

Action Report

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FISCAL 1998-99 ANNUAL REPORT

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Medical Board of California Meeting Dates & Locations

1999

Nov. 4 - 6 San Diego

2000

Feb. 3 - 5 Los Angeles
May 11 - 13 Sacramento
July 27 - 29 San Francisco
Nov. 2 - 4 San Diego

All meetings are open
to the public.

Prescribing Online: How to Protect the Public?

The Medical Board convened its first meeting of the Committee on Internet Prescribing on July 29, 1999. As the Internet is increasingly becoming a source of health care services, and now prescription drugs, it is necessary to examine how this technology is being used, and determine how to maintain public protection in this arena.

Current California law addresses two elements relevant to Internet prescribing. First, prescribing drugs is the practice of medicine, and to practice medicine in the state a California license is required. Second, in relation to prescribing drugs or devices by whatever means, California law is clear that a prior good faith examination is required, and without performing one, physicians may commit unprofessional conduct by violating Business & Professions Code section 2242(a) which states:

Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without a good faith prior examination and a medical indication therefore, constitutes unprofessional conduct.

While the law does not specifically address all of the elements needed in an examination, a reasonable person can interpret it to mean the physician has a supportable medical basis for prescribing the drug. Certainly there should be more than a series of "yes" or "no" questions on a questionnaire and a Visa card number. Clearly, completing a questionnaire with no tests, no scientific verification or evaluation, and no prior relationship between the physician and patient cannot meet the good faith examination requirement. Enforcement of this law, when it comes to California licensed physicians, is straightforward. If a doctor violates the law, disciplinary action may result.

Action against physicians operating web sites in other states is more complex. Many sites advertising Viagra, Propecia, and Xenical are operated outside of this state by physicians not licensed by California. While the law is clear that this may constitute a violation, enforcement is not as easy.

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The Use of Unlicensed Persons in Health Care Delivery

There is no precise and consistent definition in law of what may be delegated by a licensed provider to an unlicensed person without infringing on the practice of medicine or nursing. The resulting confusion causes problems for employers, nurses, physicians, regulatory agencies and the programs designed to educate and train individuals for the work place.

The January 1998 *Action Report* contained an article titled, "The Use of Medical Assistants by Physicians." That article triggered a number of additional questions and concerns regarding the use of unlicensed persons in physician offices as well as in inpatient care. As a result, the Medical Board has held several meetings with other state agencies responsible for the health care delivery system, representatives from impacted medical and nursing associations, and representatives from hospitals and health care associations to share perceptions of the problems and to consider potential regulatory and/or statutory

change which might be necessary. This article, the first in a series of articles, is designed to keep you informed of issues resulting from these discussions.

Physicians must understand the constraints on the use of unlicensed personnel in the delivery of health care. It is important that physicians not base the delegation of certain tasks on the competency and experience of the individuals under their employ, without being aware of the limitations which are placed on these unlicensed persons by a variety of practice acts.

The courts have made it clear that it is aiding and abetting the illegal practice of medicine to delegate any task that is included in the scope of practice of a physician and surgeon or podiatrist unless the performance of that task is permitted by another statute such as the licensing acts for nurses and physicians assistants and the title protection act for perfusionists. Among other things, this means that an

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THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

The mission of the Medical Board of California is to protect consumers through proper licensing of physicians and surgeons and certain allied health professions and through the vigorous, objective enforcement of the Medical Practice Act.

President's Report

I am pleased to present this year's Medical Board of California's Annual Report (see insert). As always, there is much to be learned by reviewing the information it contains. The Annual Report is required by Business and Professions Code section 2313 as a means of assessing the Board's performance and activities as they relate to public protection. The report's statistics underscore our Enforcement Program's achievement of this public protection mandate. It has continued, and improved upon, its timely, efficient management of a high volume workload. Additionally, it has continued to perfect alternative sanctions which provide the fairest approach to matching the degree of discipline to the severity of the violation.



Karen McElliott
President of the Board

environment in which to practice. In addition, the process by which physicians become licensed continues to be streamlined and improved, as evidenced by the start this year of computer-based testing.

Another accomplishment of this past year was the culmination of the tremendous work of the Board's Committee on Plastic-Cosmetic Surgery, which sponsored legislation, AB 271 (Gallegos), which would:

- Require physicians who perform surgical procedures outside of a hospital to maintain malpractice insurance for these out-of-hospital procedures;
- Require that if a patient is to be kept overnight in any out-patient setting, a licensed health care professional must stay with the patient and proper life-saving equipment and medicine must be kept on site; and
- Require that instances of morbidity and mortality occurring outside of a hospital be reported to the Medical Board.

Notable among these is the Board's Physician Assessment and Clinical Education (PACE) Program, which provides assessment and intensive clinical training for physicians as part of their Medical Board probationary order. The PACE Program, operated in conjunction with the UCSD Medical School, provides a real and credible source for clinical assessment and training. The increasing use of PACE, as well as disciplinary alternatives such as cite-and-fine and public letters of reprimand, demonstrate the Board's balanced approach to dealing with physician error and misfeasance.

We believe this is an important step for the protection of cosmetic surgery patients, as more patients seek such surgery, and more physicians begin practicing in this area in out-of-hospital settings.

At the same time I am troubled by the continuing decline in hospital reporting of discipline which is required by Business and Professions Code section 805. There are over 550 hospitals in California and based on the Medical Board's volume of complaints/investigations and subsequent disciplinary actions, it seems reasonable to expect hospital actions and hospital reporting to be much higher. In fact, in 1995, the Department of Health and Human Services (DHHS) published a report entitled *Hospital Reporting to the National Practitioner Data Bank* which stated that in a three-year period, about 75% of all hospitals in the United States did not report one adverse action to the Data Bank. This is a shocking fact and does not bode well for public safety. The DHHS report is fairly supported by the Medical Board's own reporting statistics which show this year's reporting figure has fallen to a historical low of 83. While peer review continues to be a valuable and important function of the medical community, the Medical Board is concerned that this low number of reported actions means that peer review is not linked with the regulatory system in a way that fully achieves its potential for public protection.

At the Medical Board's latest Sunset Review hearing in 1997, a legislative committee considered many issues, one of them regarding operation of the Diversion Program. The Board considered the committee's issues, including the request for information regarding privatization of the program and the suggestion of some critics that the Diversion Program should be eliminated completely. The Board strongly disagreed that there should be no Diversion Program to assist physicians in recovery and monitor their practice.

Ultimately, the Sunset Review Committee accepted MBC's position. However, we still see room for improvement. The Board is independently evaluating the Diversion Program through a new Diversion Program Task Force. The Task Force took several actions such as conducting a one-day seminar on January 20, 1999 in San Diego to educate all interested parties and to review existing regulations and promulgate new ones as needed. The Task Force next plans to review the findings of the March 1998 Citizen Advocacy Center forum on regulatory management of chemically dependent health care practitioners when the report is published.

With respect to the licensing function of the Board, it is gratifying to note that California continues to attract new physicians, as evidenced by the fact that the number of physicians licensed in this state has steadily grown to 107,000, indicating that California is still viewed as a desirable

As I suggested at the opening, the Annual Report indicates much that is positive, and some that is not. I take pride in this organization that is moving in the right direction and look forward to the continuation of that trend next year.

Urgent: *Will your external defibrillator/hemodialysis machine/PC function after 12/31/99?*

With fewer than three months remaining before the Y2K impact, little time remains to assure that medical equipment and office systems will not fail because of unremediated software programs or embedded chips.

The Federal Food and Drug Administration (FDA) has established an Internet web site which may be able to give you the information you need about medical devices. For more than two years, the FDA has worked with consumer organizations, manufacturers, hospitals and others to assess which medical devices may be at risk of failure or improper functioning when the century changes over. Now you can access the findings of their studies on the Federal Y2K Biomedical Equipment Clearinghouse web site.

