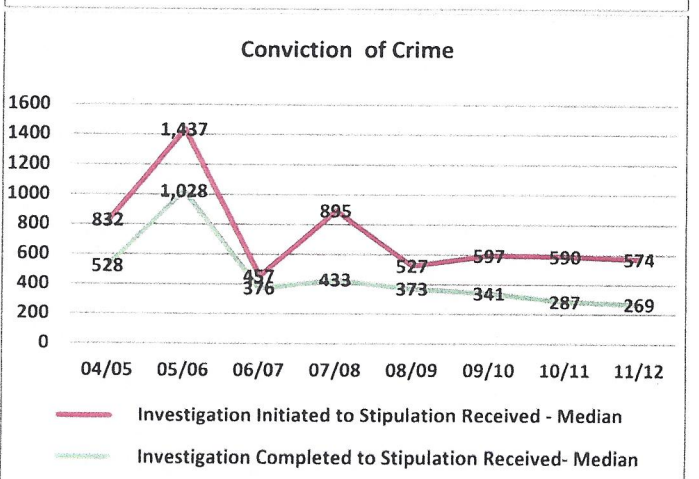
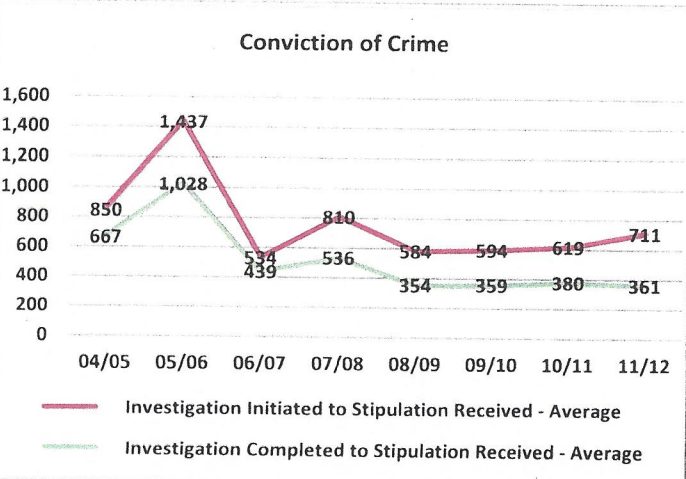
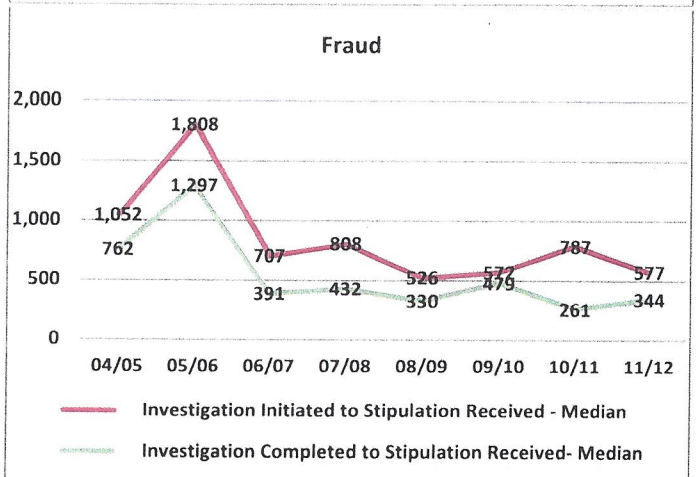
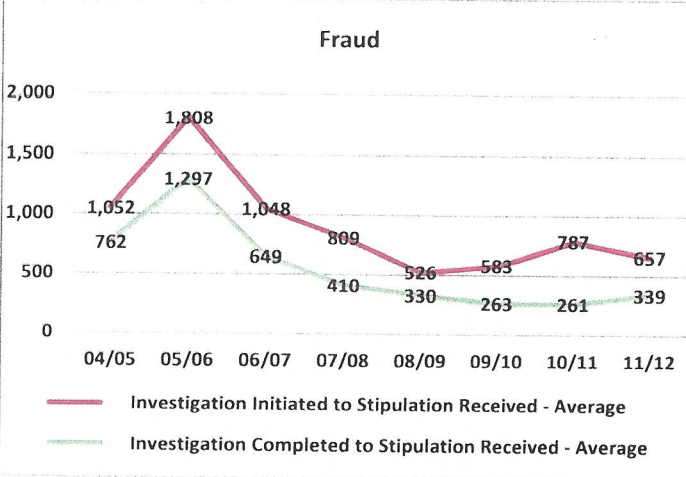
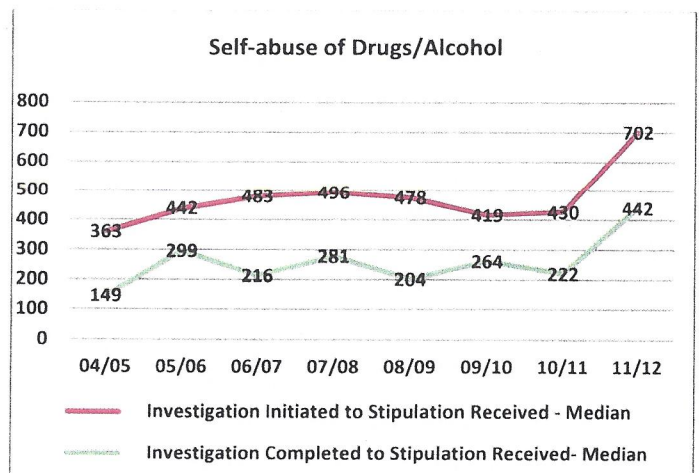
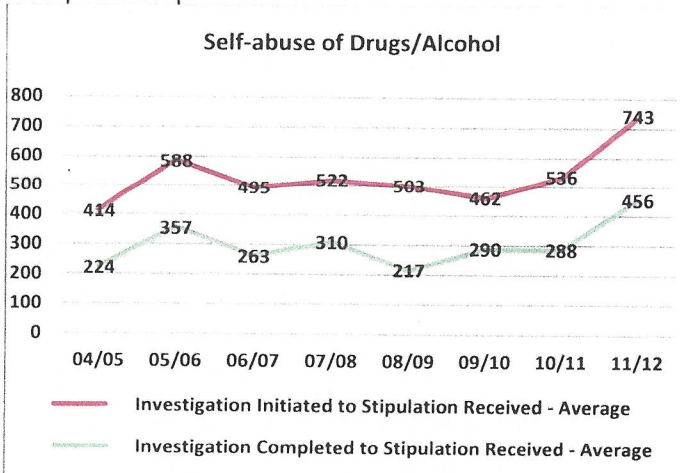
This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.



Investigation Initiated/Completed to Stipulated Decision Received Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a Stipulated Decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a Stipulated Decision was received.