The web address for the clearinghouse is:

www.fda.gov/cdrh/yr2000/cdrh/faqs/y2kfaqs.html

The Medical Board also has linked its web site to the clearinghouse. It is located at www.medbd.ca.gov. Click on



the link "[Will Medical Devices be Affected by Y2K?](#)" near the top of the middle column.

The Clearinghouse site includes a series of Frequently Asked Questions for health professionals, device manufacturers, and patients. You are encouraged to share this information with your patients who wish to

be assured of steps taken to safeguard the health care delivery system. The site also has a search mechanism for checking on specific devices and manufacturers.

Many medical device manufacturers have issued notices regarding upgrades or fixes for their products, and the web site identifies those which have been posted with the FDA. The medical device industry has generally cooperated in notifying the FDA and users of known problems and has determined that many devices do not rely on date/time functions to work properly.

Updated Brochure Available

A Patient's Guide to Blood Transfusions

The California Legislature in 1989 passed the Paul Gann Blood Safety Act (Health and Safety Code §1645) which requires "...whenever there is a reasonable possibility, as determined by a physician and surgeon, that a blood transfusion may be necessary as a result of a medical or surgical procedure, the physician and surgeon, by means of a standardized written summary as most recently developed or revised by the State Department of Health Services...shall inform the patient of the positive and negative aspects of receiving autologous blood and directed and nondirected homologous blood from volunteers." This section also requires the physician and surgeon to note on the patient's medical record that this standardized written summary was given to the patient.

The California Department of Health Services, in partnership with the Medical Technical Advisory Committee of the Blood Centers of California, has recently finalized an updated version of this brochure which is now available for order from the Medical Board of California. This brochure replaces the original standardized summary, "If You Need Blood," which was produced in the early 1990s.

"A Patient's Guide to Blood Transfusions" discusses the potential options available to the patient relating to blood transfusions including: using an autologous donation; donating prior to surgery; donating immediately before

surgery; and donating after surgery. It also provides relevant information regarding blood transfusions received from community donors and designated donors. This brochure also states that it "...is provided as a source of information and is not to be considered a replacement for the **Informed Consent** process prior to the transfusion of blood."

We hope that you will find this updated brochure to be a valuable resource material for you in your practice. Please note that although the law is clear that there is no substitution for this brochure which must be provided to the patient and noted as given in the patient's medical record, it also states that this brochure may be reproduced for distribution.

Physicians may order copies of this updated brochure by faxing their single-copy request to the Medical Board of California at (916) 263-2479 with the information listed below.

"A Patient's Guide to Blood Transfusions" Brochure
Medical Board of California
1426 Howe Avenue, Suite 54
Sacramento, CA 95825

Please specify number of copies (by bundles of 25). There is no charge for a single copy. For each bundle, enclose a check for \$5 payable to the Medical Board of California.

Health News

New Policy on Screening for Domestic Violence Can Help Health Care Providers and Victims of Abuse

by

Esta Soler, Executive Director, Family Violence Prevention Fund

The Family Violence Prevention Fund (FUND) is a national non-profit organization dedicated to the elimination (prevention) of domestic violence. In existence for fifteen years, the FUND has developed pioneering prevention strategies in the justice, public education, child welfare and health fields.

Domestic violence is a public health problem of epidemic proportions. Each day, women seek health care as a direct or indirect result of abuse. Domestic violence contributes to chronic health problems and interferes with the management of illnesses.

Because virtually every woman interacts with the health care system at some point in her life, doctors can make a tremendous difference to battered women. In fact, a health care provider may be the first and only person to intervene before further abuse-related trauma occurs. Doctors need to recognize that domestic violence screening and giving women information, support and reinforcement is essential to effective health care. There are tools to make this work easier—effective screening tools, clear and viable protocols, and strong training programs.

To support this important work, the FUND has worked with experts in many fields to develop a comprehensive new screening policy to guide doctors and other health care providers as they screen patients for domestic violence. This guide provides: valuable background information; recommendations as to which patients to screen and in what settings; details on how to screen for abuse in primary care,

emergency department, mental health, inpatient, and obstetric/gynecology and family planning settings; and much more.

New Federal legislation also can help. Developed by the FUND and currently pending in Congress, the Rx For Abuse bill would address the critical need for better tools and training to help health care providers respond to domestic violence. This bipartisan bill would provide funding for demonstration grants that would enable state and local teams of health care providers to design and implement comprehensive responses to domestic violence.

Following is a copy of the FUND's *Practitioner Reference Card*, a resource designed to assist health care providers respond to domestic violence. Other resource materials available from the FUND include: *Improving the Health Care Response to Domestic Violence: A Resource and Trainer's Manual for Health Care Providers*; resource and referral lists of domestic violence materials for health care providers; a copy of the *Practitioner Reference Card*; and a biannual Health Alert newsletter that examines health policy issues and their potential impact on service delivery to victims of domestic violence. These materials are available by contacting the FUND's Health Resource Center on Domestic Violence at 888/Rx-ABUSE.

NOTE

The footnote in the New Tuberculosis Guidelines article (July 1999 *Action Report*) should have read: 'Tuberculin skin test conversion is defined as an increase of at least 10mm of induration from <10mm to \geq 10 mm within 24 months from a documented negative to a positive tuberculin skin test.

PRACTITIONER REFERENCE CARD*

Domestic Violence is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, that adults or adolescents use against their intimate partners. Without intervention, the violence usually escalates in both frequency and severity resulting in repeat visits to the health care system.

Screen All Patients for Domestic Violence:

- Talk to the patient alone in a safe, private environment
- Ask simple direct questions such as:
 - Because violence is so common in many people's lives, I've begun to ask all my patients about it routinely.
 - Are you in a relationship with a person who physically hurts or threatens you?
 - Did someone cause these injuries? Who?

The best way to find out about domestic violence is to ask directly. However, be aware of:

- History suggesting domestic violence: traumatic injury or sexual assault; suicide attempt, overdose; physical symptoms related to stress; vague complaints; problems or injuries during pregnancy; history inconsistent with injury; delay in seeking care or repeat visits.
- Behavioral clues: evasive, reluctance to speak in front of partner; overly protective or controlling partner.
- Physical clues: any physical injuries; unexplained, multiple or old injuries.

Take a Domestic Violence History:

- past history of domestic violence, sexual assault
- history of abuse to any children

Send Important Messages to Patient (avoid victim blaming):

- You are not alone
- You are not to blame
- There is help available
- You do not deserve to be treated this way

Assess Safety:

- Are you afraid to go home?
- Have there been threats of homicide or suicide?
- Are there weapons present?
- Can you stay with family or friends?
- Do you need access to a shelter?
- Do you want police intervention?

Make Referrals:

- Involve social worker if available
- Provide list of shelters, resources, and hotline numbers
- National Domestic Violence Hotline: (800) 799-SAFE
- Schedule follow-up appointment

Document Findings:

- Use the patient's own words regarding injury and abuse
- Legibly document all injuries; use a body map
- Take Polaroid photographs of injuries

Reporting:

- California law requires that health care providers report cases of physical injury resulting from assaultive or abusive conduct; and
- Send a verbal and written report to law enforcement

* Family Violence Prevention Fund & San Francisco General Hospital
Made possible by a grant from the CA Department of Health Services, EPIC

QUESTIONS? (888) Rx-ABUSE

Editor's Note: Specific details regarding reporting requirements may be found in the California Penal Code, Chapter 2, Article 2, Sections 11160-11163.3.

Community Water Fluoridation Where We Are And Where We Are Going

by

David F. Nelson, D.D.S., M.S.
Fluoridation Consultant
California Department of Health Services

In accordance with Chapter 660, Statutes of 1995 and Sections 4026.7 and 4026.8 of the Health and Safety Code, Assembly Bill 733 (Speier), the Department of Health Services (DHS) has adopted regulations that require, under specific conditions, the fluoridation of the water of any public water system that has at least 10,000 service connections. The Department is also charged with the identification of funding to support the implementation of AB 733.