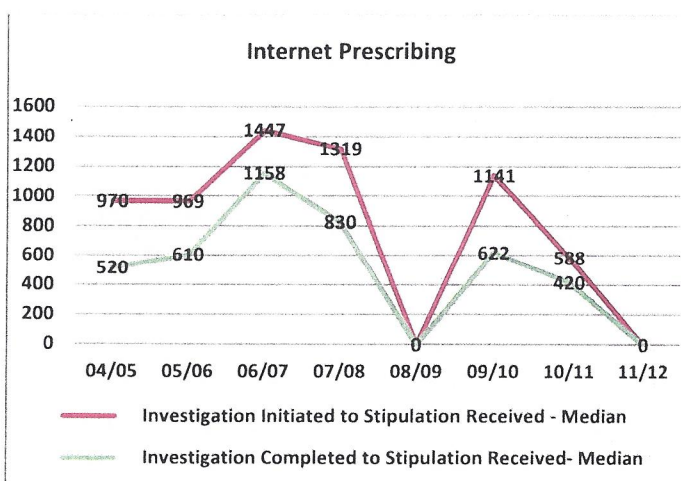
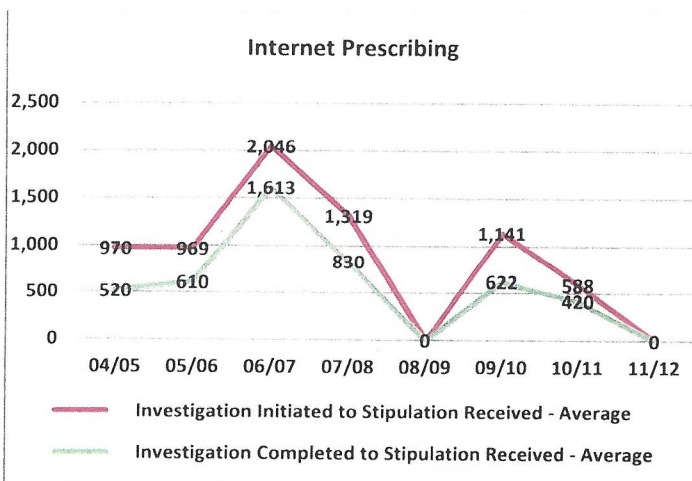
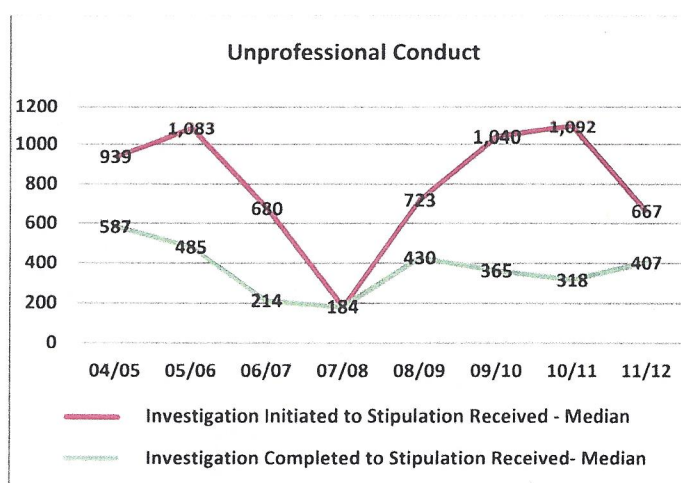
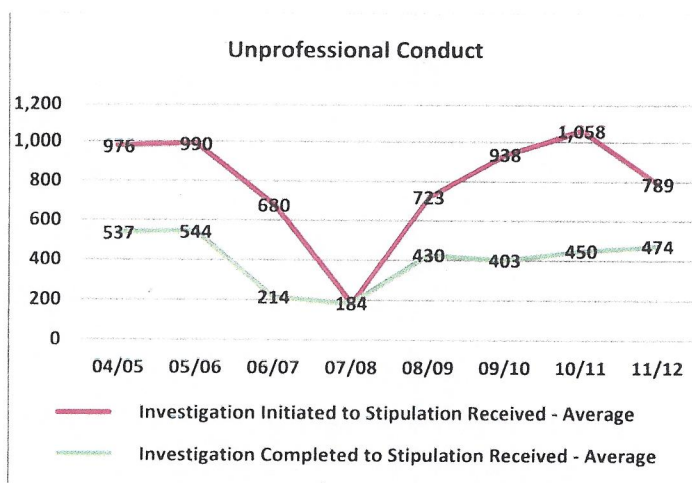
This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.



Investigation Initiated/Completed to Stipulated Decision Received Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a Stipulated Decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a Stipulated Decision was received.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.



Investigation Initiated/Completed to Submittal of the Matter to an Administrative Law Judge (ALJ) or Proposed Decision Received – Average Calendar Days

The chart below illustrates the average calendar days for all case types and then a breakdown by each individual type. This chart captures the average calendar days from the time the district office initiated the investigation to the time a matter was submitted to an ALJ or a proposed decision was received and the average calendar days from the time the district office completed the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. Note: the date a proposed decision was received was only used in cases where the Board could not identify when the matter was submitted to the ALJ.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	42	30	37	39	33	27	37	38
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	1,115	1,161	926	1,161	1,102	850	973	1,038
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	713	747	604	751	700	437	513	565
Gross Negligence/Incompetence - (Number of cases)	23	18	17	23	20	13	16	19
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	1,233	1,198	1,064	1,212	1,224	1,046	1,095	1,213
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	722	727	640	739	762	443	529	604
Inappropriate Prescribing - (Number of cases)	3	1	2	2	2	0	2	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	1,360	1,786	774	1,477	680	0	1,106	1,262
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	833	1,362	522	965	452	0	673	964
Unlicensed Activity - (Number of cases)	0	0	1	1	0	0	2	0
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	0	0	1,005	1,297	0	0	637	0
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	0	0	556	710	0	0	401	0
Sexual Misconduct - (Number of cases)	5	3	4	5	3	5	5	0
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	934	725	747	1,017	1,138	855	1,370	0
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	611	547	534	902	668	604	863	0
Mental/Physical Illness - (Number of cases)	1	1	4	2	2	0	3	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	611	1,038	643	826	765	0	632	922
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	407	639	450	134	570	0	367	483
Self-abuse of Drugs/Alcohol - (Number of cases)	4	2	4	4	3	6	3	5
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	717	503	685	625	434	615	350	844
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	643	408	388	365	247	389	231	414
Fraud - (Number of cases)	2	3	0	2	1	1	1	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	1,091	1,606	0	1,964	1,666	501	890	809
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	777	1,045	0	1,699	1,151	262	342	529
Conviction of Crime - (Number of cases)	2	1	4	0	0	2	3	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	1,222	1,079	1,135	0	0	444	650	533
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	1,049	775	1,014	0	0	212	353	392
Unprofessional Conduct - (Number of cases)	1	1	1	0	2	0	2	2
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	447	1,342	772	0	1,312	0	1,178	800
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	351	951	325	0	950	0	433	417
Internet Prescribing - (Number of cases)	1	0	0	0	0	0	0	0
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	1,181	0	0	0	0	0	0	0
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	807	0	0	0	0	0	0	0

Investigation Initiated/Completed to Submittal of the Matter to an Administrative Law Judge (ALJ) or Proposed Decision Received – Median Calendar Days

The chart below illustrates the median calendar days for all case types and then a breakdown by each individual type. This chart captures the median calendar days from the time the district office initiated the investigation to the time a matter was submitted to an ALJ or a proposed decision was received and the median calendar days from the time the district office completed the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. Note: the date a proposed decision was received was only used in cases where the Board could not identify when the matter was submitted to the ALJ.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

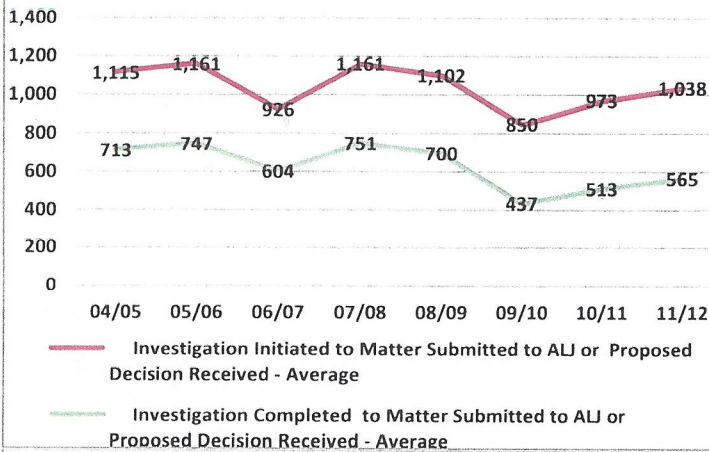
Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	42	30	37	39	33	27	37	38
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	1,006	1,114	833	1,123	1,146	817	899	1,104
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	648	639	513	746	621	352	420	505
Gross Negligence/Incompetence - (Number of cases)	23	18	17	23	20	13	16	19
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	1,034	1,142	961	1,273	1,181	1,083	1,114	1,201
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	648	615	606	786	738	404	450	534
Inappropriate Prescribing - (Number of cases)	3	1	2	2	2	0	2	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	1,208	1,786	774	1,477	680	0	1,106	1,140
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	561	1,362	522	965	452	0	673	906
Unlicensed Activity - (Number of cases)	0	0	1	1	0	0	2	0
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	0	0	1,005	1,297	0	0	637	0
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	0	0	556	710	0	0	401	0
Sexual Misconduct - (Number of cases)	5	3	4	5	3	5	5	0
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	956	863	727	1,123	1,210	936	1,309	0
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	759	537	396	1,003	577	428	762	0
Mental/Physical Illness - (Number of cases)	1	1	4	2	2	0	3	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	611	1,038	439	826	765	0	603	1,104
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	407	639	434	134	570	0	308	332
Self-abuse of Drugs/Alcohol - (Number of cases)	4	2	4	4	3	6	3	5
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	674	503	726	557	380	588	442	928
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	581	408	317	407	278	315	265	437
Fraud - (Number of cases)	2	3	0	2	1	1	1	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	1,091	1,671	0	1,964	1,666	501	890	778
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	777	978	0	1,699	1,151	262	342	472
Conviction of Crime - (Number of cases)	2	1	4	0	0	2	3	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	1,222	1,079	456	0	0	444	707	614
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	1,049	775	274	0	0	212	315	430
Unprofessional Conduct - (Number of cases)	1	1	1	0	2	0	2	2
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	447	1,342	772	0	1,312	0	1,178	800
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	351	951	325	0	655	0	433	417
Internet Prescribing - (Number of cases)	1	0	0	0	0	0	0	0
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	1,181	0	0	0	0	0	0	0
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	807	0	0	0	0	0	0	0