In communities without fluoridated water, physicians and dentists in many California communities have prescribed sodium fluoride tablets to appropriate patients, consistent with sound medical and dental practice. These prescriptions may soon no longer be necessary for patients in several California cities as these communities become fluoridated.

Currently, the City of Los Angeles, the City of San Francisco, the East Bay Area counties served by East Bay Municipal Utility District, Beverly Hills, Long Beach, Huntington Beach, Port Hueneme, certain select portions of Bay Area Peninsula cities and certain military installations are fluoridated. Because the regulations require DHS to seek funding from outside sources, the Fluoridation 2000 Workgroup, composed of representatives from DHS, the California Dental Association, the Dental Health Foundation (DHF) and the Fluoridation Task Force is working to identify foundations and grants to fluoridate California. As funds are obtained and communities fluoridated, physicians can expect to receive notification from a variety of sources, including the local water system, DHF, DHS and professional publications such as the Action Report, when fluoridation is to begin. Fluoride supplements prescribed for caries prevention should be discontinued when community water fluoridation is instituted.

Water fluoridation in the United States has enjoyed over 50 years of success as a valuable public health measure. The Centers for Disease Control and Prevention (CDC) has

recently selected it as "one of the ten greatest public health achievements of the twentieth century". Many of the world's major health organizations endorse water fluoridation. These include: the American Medical Association, American Dental Association, U.S. Public Health Service, CDC, American Cancer Society, World Health Organization and every Surgeon General for the past 50 years. In spite of widespread professional and public acceptance of community water fluoridation, a small percentage of California residents remain opposed to the intervention.

Fluoridation began in Grand Rapids, Michigan in 1945. Eleven years later, scientists reported the decay rate had fallen 60 percent. Since 1970 there have been over 3,700 peer reviewed articles on the safety and efficacy of fluoridation. Water fluoridation is the safest, most economical and effective way to prevent tooth decay, especially among children. However, it benefits adults as well by preventing root surface decay. Projections indicate that tooth decay for children will decrease as much as 30 percent within five years of water fluoridation, and in areas where children have little access to preventive care the reduction in decay may be even higher. The reduction of tooth decay in adults may run as high as 40 percent. Preventing just one cavity in each school-aged child in California will save taxpayers an estimated \$385 million within the same five years.

Primary care physicians, by prescribing fluoride supplements when indicated, have improved the oral health of California's children. Community water fluoridation, as it becomes available to more California residents in the near future, will also assure a healthier California. Should you have any further questions concerning community water fluoridation, you may contact David F. Nelson, D.D.S., M.S. at the California Department of Health Services, Medicine and Public Health Section, (916) 323-0852.

Guidelines for Alzheimer's Disease Management Update

A Spanish translation is now available of the "Guidelines for Alzheimer's Disease Management," which were printed in the July 1999 *Action Report*. To obtain a copy, please contact the Los Angeles Alzheimer's Association, Elizabeth Heck, at Elizabeth.Heck@alz.org or (323) 938-3379.

Prescribing Online (continued from p. 1)

Other states have taken action against operators of sites outside of their borders. The Kansas Attorney General, as an example, has filed suit and obtained temporary restraining orders against five such operators. As a result, these companies' sites now state that they will not ship drugs to Kansas. Although the matter has not yet gone to trial, this action has put others on notice that Kansas will take legal action against violators. It is possible that California will need to consider similar actions if other means of compliance are ineffective.

The U.S. House of Representatives' Committee on Commerce has voiced concerns as well. In letters sent to the Controller General, the Food and Drug Administration, the Federal Trade Commission, and the Attorney General, they correctly observed that regulation and jurisdiction over these sites are fragmented, involving a number of federal as well as state agencies. Their concern is that states will not have the resources or proper regulatory structure to handle problems of this magnitude, and the federal agency structure does not clearly identify jurisdiction and responsibility. They asked these agencies to report to their Committee on jurisdictional

elements of current law, and asked for suggestions on how best to either work together, or develop a new regulatory scheme to enforce federal law and assist states. They plan on holding public hearings and taking testimony from these agencies.

The California Medical Board has similar concerns. While the Medical Board is responsible for enforcing the laws relating to physician conduct, Internet prescribing overlaps many jurisdictions, including state pharmacy and federal laws. The Committee, therefore, will engage in discussions with the Pharmacy Board, the California Attorney General, appropriate federal government and other states' agencies, and representatives from the e-commerce industry. The Committee hopes to hear from these parties and develop mutually workable solutions to address the problems developing in this rapidly growing industry.

Meetings of the Committee are public, and comments are welcome, either in person or in writing. Physicians with questions or suggestions about Internet prescribing may write or call the Board's Program Support & Research Office at (916) 263-2466.

Unlicensed Persons (continued from p. 1)

unlicensed person *may not diagnose or treat* (i.e., perform any task that is invasive or requires assessment, interpretation, or decision-making) except when such tasks are explicitly permitted by law.

The classification of medical assistant is defined under the provisions of the Medical Practice Act (Business and Professions Code §§2069-2071). The law broadly defines a medical assistant as an unlicensed person who may provide administrative, clerical and technical support to a physician. The law does allow a medical assistant to administer medication and withdraw blood under specified controls. It sets up parameters regarding supervision, specific authorization and defines broadly, "technical supportive services." The Board also has defined in regulation some additional specific meanings of the term "technical supportive services." In addition, the law prohibits the use of a medical assistant in the provision of inpatient care in a general acute care hospital. That same law also prohibits the Medical Board from writing regulations authorizing acts which involve diagnosing or treating such as using a laser or suturing.

The responsibility for the appropriate use of unlicensed persons in health care delivery rests with the physician. A complete listing of the requirements may be found in Business and Professions Code §§2069-2071 and in Title 16 of the California Code of Regulations, §§1366-1366.4. Listed below are some important highlights of these requirements which relate to training, supervision and record keeping:

1. The medical assistant must have a certificate documenting completed training and competence in order to perform technical supportive services. Specific training is required

to perform venipuncture for the withdrawal of blood.

2. The supervising physician or podiatrist must authorize the service in writing either in the patient's record or by a standing order kept on file.
3. Each service must be recorded in the patient's record identifying the name of the medical assistant and the name of the supervising provider.
4. The medical assistant may administer medication orally, sublingually, topically, vaginally or rectally, or by providing a single dose to the patient for immediate self administration: administer medication by inhalation if the medications are patient specific and have been or will be routinely and repetitively administered to that patient. In every instance, prior to administration by the medical assistant, a licensed physician or podiatrist or another person authorized by law to do so shall verify the correct medication and dosage (including preloaded syringes).
5. The supervising physician or podiatrist must be present in the facility when approved technical supportive services are performed.
6. The medical assistant must be trained in infection control.
7. Section 2655.7 of the Business and Professions Code dealing with physical therapy prohibits the delegation of such tasks to an assistant except by a licensed physical therapist.

As health care delivery continues to change, including the development of new technology, the use of unlicensed personnel will be an ongoing issue. We will keep you informed of new developments as they occur.

First "Special Faculty Permit" Issued Under New California Law

The Medical Board of California has issued the first "Special Faculty Permit" to David Tarin, M.D., Director of the Cancer Center at the University of California, San Diego, School of Medicine. Educated at Oxford University in Britain, Dr. Tarin is a professor of Pathology and has distinguished himself in the field of molecular cancer research, including metastatic spread, mechanisms of tumor invasion, intercellular signaling in differentiation, and somatic cell genetics of neoplasia and metastasis.

Implemented in 1997, the "Special Faculty Permit" program is intended to attract gifted academic physicians to California and enhance our state's physician population in the national and international medical community. As authorized in section 2168 of the Business and Professions Code, the permit allows medical schools to recruit top academic talent from other states and countries to fill positions as deans, department and



David Tarin, M.D.

division chairs, and other positions. Applicants for a permit are not required to pass the routine written and clinical exams that apply to applicants for an unrestricted physician's license.

The permit authorizes the faculty member to practice medicine *only* within the sponsoring medical school. If the permit holder later wishes to practice medicine outside of the medical school, he or she must meet all the routine requirements to become eligible for the standard, unrestricted California medical license. Special faculty permits must be renewed at regular biennial intervals and

require payment of the same fee as an unrestricted license. For more information regarding the Special Faculty Permit Program, you may call Wanda Wallis, Special Programs Coordinator in the Board's Division of Licensing, at (916) 263-1098.

Troubleshooting Fictitious Name Permit Applications

The Medical Board of California receives approximately 1,225 Fictitious Name Permit (FNP) applications per year. In the past, the review of the FNP applications was done by Board members. This process was cumbersome because members met and approved permits at quarterly meetings. Over the years, in an effort to streamline the process, FNP review has been delegated to staff of the Medical Board. However, the process can still be time-consuming because of the volume and because applicants frequently may not read or follow instructions provided on the application.

The Medical Board staff continues to work to streamline the process further, and to assure timely service we are asking physicians and their attorneys to take the time to carefully review and complete the application. Some of the common errors that applicants make on the application are:

- A photo copy of the application is submitted. Photo copies are hard to read. Only original copies of the application will be accepted. The green color of the application helps identify the current revision of the application.
- Only the newly revised green application will be processed. The green application has been revised to include information required in the review.
- Applicants are using the fictitious names they are applying for prior to the application being approved. Many times the name is already taken or is too similar to existing names. Reservations for names will not be accepted.
- The fictitious name chosen does not comply with the statutory requirements as listed on the back side of the application.

- The social security number or FEIN number is not listed on the application.
- The applicant applies as a corporation but does not denote corporate existence in his or her fictitious name.
- The complete name of the corporation and California Corporation number are not listed on the application.
- Copies of original and amended Articles of Incorporation are not submitted with the application. The Medical Board needs to ensure the corporation is active and is a professional medical corporation.
- A copy of the Corporate Resolution is not submitted with the application. If more than one shareholder exists, the Corporate Resolution is required. The Corporate Resolution clarifies who has the authority to sign for the corporation. This information also is necessary when physicians are canceling their permits.
- The applicant does not enclose the section of bylaws referring to transfer of shares when a shareholder becomes deceased or ineligible.
- The applicant fails to enclose the section of bylaws or their documents which lists all shareholders and the percentage of their shares.
- The \$50 application fee is not submitted with the application.

Information to assist in the completion of the application is provided on the back of the application. Please refer to this information or the instruction pamphlet if needed. If you would like an application for a Fictitious Name Permit, along with an instructional pamphlet or would like additional information, please call (916) 263-2384.

DISCIPLINARY ACTIONS: May 1, 1999 to July 31, 1999

Physicians and Surgeons

ALFRED, JOSEPH T., M.D. (C24472)
Los Angeles, CA

B&P Code §2234. Stipulated Decision. Entered into a loan transaction with a patient knowing that it was a violation of a term of his probation. Five years added to existing 7 year probation. June 2, 1999

APTEKAR, ROBERT GARY, M.D. (G19391)
Los Altos Hills, CA

B&P Code §2234. Stipulated Decision. Inadvertently left a sponge in a patient during a surgical procedure. Subsequent x-rays revealed the presence of a foreign object at the surgical site. Failed to take steps to remedy the situation until 2 1/2 months later despite the patient's distress and infection. Public Letter of Reprimand. June 11, 1999

AYERS, JERRY D., M.D. (A42793)
Escondido, CA

B&P Code §2234. Stipulated Decision. Obtained Vicodin, a controlled substance, for self-use by writing false prescriptions. Practiced medicine while under the influence of Vicodin. Revoked, stayed, 5 years probation with terms and conditions. July 27, 1999

BALKISSOON, BASDEO, M.D. (G8742)
Washington, DC

B&P Code §141. Stipulated Decision. Disciplined by Maryland for failing to meet the standard of care in his treatment of 3 patients. Revoked, stayed, 5 years probation with terms and conditions. May 6, 1999

BALLESTEROS, JOSE SAYSON, M.D. (A36356)
La Mirada, CA

B&P Code §2236(a). Felony conviction for grand theft for submitting false claims to Medi-Cal for services not provided. Revoked. May 13, 1999

BAUTISTA, CEDRIC M., M.D. (A37997)
El Centro, CA

B&P Code §2234(b). Committed acts of gross negligence in his care and treatment of a patient. Revoked, stayed, 2 years probation with terms and conditions. June 3, 1999

BLAKELY, GEORGE WAYMAN, Jr., M.D. (A30851)
Duarte, CA

B&P Code §2234. Failed to comply with Diversion treatment program, and violated the terms and conditions of his probation. Revoked, stayed, 7 years probation with terms and conditions including 30 days actual suspension. May 6, 1999

Explanation of Disciplinary Language and Actions

"Effective date of Decision"—Example: "June 10, 1999" at the bottom of the summary means the date the disciplinary decision goes into operation.

"Gross negligence"—An extreme deviation from the standard of practice.

"Incompetence"—Lack of knowledge or skills in discharging professional obligations.

"Judicial review being pursued"—The disciplinary decision is being challenged through the court system—Superior Court, maybe Court of Appeal, maybe State Supreme Court. The discipline is currently in effect.

"Probationary License"—A conditional license issued to an applicant on probationary terms and conditions. This is done when good cause exists for denial of the license application.

"Probationary Terms and Conditions"—Examples: Complete a clinical training program. Take educational courses in specified subjects. Take a course in Ethics. Pass an oral clinical exam. Abstain from alcohol and drugs. Undergo psychotherapy or medical treatment. Surrender your DEA drug permit. Provide free services to a community facility.

"Public Letter of Reprimand"—A lesser form of discipline that can be negotiated for minor violations before the filing of formal charges (accusations). The licensee is disciplined in the form of a public letter.

"Revoked"—The license is canceled, voided, annulled, rescinded. The right to practice is ended.

"Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension"—"Stayed" means the revocation is postponed, put off.

Professional practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days actual suspension from practice. Violation of probation may result in the revocation that was postponed.

"Stipulated Decision"—A form of plea bargaining. The case is negotiated and settled prior to trial.

"Surrender"—Resignation under a cloud. While charges are pending, the licensee turns in the license—subject to acceptance by the relevant board.

"Suspension from practice"—The licensee is prohibited from practicing for a specific period of time.

"Temporary Restraining Order"—A TRO is issued by a Superior Court Judge to halt practice immediately. When issued by an Administrative Law Judge, it is called an ISO (Interim Suspension Order).

BOHANNON, RICHARD A., M.D. (C25013)
San Francisco, CA

B&P Code §2234(e). Signed a Certificate of Non-Relationship for a physician on probation, whom he agreed to monitor, which was misleading because he actually knew and participated in past care of the probationer. Public Letter of Reprimand. June 2, 1999

BORUT, THOMAS C., M.D. (G25587)
Los Angeles, CA

B&P Code §2234. Stipulated Decision. No admissions, but charged with taking advantage of a patient and engaging in a sexual relationship with her. Revoked, stayed, 35 months probation with terms and conditions. June 4, 1999

BOSLEY, LARRY L., M.D. (C23493)
Beverly Hills, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with acts related to unfair and misleading office practices and false and misleading advertisements. One-year suspension, stayed, 5 years probation with terms and conditions. June 4, 1999

BRENT, IRA MARTIN, M.D. (G20956)
Citrus Heights, CA

B&P Code §§2239(a), 2354. Failed to abstain from use of controlled substances, failed to participate in the Diversion Program and violated the terms and conditions of probation. Revoked. July 12, 1999

CONTRERAS, VICTOR DELGADO, M.D. (G52723)
Santa Paula, CA

B&P Code §§490, 2236, 2266. Stipulated Decision. Criminal conviction for violation of section 243(e) of the Penal Code, battery on a cohabitating partner, and failed to maintain adequate medical records related to his care and treatment of a patient. Revoked, stayed, 4 years probation with terms and conditions including 30 days actual suspension. July 12, 1999