Investigation Initiated/Completed to Submittal of the Matter to an Administrative Law Judge (ALJ) or Proposed Decision Received - Average/Median Calendar Days

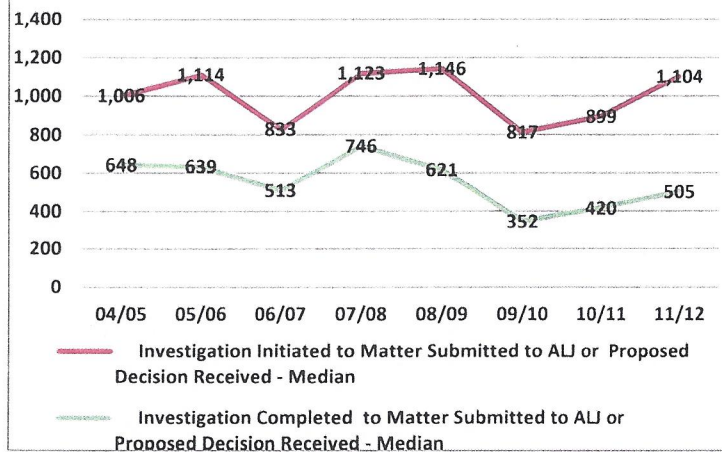
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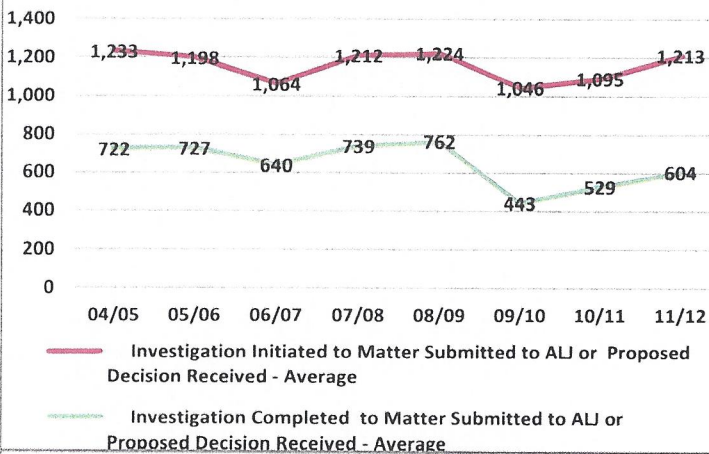
All Case Types



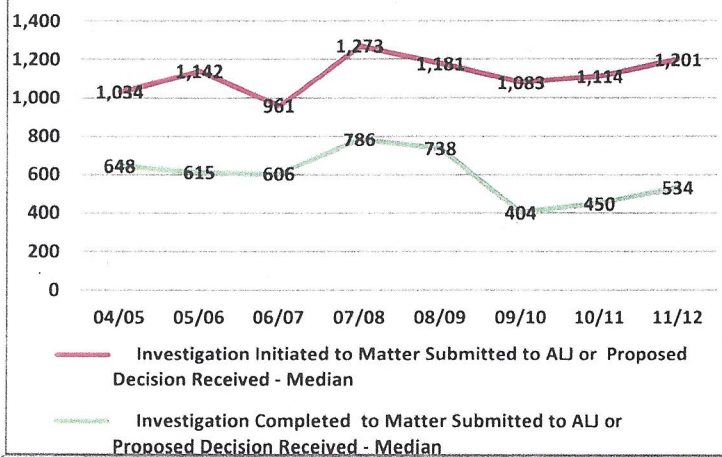
All Case Types



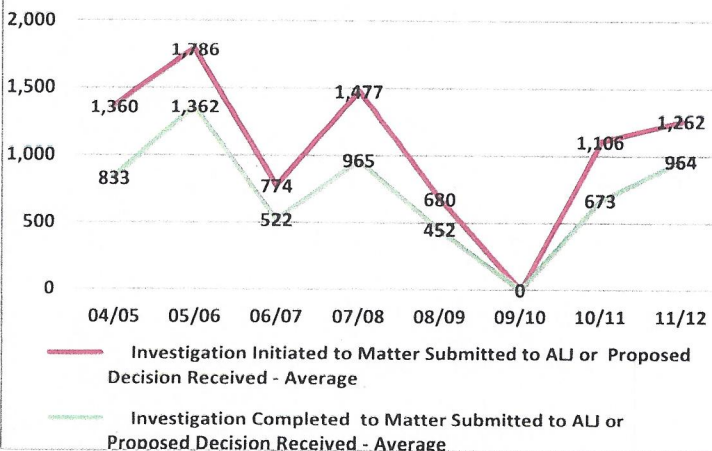
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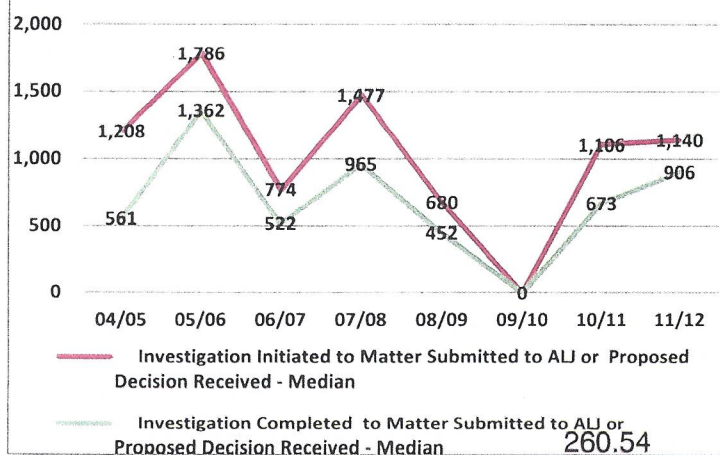
Gross Negligence/Incompetence



Inappropriate Prescribing



Inappropriate Prescribing

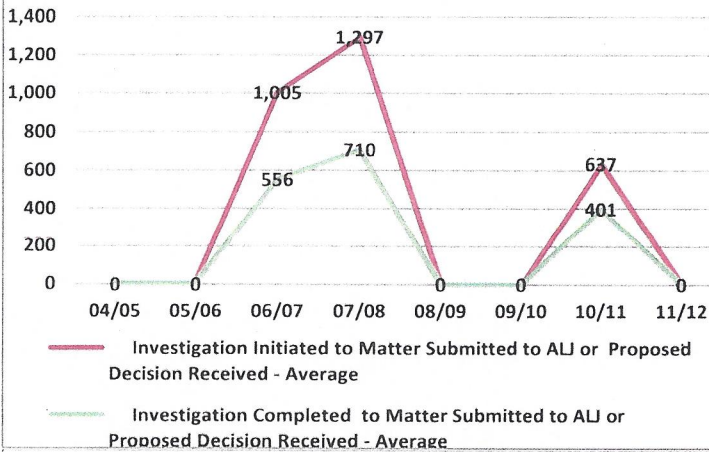


Investigation Initiated/Completed to Submittal of the Matter to an Administrative Law Judge (ALJ) or Proposed Decision Received - Average/Median Calendar Days

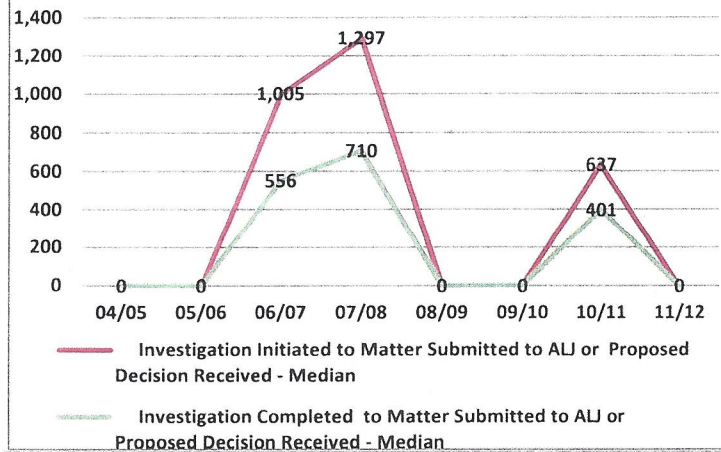
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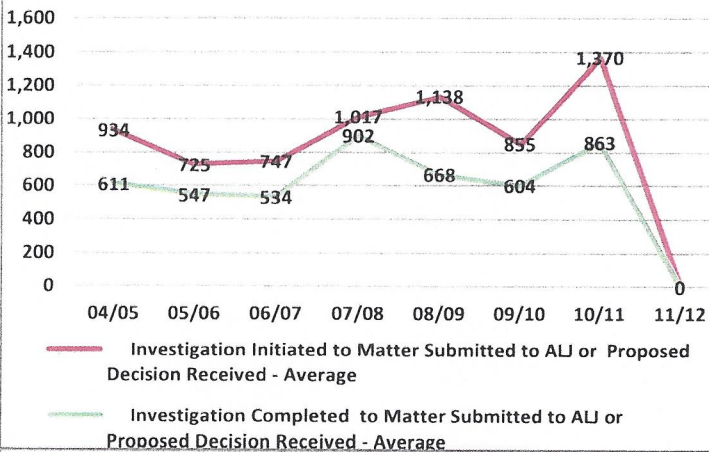
Unlicensed Activity