DELEON, BALDOMERO, Jr., M.D. (G35749)
Walnut Creek, CA

B&P Code §2234. Stipulated Decision. Failed to comply with terms and conditions of Board probation. Revoked, stayed, 2 additional years of probation added to current 4-year probation with additional terms and conditions. April 29, 1999

DESOUZA, BLAISE PHILIP, M.D. (A37917)
Foresthill, CA

B&P Code §§726, 2234(b)(e), 2239(a). Stipulated Decision. Abused alcohol and self-administered the drugs Xanax and Prozac without bona fide prescriptions and entered into a physician-patient relationship with a person with whom he was then in an intimate relationship. Revoked, stayed, 5 years probation with terms and conditions. July 5, 1999

DINENBERG, LAWRENCE, M.D. (G25011)
La Jolla, CA

B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in his care and treatment of a diabetic patient over a 2-year period because he failed to take an appropriate history, failed to perform an appropriate physical examination, failed to adjust the patient's diabetes medication, failed to refer the patient to a cardiologist, failed to instruct and monitor the patient's home glucose monitoring, diet, exercise and weight loss, failed to order proper tests and failed to adequately document his care and treatment of the patient. Public Reprimand. May 7, 1999

DORSEY, DAVID JAMES, M.D. (G21577)
Fremont, CA

B&P Code §2234. Stipulated Decision. No admissions, but charged with gross negligence for his care and treatment of a patient diagnosed with ADHD. One-year suspension, stayed, 2 years probation with terms and conditions. May 31, 1999

DOUGLAS, JOHN WAYNE, M.D. (G65667)
Crescent City, CA

B&P Code §§726, 2234(b). Stipulated Decision. Engaged in sexual misconduct with a patient, and committed acts of gross negligence when he failed to make arrangements for another physician to take over the care of his patients. Revoked, stayed, 10 years probation with terms and conditions. June 7, 1999

DUPRE, JOHN LIONEL, M.D. (C39347)
San Francisco, CA

B&P Code §§2234, 2266. Stipulated Decision. Failed to adequately document his care of a patient at San Quentin Prison. Public Letter of Reprimand. May 3, 1999

FANG, YUNG-FENG, M.D. (A30721)
Barstow, CA

B&P Code §§2234, 2234(c)(d), 2266. Stipulated Decision. Committed acts of repeated negligence and incompetence, failed to maintain adequate medical records and failed to recognize symptoms and signs consistent with child abuse in his care and treatment of a patient. Public Letter of Reprimand. May 17, 1999

GARDNER, JAMES DONALD, M.D. (G51158)
Fresno, CA

B&P Code §2239. Stipulated Decision. Self-use and administration of controlled substances, Xanax and Demerol, to such an extent as to be dangerous to himself, the public or to such an extent that such use impaired his ability to practice medicine safely. Revoked, stayed, 5 years probation with terms and conditions. July 1, 1999

HALL, DAVID ALVIN, M.D. (GFE16598)
South Pasadena, CA

B&P Code §2234(a). Stipulated Decision. Failed to adequately supervise an unlicensed person who provided psychiatric treatment to a patient on 1 occasion. Public Letter of Reprimand. July 1, 1999

HARRIS, RICHARD CLARK, M.D. (G29737)
Claremont, CA

B&P Code §§2234, 2266. Stipulated Decision. Failed to adequately document his care and treatment of 2 patients, and refused to treat and abandoned one of those patients without proper referral to another physician. Public Letter of Reprimand. July 1, 1999

HARRISON, WILLIAM ORVILLE, M.D. (G17944)
Las Vegas, NV

B&P Code §§141(a), 2236, 2238, 2305. Disciplined by Nevada for unlawfully selling prescriptions for Schedule II and III controlled substances and criminal conviction for possession of controlled substances. Revoked. July 26, 1999

Help Your Colleague By Making A Confidential Referral

If you are concerned about a fellow physician who you think is abusing alcohol or other drugs or is mentally ill, you can get assistance by asking the Medical Board's Diversion Program to intervene.

The intervention will be made by staff trained in chemical dependency counseling or by physicians who are recovering from alcohol and drug addiction. As part of the intervention, the physician will be encouraged to seek treatment and be given the option of entering the Diversion Program. Participation in Diversion does not affect the physician's license.

Physicians are not required by law to report a colleague to the Medical Board. However, the Physicians Code of Ethics requires physicians to report a peer who is impaired or has a behavioral problem that may adversely affect his or her patients or practice of medicine to a hospital well-being committee or hospital administrator, or to an external impaired physicians program such as the Diversion Program.

Your referral may save a physician's life and can help ensure that the public is being protected. All calls are confidential. Call (916) 263-2600.

**Medical Board of California
Physician Diversion Program
1420 Howe Avenue, Suite 14
Sacramento, CA 95825**

HRABKO, RANDALL P., M.D. (G39326)
La Canada, CA

B&P Code §§2234, 2234(c)(d)(e), 2266. Stipulated Decision. Committed acts of repeated negligence and incompetence in his care and treatment of 3 patients, and failed to maintain adequate medical records. Revoked, stayed, 4 years probation with terms and conditions. July 9, 1999

HUFFNAGLE, FREDERIC THOMAS, M.D. (C30898)
Nashville, TN

B&P Code §§141(a), 2234, 2234(e). Stipulated Decision. Disciplined by Massachusetts for providing false answers on 2 Massachusetts license renewal applications as well as a false answer on a Pennsylvania license renewal application. Public Letter of Reprimand. May 10, 1999

ISKANDER, ROSANNA WADIE, M.D. (A40133)
City of Industry, CA

B&P Code §2234. Stipulated Decision. Engaged in a business and social relationship with a patient. Revoked, stayed, 3 years probation with terms and conditions. July 5, 1999

JODOIN, V. DOUGLAS, M.D. (G40824)
Rancho Mirage, CA

B&P Code §2234. Stipulated Decision. Committed inappropriate sexual behavior by kissing and embracing a patient during an office visit. Revoked, stayed, 18 months probation with terms and conditions. May 14, 1999

JOHNSON, BENJAMIN TAYLOR, M.D. (A67193)
Englewood, CO

B&P Code §§141(a), 2234. Stipulated Decision. Disciplined by Colorado for prescribing Viagra via the Internet and telephone for individuals with whom he had not established a physician/patient relationship, had not physically examined, and had not kept appropriate patient records. Public Letter of Reprimand. May 11, 1999

KARK, PIETER ROBERT, M.D. (G21957)
Shreveport, LA

B&P Code §§141(a), 480(a)(3), 2305. Disciplined by New York for failure to maintain accurate records for the evaluation, care and treatment of 2 patients. Probationary license granted, period of probation to run coterminous with the probation imposed by New York. June 25, 1999

KAREL, JAN, M.D. (G34079)
Lemon Grove, CA

B&P Code §§725, 2234(b)(c), 2238, 2241, 2242. Prescribed dangerous drugs and controlled substances, Vicodin, Soma, phentermine, Tylenol with codeine, Valium, Iorcet, klonopin, stadol and damason, to patients without a good faith examination or medical indication, furnished drugs to an addict, and excessive prescribing. Revoked. June 7, 1999

KENYON, KEITH E., M.D. (A17050)
Van Nuys, CA

B&P Code §2234(c). Stipulated Decision. Committed acts of negligence in prescribing dangerous drugs and controlled substances to 3 patients. Revoked, stayed, 3 years probation with terms and conditions. July 26, 1999

KERNS, JONSCOTT, M.D. (A36374)
Richmond, CA

B&P Code §2234(c). Stipulated Decision. Failed to have an adequate understanding of the treatment of obesity in the elderly in that he prescribed Redux in increasing or improper amounts and time periods to a patient, failed to consider the problem with polypharmacy with respect to this same patient in that he prescribed multiple drugs in combination, and failed to properly document his treatment of this patient. Revoked, stayed, 3 years probation with terms and conditions. May 6, 1999

KIM, JOHN D., M.D. (A35937)
Irvine, CA

B&P Code §§2234(e), 2236. Felony conviction for grand theft related to false and fraudulent bills submitted to the Medi-Cal Program. Revoked. June 21, 1999

KOLTUN, WILLIAM D., M.D. (A30767)
San Diego, CA

B&P Code §§2234, 2238, 2239, 2261, 2280. Stipulated Decision. Use of a controlled substance, Vicodin, to such an extent as to impair his ability to practice medicine safely, self-prescribing Vicodin, obtained Vicodin by writing false and fictitious prescriptions and by using the name and DEA number of another physician. Revoked, stayed, 5 years probation with terms and conditions. June 24, 1999

KORNHABER, EUGENE MARTIN, M.D. (G33626)
Mount Kisco, NY

B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by New York for engaging in a personal, social and sexual relationship with a former psychiatric patient shortly after he discharged her from therapy. Revoked, stayed, 5 years probation with terms and conditions. June 17, 1999

LEVIN, ROBERT BENNETT, M.D. (G44587)
Morristown, NJ

B&P Code §§141(a), 726, 2305. Stipulated Decision. Disciplined by New Jersey for sexual misconduct with a patient. Revoked, stayed, 5 years probation with terms and conditions. May 5, 1999

For further information...

Copies of the public documents attendant to these cases are available at a minimal cost by calling the Medical Board's Central File Room at (916) 263-2525.

LIZARRARAS, ALBERT W., M.D. (G11341)
San Diego, CA

B&P Code §822. Stipulated Decision. Physical impairment affecting his ability to perform surgery safely. License restricted in that he may not perform surgery until further order of the Board, which order shall be based upon findings that his condition is absent or controlled to the point he can safely perform surgery. July 29, 1999

LOCKYER, WILLIAM A., M.D. (A35194)
Plymouth, CA

B&P Code §§726, 2234(b)(c). Committed acts of sexual misconduct and repeated negligent acts during his examination, care and treatment of 2 patients. Revoked. June 4, 1999

MELLER, WILLIAM MARTIN, M.D. (G48484)
Santa Barbara, CA

B&P Code §§2234, 2234(b)(c)(d)(e), 2266. Stipulated Decision. Failed to conduct the proper examination or perform appropriate follow-up tests in his care and treatment of 2 patients. Public Letter of Reprimand. July 1, 1999

MYINT, MA AYE, M.D. (A39964)
Alhambra, CA

B&P Code §2234. Stipulated Decision. In her care and treatment of a patient she failed to perform a thorough preoperative history and physical, failed to properly determine the risks of anesthesia based upon a preoperative examination, and failed to make an independent decision, as the anesthesiologist, on the best course of anesthesia management by failing to insist upon insertion of an endotracheal tube before surgery commenced. One-year revocation, stayed, 2 years probation with terms and conditions. June 7, 1999

MUNDELL, MICHAEL ALLAN, M.D. (G28146)
Santa Rosa, CA

B&P Code §2234. Stipulated Decision. During the administration of anesthesia to a patient in which a cell saver was being used, he pressurized the cell saver's infusion bag without a compelling need and did not watch for air in the line from the infusion bag to the central line. Public Letter of Reprimand. July 8, 1999

NGUYEN, VINCENT VINH TRANG, M.D. (G73567)
El Cajon, CA

B&P Code §§141(a), 2236. Stipulated Decision. Clinical privileges suspended by the United States Navy based on acts of misconduct, and criminal conviction for assault with a deadly weapon. Revoked, stayed, 5 years probation with terms and conditions. May 5, 1999

ORPHANIDYS, GEORGE PAUL, M.D. (C42558)
San Ramon, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with negligence in his care and treatment of 2 emergency room patients. Revoked, stayed, 5 years probation with terms and conditions. June 4, 1999

PARHAM, FRED WALTON, M.D. (G43938)
Vacaville, CA

B&P Code §2234. Stipulated Decision. Violated the terms and conditions of Board probation. Revoked, stayed, 4 years probation with terms and conditions. July 19, 1999

PATEL, MUKUND KANU, M.D. (G69361)
Columbus, MS

B&P Code §§141(a), 2234, 2238, 2239, 2305. Disciplined by Mississippi for substance abuse problems, failed to comply with a previous consent order related to fluid testing, and attempted to obtain drugs while his license was suspended. Revoked. July 12, 1999

PETERSON, CHARLES A., M.D. (C29059)
San Leandro, CA

B&P Code §§725, 822, 2234(c)(d). Mental illness affecting his ability to practice medicine safely, incompetence, negligence and excessive prescribing in connection with his care and treatment of a nursing home patient. Revoked. July 12, 1999

PROFUMO, ROBERT JAMES, M.D. (G81694)
Chesterfield, MO

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence and repeated negligent acts in performing colonoscopies that were not medically indicated on 2 patients, and performing a polypectomy on another patient without medical indication. Revoked, stayed, 5 years probation with terms and conditions. May 20, 1999

RAND, PHILLIP, M.D. (C11539)
San Diego, CA

B&P Code §2234. Stipulated Decision. Negligent in his care and treatment and/or record keeping of a patient. Public Reprimand. May 6, 1999

RESSA, AMES DANIEL, M.D. (G55284)
San Diego, CA

B&P Code §2262. Stipulated Decision. Altered a medical record related to his care and treatment of a patient. Public Reprimand. May 14, 1999

RISPLER, MARK J., M.D. (G47777)
Hermosa Beach, CA

B&P Code §2234. Stipulated Decision. Committed unprofessional conduct related to his involvement in a consensual intimate relationship with a new patient, and continued to act as her obstetrician and gynecologist after the termination of the personal relationship. Public Letter of Reprimand. July 30, 1999

ROBLES, JORGE FERNANDO, M.D. (A52681)
El Centro, CA

B&P Code §2266. Stipulated Decision. Failed to maintain adequate medical records in connection to his care and treatment of a patient. Public Letter of Reprimand. June 30, 1999

ROMANO, MICHAEL EUGENE, M.D. (A50995)
Sarasota, FL

B&P Code §141(a). Stipulated Decision. Disciplined by New York for failing to maintain records which accurately reflect the evaluation and treatment of patients, prescribed controlled substances to patients but failed to maintain records, and wrote prescriptions for Lortab in the names of patients but took the drug himself. Revoked, stayed, 5 years probation with terms and conditions. July 7, 1999

ROSEN, RONALD CARY, M.D. (G40504)
Las Vegas, NV

B&P Code §2234. Stipulation Decision. Improperly billed insurance companies related to the treatment rendered to 3 patients. Revoked, stayed, 5 years probation with terms and conditions. May 14, 1999

ROWELL, GEORGE PEARSON, M.D. (C39792)
Fullerton, CA

B&P Code §§490, 810, 2234(a)(e), 2236, 2261, 2262. Stipulated Decision. Felony conviction for grand theft related to false bills submitted to the Medi-Cal Program. Revoked, stayed, 5 years probation with terms and conditions. June 11, 1999

SANCHEZ, JOSE ROBERTO, M.D. (G61393)
Sacramento, CA

B&P Code §§820, 2234, 2236, 2239. Stipulated Decision. Criminal conviction for driving under the influence of alcohol, self-use of cocaine, and mental illness affecting his ability to practice medicine safely. Revoked, stayed, 5 years probation with terms and conditions. July 21, 1999

SASKILL, RICHARD K., M.D. (G29571)
Covina, CA

B&P Code §§810, 822, 2234, 2234(a)(b), 2261, 2262, 2264. Mental and physical illness affecting his ability to practice medicine safely, aided and abetted the unlicensed practice of medicine, created false medical records used to bill insurance companies, altered medical records, and false billing to insurance companies. Revoked. May 17, 1999

SERNAKER, HARRY LEWIS, M.D. (G64996)
McAllen, TX

B&P Code §141(a). Stipulated Decision. Disciplined by Maryland based on departures from the standard of care related to his implantation of pain management devices. Revoked, stayed, 3 years probation with terms and conditions. May 10, 1999