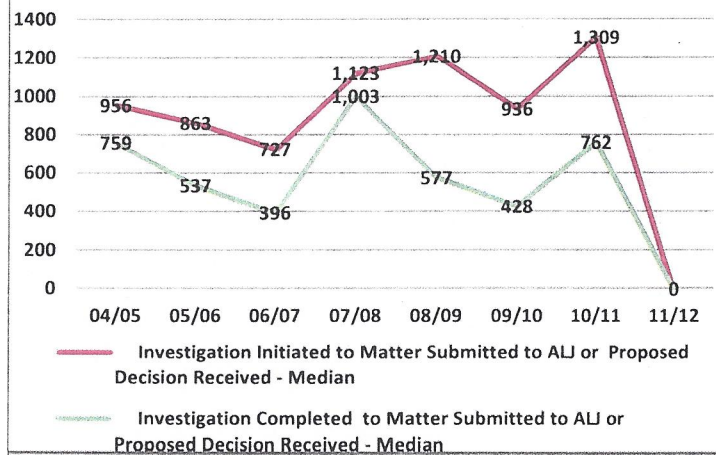
Unlicensed Activity



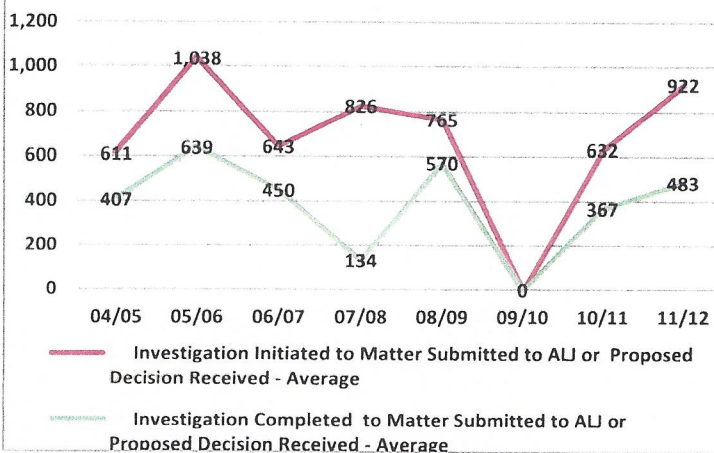
Sexual Misconduct



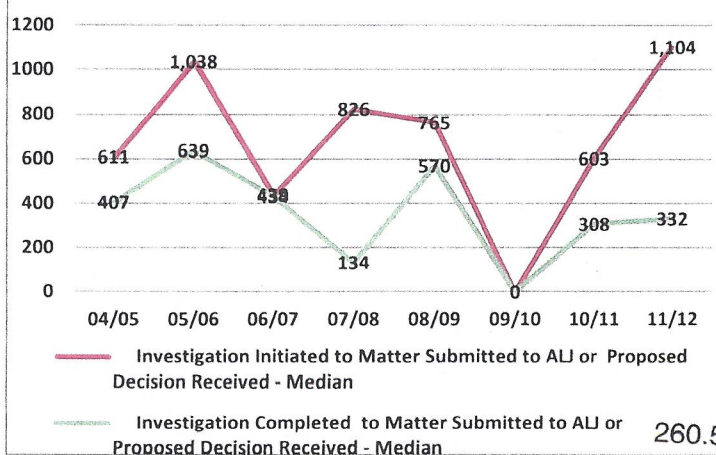
Sexual Misconduct



Mental/Physical Illness



Mental/Physical Illness

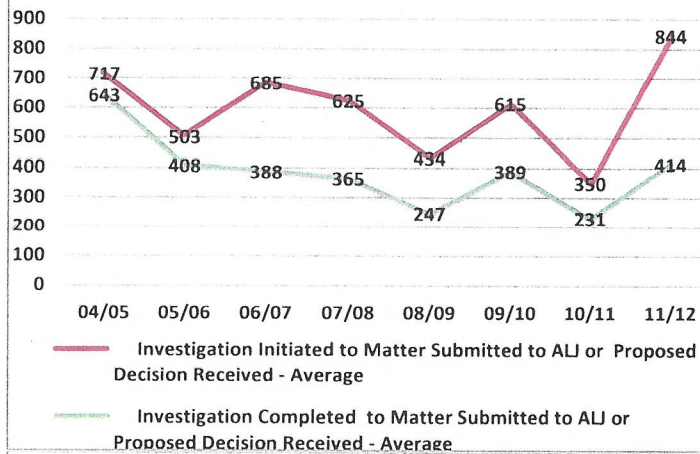


Investigation Initiated/Completed to Submittal of the Matter to an Administrative Law Judge (ALJ) or Proposed Decision Received - Average/Median Calendar Days

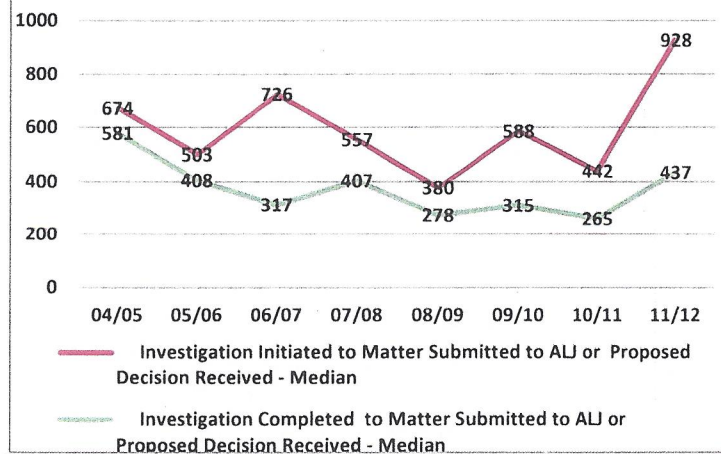
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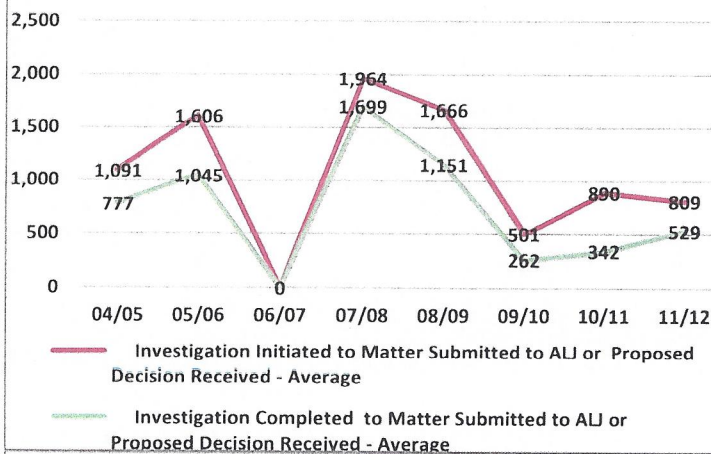
Self-abuse of Drugs/Alcohol