SHAH, JAYENDRA ARVINDLAL, M.D. (A29575)
Westminster, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with making threatening statements to coworkers, perjury committed during a deposition given regarding his income during a certain period of time, incompetence related to his ability to practice medicine because of a mental condition, and impairment due to a mental condition. Revoked, stayed, 30 months probation with terms and conditions. July 28, 1999

SHARMA, VIMAL CHANDRA, M.D. (A64124)
Richland, WA

B&P Code §141(a). Stipulated Decision. Disciplined by Washington for having a sexual relationship with a patient and for prescribing controlled substances to this same patient who was an addict, and abusing drugs and alcohol. Revoked, stayed, 5 years probation with terms and conditions. July 14, 1999

SOSIN, DAVID E., M.D. (G13099)
Santa Ana, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, excessive prescribing and prescribing without medical indication, all related to his prescribing of Dexedrine and Ritalin to a patient without documenting any psychiatric evaluation of the patient which would substantiate a diagnosis of affective disorder. Revoked, stayed, 3 years probation with terms and conditions. June 14, 1999

STONE, MILESE E., M.D. (CFE35367)
San Pedro, CA

B&P Code §§2234(b), 2264. Stipulated Decision. No admissions but charged with gross negligence in his overall management of an asthmatic patient, aiding and abetting the unlicensed practice of medicine, failure to maintain accurate and adequate medical records, and billing for physician services actually rendered by a medical assistant. Revoked, stayed, 4 years probation with terms and conditions. May 10, 1999

STURCKOW, KARL, M.D. (C22009)
Lakeside, CA

B&P Code §2234(b)(c)(d). Stipulated Decision. Committed acts of gross negligence, incompetence and repeated negligent acts in his care and treatment of a patient suffering from ulcerative colitis. Revoked, stayed, 2 years probation with terms and conditions. July 28, 1999

TAYLOR, PHILLIP H., M.D. (G12336)
Thousand Oaks, CA

B&P Code §2234. Stipulated Decision. Violated terms and conditions of Board probation. Six months suspension, stayed, 10 years probation with terms and conditions. July 15, 1999

THORNGATE, PHILIP, M.D. (C21766)
Monterey, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in the treatment of 6 patients based upon his failure to adequately follow-up on and document his medical treatment and the medications prescribed to these patients. Revoked, stayed, 3 years probation with terms and conditions. May 10, 1999

TSAI, DAVID CHANG-CHUR, M.D. (A30949)
San Diego, CA

B&P Code §2234(b)(c)(d)(e). Committed acts of gross negligence and incompetence in his prenatal care of a patient by his failure to perform a pelvic examination on 2 occasions, failure to order a nonstress test, failure to order an ultrasound, and failure to properly evaluate a 24-26 week pregnancy with complaints of bloody discharge, of low back pain and of cramping as suggestive of possible preterm labor. Revoked. July 12, 1999

VINSON, WILLIAM M., M.D. (C17034)
San Francisco, CA

B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in his treatment of a patient in that he failed to recognize the significance of the absence of fine finger movement and that, on two separate occasions, he failed to perform a full neurological examination. Public Reprimand. May 31, 1999

WAGNER, RICHARD STEPHEN, M.D. (A33255)
Corona, CA

B&P Code §141(a). Stipulated Decision. Disciplined by New York for unprofessional conduct related to false answers given when asked if his license had ever been disciplined. He responded no when in fact his license in Pennsylvania had been suspended for a period of time, and when asked if he had ever lost privileges at any hospital he answered no when in fact his privileges at a hospital in Pennsylvania were summarily suspended, then permanently revoked. Public Reprimand. July 26, 1999

WENTZELL, FERNALD WILLIAM, M.D. (C36925)
Oceanside, CA

B&P Code §§2234, 2266. Stipulated Decision. Failed to maintain adequate and accurate medical records related to his treatment of a patient who he repeatedly failed to diagnose with breast cancer. Revoked, stayed, 5 years probation with terms and conditions. June 5, 1999

WHITAKER, JOHN F., M.D. (C26847)
Dallas, TX

B&P Code §141(a). Stipulated Decision. Voluntarily surrendered his Texas medical license while an investigation was pending. Public Letter of Reprimand. July 7, 1999

WILLIAMS, MARK STEVEN, M.D. (G44445)
Menlo Park, CA

B&P Code §§2234(a)(e), 2261. Knowingly made false statements on an application for hospital privileges, and made false statements on an application for licensure in Oregon. Revoked. July 8, 1999

DOCTORS OF PODIATRIC MEDICINE

SOKOLOFF, HOWARD MARTIN, D.P.M. (E2080)
San Ramon, CA

B&P Code §2234. Stipulated Decision. Unprofessional conduct regarding his performance of a surgery on a patient. Public Letter of Reprimand. June 1, 1999

STEELE, KENNETH SCOTT, D.P.M. (E4203)
Brisbane, CA

B&P Code §§480(a)(c), 2236. Stipulated Decision. Failed to reveal a criminal conviction for simple assault on his application for licensure in the State of Virginia. License granted, revoked, stayed, 3 years probation with terms and conditions. May 19, 1999

WEBER, GAREY LEE, D.P.M. (E1371)
Studio City, CA

B&P Code §2234(b)(c)(d). Committed acts of gross negligence, incompetence and repeated negligence in his care and treatment of several patients. Revoked, stayed, 5 years probation with terms and conditions. May 26, 1999

PHYSICIAN ASSISTANTS

ABREGO, MARIO A., P.A. (PA12832)
Downey, CA

B&P Code §3527. Stipulated Decision. While acting in the capacity of a physician assistant, he failed to have written guidelines or protocols for his supervision. Public Reprimand. May 6, 1999

DONNELLY, TIMOTHY R., P.A. (PA12169)
San Diego, CA

B&P Code §§2234, 2238, 3502, 3527. Stipulated Decision. Dispensed a controlled substance, Phen-Fen, to patients without obtaining patient-specific authorization from his supervising physician, and the dispensed drug was not properly labeled. Revoked, stayed, 1 year probation with terms and conditions. May 3, 1999

SURRENDER OF LICENSE WHILE CHARGES PENDING

PHYSICIANS AND SURGEONS

AMES, BRUCE A., M.D. (AFE20336) Redding, CA
May 19, 1999

ANTONSSON, KARIN ANNA, M.D. (A40112)
San Francisco, CA
July 6, 1999

BERSON, BURTON L., M.D. (G11005) New York, NY
May 4, 1999

BRODIE, HOWARD R., M.D. (G44930) Tarzana, CA
May 4, 1999

CUTTING, HUNTER O., M.D. (C21987) Oakland, CA
June 10, 1999

GERMANN, TIMOTHY D., M.D. (A16963) Mission Hills, CA
May 10, 1999

HENDRICKSON, EDWIN O., III, M.D. (CFE12864) Balboa, CA
July 29, 1999

HUSTON, EDWARD E., M.D. (C28389) Fremont, CA
May 3, 1999

IGNACIO, AZUCENA CAMACHO, M.D. (A33624) Honolulu, HI
June 10, 1999

KRUGLICK, LEWIS JOHN, M.D. (G48475) Salinas, CA
May 3, 1999

LEDERGERBER, CHARLES P., M.D. (AFE16257) Beverly Hills, CA
July 22, 1999

MARGOLES, MICHAEL STUART, M.D. (A23902) San Jose, CA
May 3, 1999

PAK, HAN HO, M.D. (C38806) Pebble Beach, CA
May 28, 1999

REDDY, ANTONY BATTHULA, M.D. (C43010) Malone, NY
June 2, 1999

SAMS, ARTHUR HENRY, Jr., M.D. (A17407) Culver City, CA
July 6, 1999


SVIOKLA, SYLVESTER CHARLES, III, M.D. (G25429) La Jolla, CA
June 15, 1999

SULTAN, ISAACAARON, M.D. (G31764) Brooklyn, NY
May 19, 1999

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ACTION REPORT - OCTOBER 1999

Candis Cohen, Editor, (916) 263-2389

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1998-99 ANNUAL REPORT

Medical Board of California

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EXECUTIVE SUMMARY

Enforcement: The 1998-99 fiscal year resulted in continuing excellent performance by the Medical Board of California's Division of Medical Quality. The Division continued to support its mission of public protection through actions described more fully in the report narrative on page v. The Division proudly recognizes that this past year's performance reflects an ongoing trend in the effectiveness of the Board that promotes public safety, ensures physicians are fit to practice safely, and preserves the public's confidence in the medical profession.