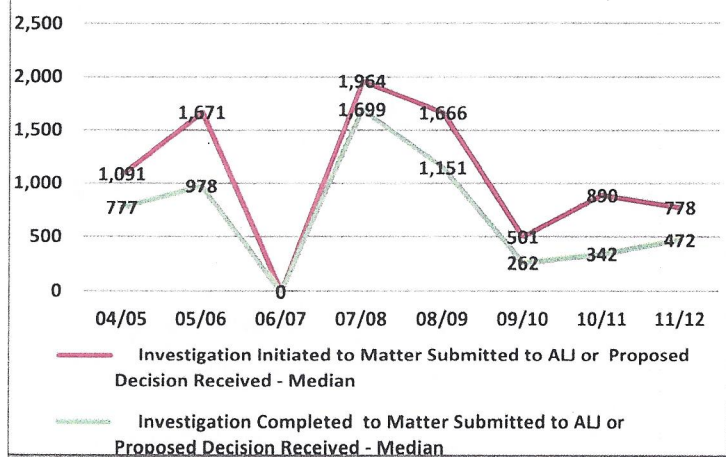
Self-abuse of Drugs/Alcohol



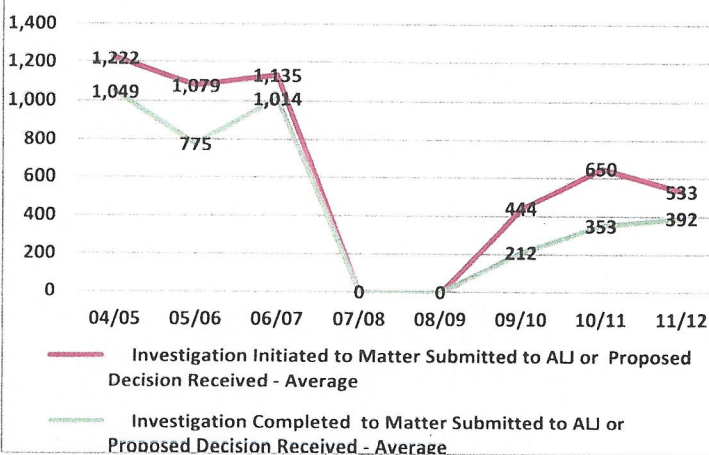
Fraud



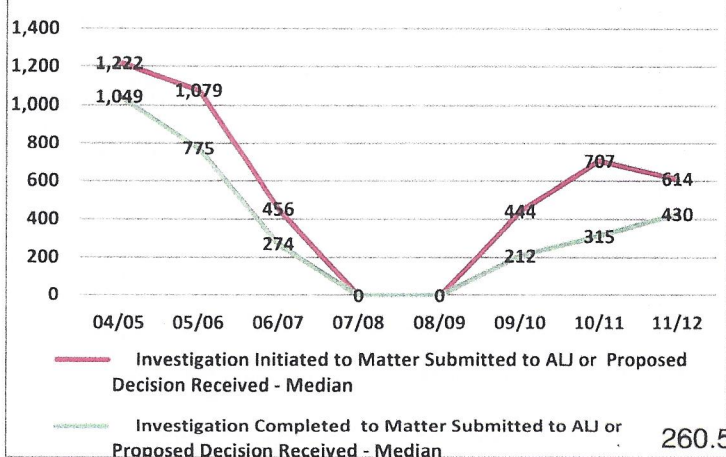
Fraud



Conviction of Crime



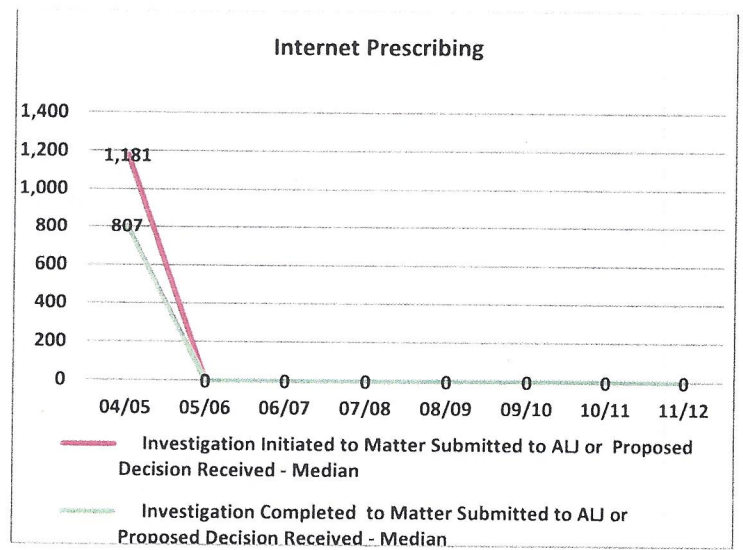
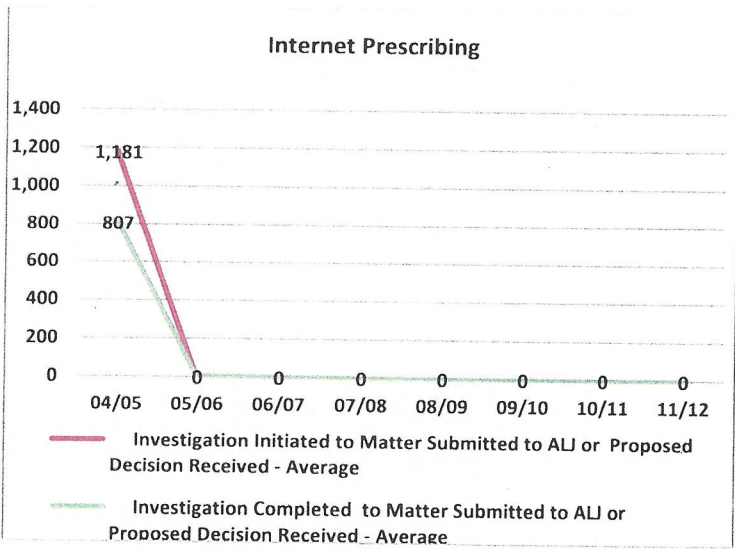
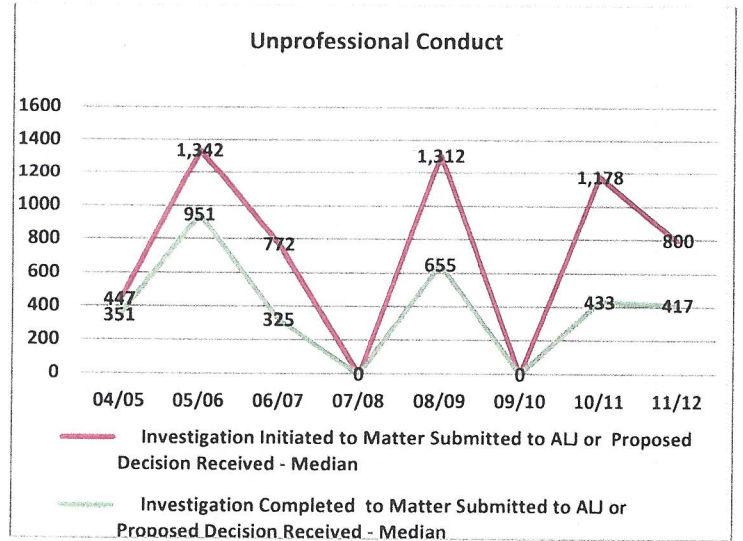
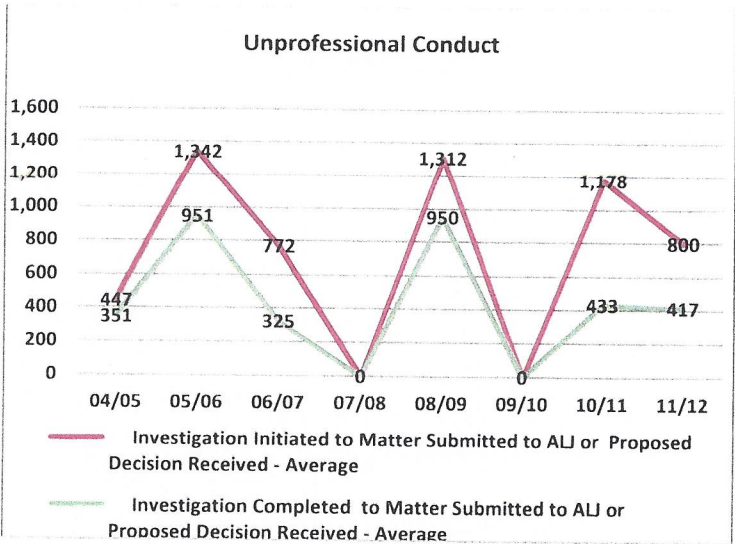
Conviction of Crime



Investigation Initiated/Completed to Submittal of the Matter to an Administrative Law Judge (ALJ) or Proposed Decision Received - Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. Note: the date a proposed decision was received was only used in cases where the Board could not identify when the matter was submitted to the ALJ.

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Investigation Initiated/Completed to Default Decision Received – Average Calendar Days

The chart below illustrates the average calendar days for all case types and then a breakdown by each individual type. This graph captures the average calendar days from the time the district office initiated the investigation to the time a default decision was received and the average calendar days from the time the district office completed the investigation to the time a default decision was received.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

Fiscal Year	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	12	7	11	8	12	7	11	8
Investigation Initiated to Default Decision Received - Average	477	554	673	591	732	771	690	678
Investigation Completed to Default Decision Received - Average	190	211	411	304	441	374	322	282
Gross Negligence/Incompetence - (Number of cases)	3	3	3	1	3	1	3	2
Investigation Initiated to Default Decision Received - Average	731	636	1,087	781	1,215	1,605	894	710
Investigation Completed to Default Decision Received - Average	270	185	719	190	871	1,301	115	218
Inappropriate Prescribing - (Number of cases)	1	0	0	0	2	0	0	0
Investigation Initiated to Default Decision Received - Average	195	0	0	0	400	0	0	0
Investigation Completed to Default Decision Received - Average	83	0	0	0	162	0	0	0
Sexual Misconduct - (Number of cases)	0	0	1	0	0	1	0	0
Investigation Initiated to Default Decision Received - Average	0	0	279	0	0	1,121	0	0
Investigation Completed to Default Decision Received - Average	0	0	219	0	0	73	0	0
Mental/Physical Illness - (Number of cases)	4	0	1	3	3	3	2	3
Investigation Initiated to Default Decision Received - Average	338	0	692	723	563	585	668	633
Investigation Completed to Default Decision Received - Average	157	0	525	417	371	287	214	215
Self-abuse of Drugs/Alcohol - (Number of cases)	4	0	3	1	2	2	1	1
Investigation Initiated to Default Decision Received - Average	497	0	690	276	680	460	309	376
Investigation Completed to Default Decision Received - Average	191	0	384	121	207	191	132	151
Fraud - (Number of cases)	0	0	0	2	1	0	0	1
Investigation Initiated to Default Decision Received - Average	0	0	0	565	965	0	0	1,009
Investigation Completed to Default Decision Received - Average	0	0	0	352	660	0	0	640
Conviction of Crime - (Number of cases)	0	1	2	1	1	0	5	1
Investigation Initiated to Default Decision Received - Average	0	351	409	373	328	0	653	716
Investigation Completed to Default Decision Received - Average	0	237	138	168	173	0	526	384
Unprofessional Conduct - (Number of cases)	0	3	1	0	0	0	0	0
Investigation Initiated to Default Decision Received - Average	0	540	277	0	0	0	0	0
Investigation Completed to Default Decision Received - Average	0	228	199	0	0	0	0	0

Investigation Initiated/Completed to Default Decision Received – Median Calendar Days

The chart below illustrates the median calendar days for all case types and then a breakdown by each individual type. This graph captures the median calendar days from the time the district office initiated the investigation to the time a default decision was received and the median calendar days from the time the district office completed the investigation to the time a default decision was received.

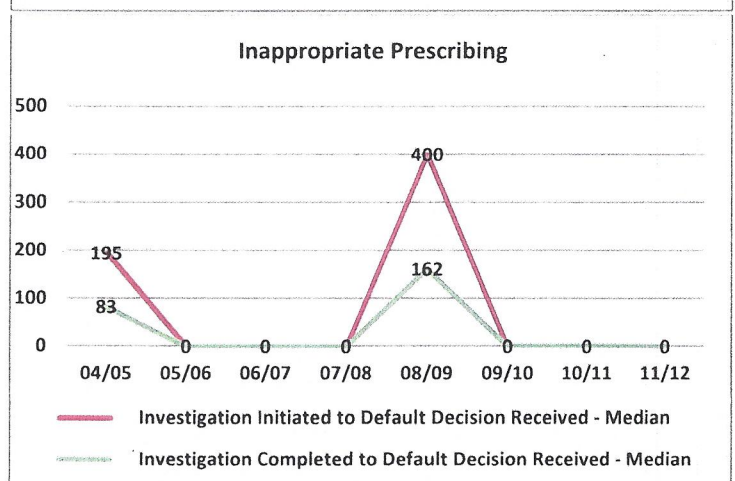
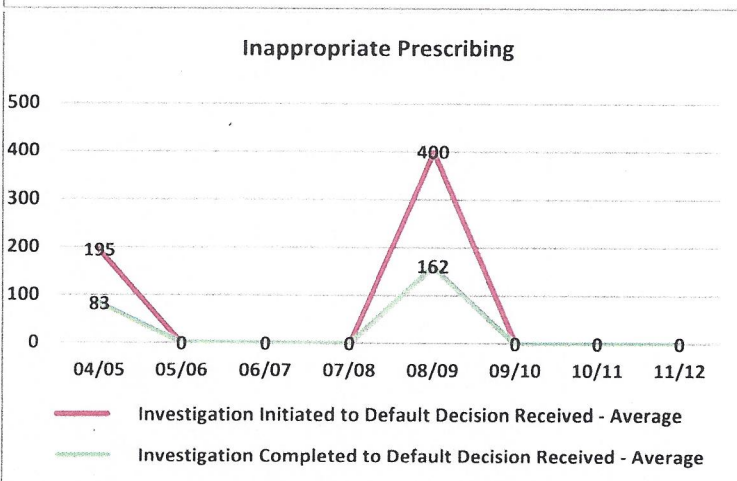
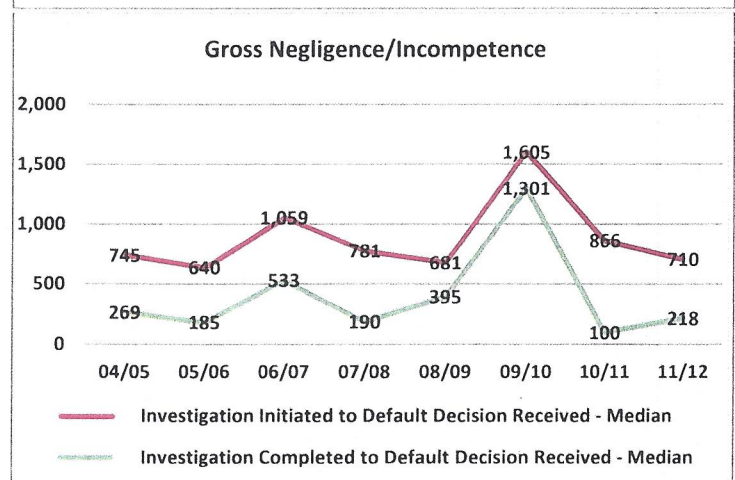
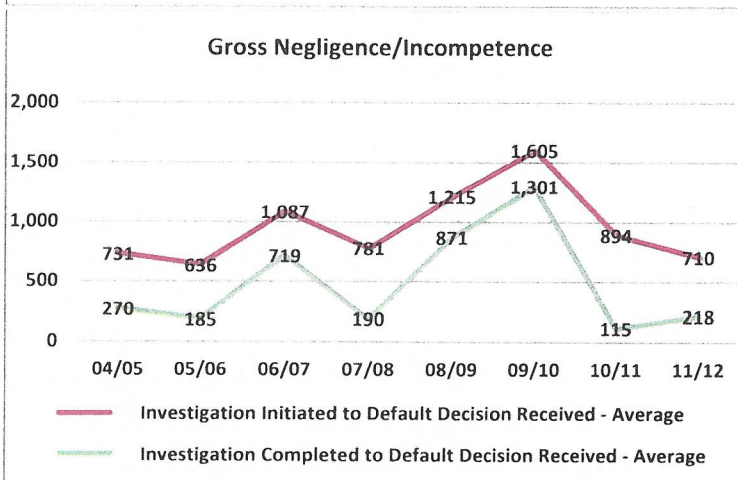
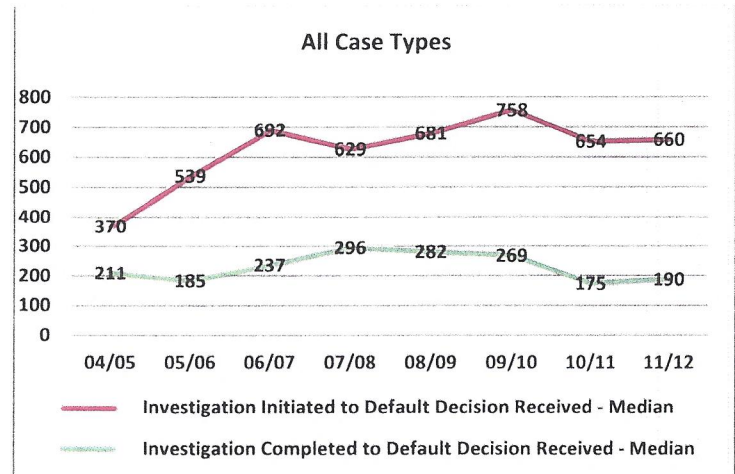
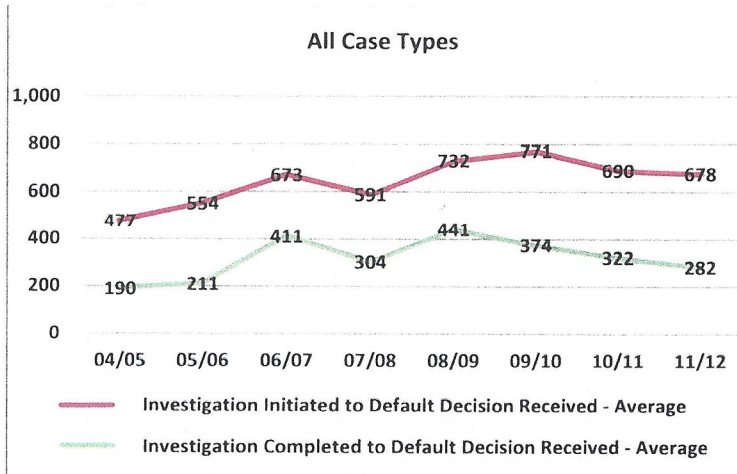
This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	12	7	11	8	12	7	11	8
From Investigation Initiated to Default Decision - Median	370	539	692	629	681	758	654	660
From Investigation Completed to Default Decision - Median	211	185	237	296	282	269	175	190
Gross Negligence/Incompetence - (Number of cases)	3	3	3	1	3	1	3	2
From Investigation Initiated to Default Decision - Median	745	640	1,059	781	681	1,605	866	710
From Investigation Completed to Default Decision - Median	269	185	533	190	395	1,301	100	218
Inappropriate Prescribing - (Number of cases)	1	0	0	0	2	0	0	0
From Investigation Initiated to Default Decision - Median	195	0	0	0	400	0	0	0
From Investigation Completed to Default Decision - Median	83	0	0	0	162	0	0	0
Sexual Misconduct - (Number of cases)	0	0	1	0	0	1	0	0
From Investigation Initiated to Default Decision - Median	0	0	279	0	0	1,121	0	0
From Investigation Completed to Default Decision - Median	0	0	219	0	0	73	0	0
Mental/Physical Illness - (Number of cases)	4	0	1	3	3	3	2	3
From Investigation Initiated to Default Decision - Median	316	0	692	834	783	648	668	610
From Investigation Completed to Default Decision - Median	163	0	525	358	527	299	214	161
Self-abuse of Drugs/Alcohol - (Number of cases)	4	0	3	1	2	2	1	1
From Investigation Initiated to Default Decision - Median	390	0	773	276	680	460	309	376
From Investigation Completed to Default Decision - Median	200	0	254	121	207	191	132	151
Fraud - (Number of cases)	0	0	0	2	1	0	0	1
From Investigation Initiated to Default Decision - Median	0	0	0	565	965	0	0	1,009
From Investigation Completed to Default Decision - Median	0	0	0	352	660	0	0	640
Conviction of Crime - (Number of cases)	0	1	2	1	1	0	5	1
From Investigation Initiated to Default Decision - Median	0	351	409	373	328	0	450	716
From Investigation Completed to Default Decision - Median	0	237	138	168	173	0	290	384
Unprofessional Conduct - (Number of cases)	0	3	1	0	0	0	0	0
From Investigation Initiated to Default Decision - Median	0	409	277	0	0	0	0	0
From Investigation Completed to Default Decision - Median	0	184	199	0	0	0	0	0

Investigation Initiated/Completed to Default Decision Received – Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a default decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a default decision was received.

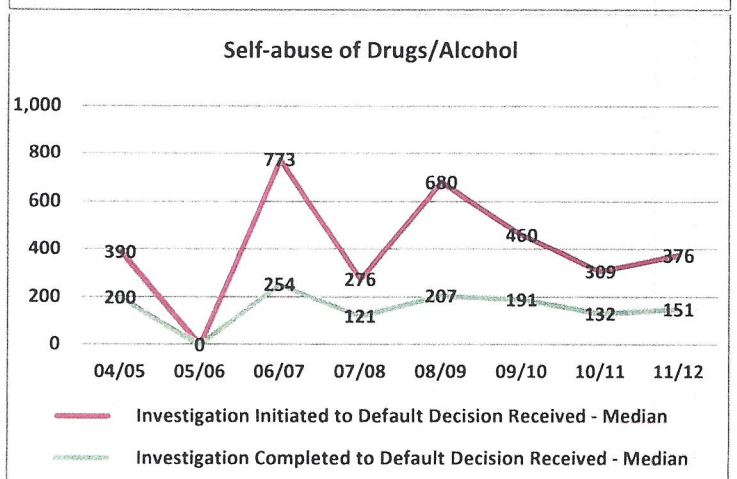
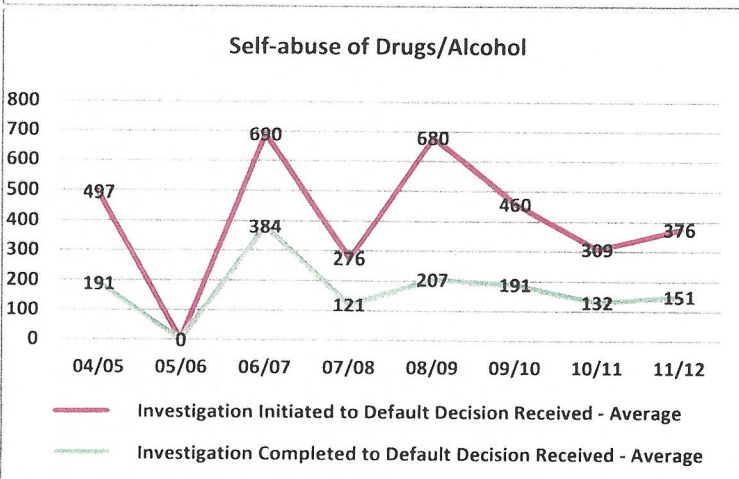
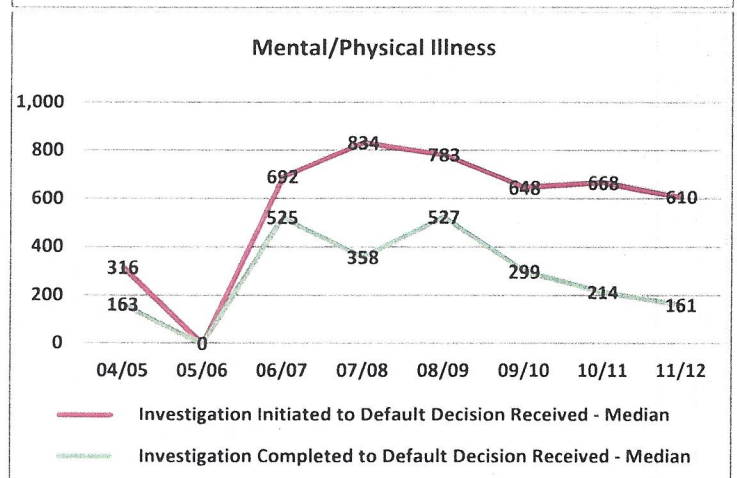
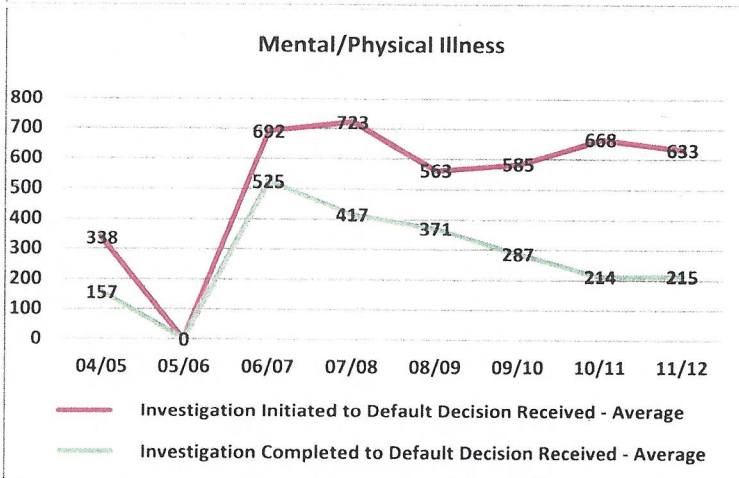
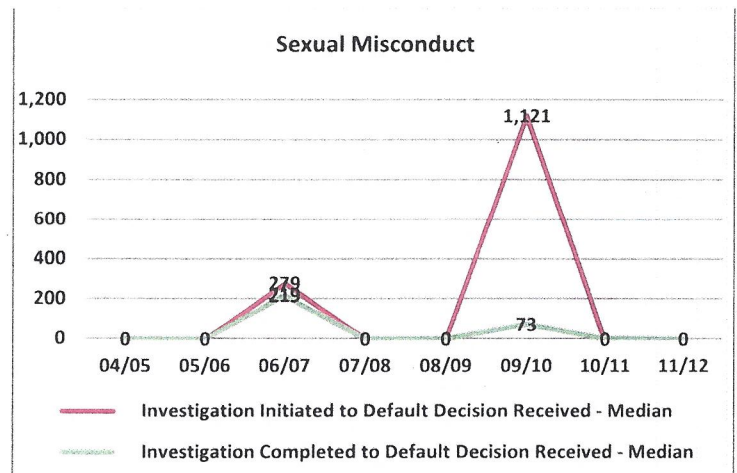
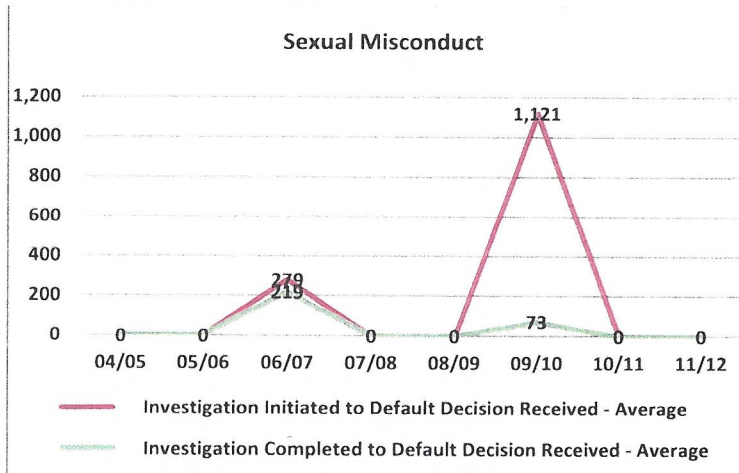
This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.



Investigation Initiated/Completed to Default Decision Received – Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a default decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a default decision was received.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

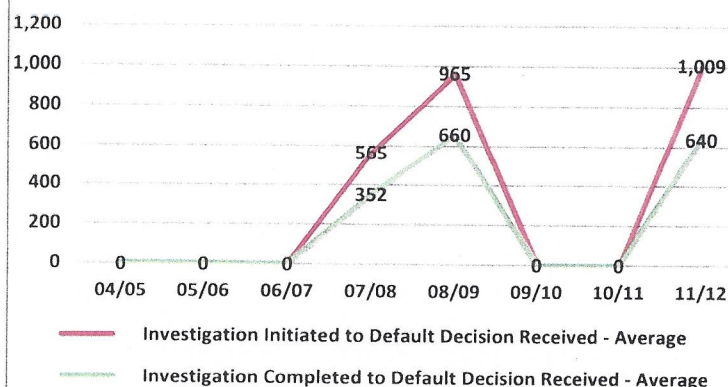


Investigation Initiated/Completed to Default Decision Received – Average/Median Calendar Days

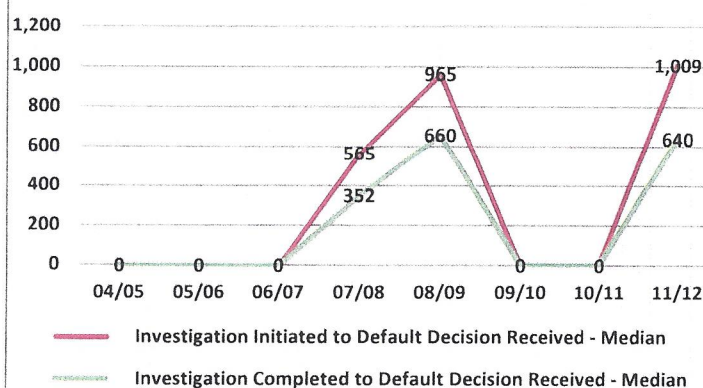
The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a default decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a default decision was received.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

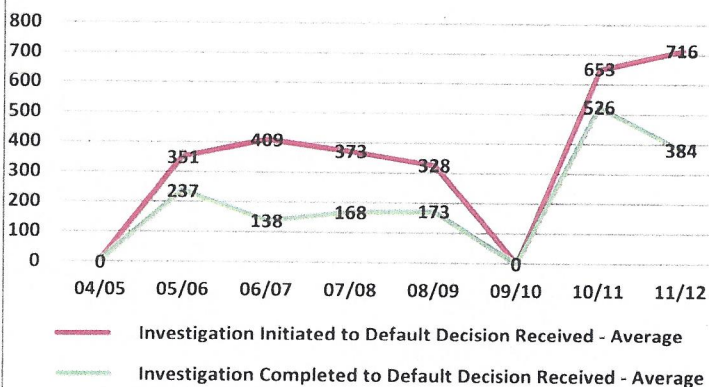
Fraud



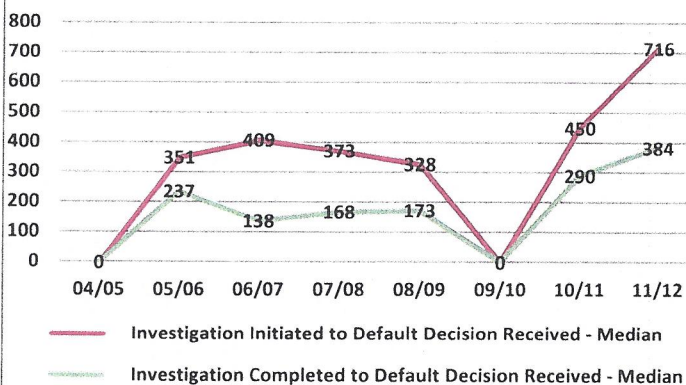
Fraud



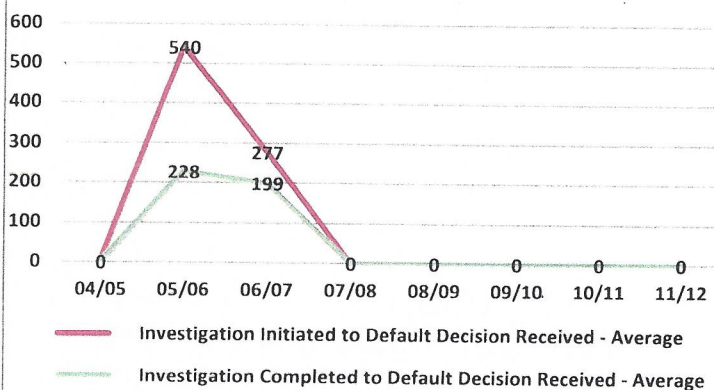
Conviction of Crime



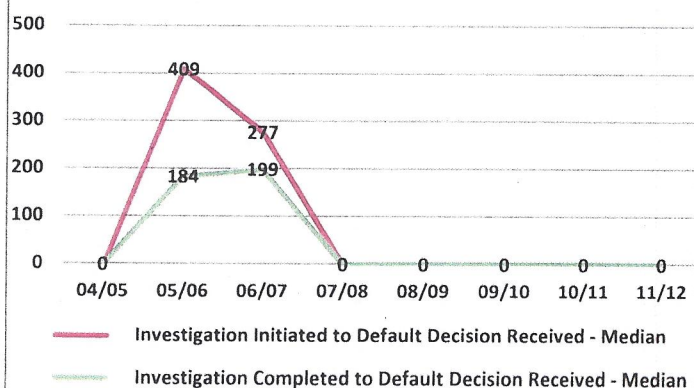
Conviction of Crime



Unprofessional Conduct



Unprofessional Conduct



Cases Declined by the Attorney General's Office

The Chart represents the number of cases, which after the investigation was completed through VE/P, were declined to be prosecuted by the Attorney General's Office.

	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12
San Jose	1	1	2	1	5	2	7	4
Pleasant Hill	4	1	2	1	2	0	4	0
Sacramento	0	1	0	1	2	1	0	1
Fresno	2	1	5	1	2	1	2	0
Tustin	1	0	2	1	1	1	2	1
San Bernardino	1	1	2	0	0	0	2	0
San Diego	3	0	2	0	8	0	2	0
Rancho Cucamonga	1	0	0	0	0	0	0	1
Valencia	0	2	3	3	0	0	0	3
Cerritos	0	9	5	3	2	0	2	1
San Dimas	0	1	3	3	2	5	2	1
Glendale	7	3	3	2	2	1	7	3
Probation	0	0	0	0	0	0	0	0
Total Cases	20	20	29	16	26	11	30	15

Cases Requesting Supplemental Investigation After Transmittal

The Chart below represents the number of cases, which after the investigation was completed through VE/P, were deemed to need additional investigation.

	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12
San Jose	4	0	0	3	0	1	3	9
Pleasant Hill	4	2	0	0	1	0	2	1
Sacramento	0	0	0	0	1	1	3	4
Fresno	0	0	0	0	0	0	2	0
Tustin	6	1	0	1	0	0	0	0
San Bernardino	0	1	0	0	0	0	1	0
San Diego	0	0	0	0	1	0	1	1
Rancho Cucamonga	1	0	0	0	0	0	1	1
Valencia	1	3	2	0	1	5	2	0
Cerritos	2	9	0	1	0	0	0	2
San Dimas	0	3	4	5	5	6	5	5
Glendale	1	1	2	1	0	0	1	0
Probation	0	0	0	0	0	0	0	0
Total Cases	19	20	8	11	9	13	21	23