The lesson of this year's Annual Report is that the Medical Board's program for physician regulation has fully matured. The sustained level of activity which has been managed by the Enforcement Program in a more expedient fashion, with no new resources, serves as a statement to the quality of the program and its policies. These are not unique, one-time achievements, but instead have become reflective of an established level of service. This is a program that has achieved the level of public protection mandated in law and will strive to continue to meet that commitment.

It is important to note that the Board's high volume of administrative actions are not the Board's goals; they are rather the result of an efficient and effective evaluation of patient complaints which have been submitted to the Board. Public safety is the Medical Board's mission and commitment.

Licensing: The Division has continued its efforts in the area of strengthening standards for accreditation of non-hospital surgery centers, as mandated by AB 595, Statutes of 1997. During Fiscal Year 1998-1999, staff has focused on developing legislative proposals to clarify the threshold for accreditation of non-hospital surgery centers. In addition, the Division continues to work with the accreditation agencies to achieve higher quality standards.

California's licensing requirements remain among the more stringent in the nation; nevertheless, applicants continue to seek, and physicians to maintain, licensure here. In the past three fiscal years, the number of new physician and surgeon licenses issued

has increased by 24 percent—from 3,259 in FY '95-96 to 4,043 in FY '98-99. In addition, the number of physician and surgeon license renewals has increased from 51,348 in FY '95-96 to 54,917 in FY '98-99.

Special Projects: The Board continues to be proud of its public health alliance, begun in 1997, with the Department of Health Services, which provides, among other services, up-to-date treatment guidelines for physicians in the Board's quarterly newsletter, the *Action Report*. In the last fiscal year articles have included information on: immunization requirements for children, sexually transmitted disease treatment, lead exposure diagnosis and treatment, and treatment and reporting requirements of tuberculosis and Alzheimer's Disease.

In the past year, the Board's web site has expanded to include many useful additional consumer and physician resources. These new links make it possible to access a variety of organizations and agencies which provide information or services relating to health care.

PHYSICIAN AND SURGEON VALID LICENSES BY COUNTY

Alameda	3,510	Inyo	41	Monterey	774	San Luis Obispo	604	Trinity	13
Alpine	1	Kern	889	Napa	423	San Mateo	2,292	Tulare	451
Amador	56	Kings	121	Nevada	207	Santa Barbara	1,080	Tuolumne	123
Butte	414	Lake	77	Orange	7,377	Santa Clara	5,085	Ventura	1,459
Calaveras	40	Lassen	46	Placer	579	Santa Cruz	565	Yolo	467
Colusa	11	Los Angeles	24,164	Plumas	26	Shasta	430	Yuba	69
Contra Costa	2,290	Madera	116	Riverside	2,092	Sierra	2		
Del Norte	49	Marin	1,349	Sacramento	3,046	Siskiyou	70	California Total	
El Dorado	234	Mariposa	16	San Benito	32	Solano	680	81,762	
Fresno	1,468	Mendocino	201	San Bernardino	2,949	Sonoma	1,164	Out of State Total	
Glenn	11	Merced	220	San Diego	7,525	Stanislaus	687	25,147	
Humboldt	288	Modoc	4	San Francisco	4,697	Sutter	156	Valid Licenses	
Imperial	124	Mono	27	San Joaquin	817	Tehama	54	106,909	

MISSION STATEMENT OF THE MEDICAL BOARD OF CALIFORNIA

The mission of the Medical Board of California is to protect consumers through proper licensing of physicians and surgeons and certain allied health professions and through the vigorous, objective enforcement of the Medical Practice Act.

LICENSING ACTIVITY

	FY 97-98	FY 98-99		FY 97-98	FY 98-99
PHYSICIAN LICENSES ISSUED			ORAL EXAM		
Federation Lic. Exam (FLEX/USMLE)	2,867	3,210	Applicants passing oral exam	1,168	583
National Board Exam (NBME)	745	671	Applicants failing oral exam	25	11
Reciprocity with other states	72	162	Total²	1,193	594
Total new licenses issued	3,684	4,043	STATEMENT OF ISSUES TO DENY LICENSE		
Renewal licenses issued—with fee	46,248	46,613	Filed	4	10 ³
Renewal licenses—fee exempt ¹	4,445	4,457	Upheld/Application Denied	3	6
Total licenses renewed	50,693	51,070	Denied/App. Granted Probationary Cert.	2	2
PHYSICIAN LICENSES IN EFFECT			Stipulation/Probationary Cert. Granted	2	0
California Address	80,341	81,762	MIDWIFERY LICENSING PROGRAM		
Out-of-State	25,187	25,147	Licenses Issued	41	23
Total	105,528	106,909	Licenses In Effect	81	100
LICENSING EXAMINATION ACTIVITY			ACCREDITING AGENCIES		
United States Medical Licensing Exam (USMLE)			FOR OUTPATIENT SURGERY SETTINGS		
Applicants passing USMLE exam	2,065	2,122	Approvals Issued	1	0
Applicants failing USMLE exam	420	570	Approvals In Effect	5	4
Total	2,485	2,692			

¹ Includes physicians with non-practicing license status (i.e., disabled, inactive, and military).

² This figure reflects only three exams vs. six exams given in prior years. The oral exam requirement in California was abolished 1/1/99. Thus, the exams for January, March, and May were not administered.

³ Includes 2 denials for which a hearing was not requested.

VERIFICATION ACTIVITY SUMMARY

	FY 97-98	FY 98-99		FY 97-98	FY 98-99
LICENSE STATUS VERIFICATIONS			CERTIFICATION LETTERS AND LETTERS OF GOOD STANDING		
Phone Verifications	229,984	220,726		7,489	9,151
On-Line Access Verifications	360,547	288,533	FICTITIOUS NAME PERMITS		
Written Verifications	106,633	68,472	Issued	793	849
Verification Totals	697,164	577,731	Renewed	3,891	3,800
Authorized Users—On-Line			Total Number of Permits in Effect	7,804	7,869
Access Verifications	369	532	CONTINUING MEDICAL EDUCATION		
Non-Verification Telephone Calls	60,001	40,682	CME Audits	791	792
			CME Waivers	367	461

REPORT VERIFICATIONS*

	FY 97-98	FY 98-99		FY 97-98	FY 98-99
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	823	358	B&P Code §805 reports of health facility discipline received:	110	83**
Adverse Actions reported to the NPDB ¹	381	486			
NPDB reports received from insurance companies or self-insured individuals/organizations	1,347	1,442			

¹ NPDB = National Practitioner Data Bank

* Reported by Enforcement Program.

** Includes 82 reports for MDs and 1 for a psychologist.

DIVISION OF LICENSING

The Medical Board of California's Division of Licensing maintains the Board's public protection mission through the proper licensing of physicians and surgeons. In achieving this mission it strives to maintain the highest standards of efficiency to assure that those who meet the statutory requirements for licensure are licensed timely to avoid any disruption in training or practice.

After thorough evaluation of educational credentials and qualifications, the Division of Licensing issued licenses to over 4,000 physicians during Fiscal Year 1998-1999. The Division also issued licenses to 23 midwives, 225 registered dispensing opticians, and one research psychoanalyst during Fiscal Year 1998-1999.

Beginning in November 1999 the Federation of State Medical Boards (FSMB) will commence computer-based testing (CBT) for Step 3 of the United States Medical Licensing Exam (USMLE), a national examination for physician and surgeon applicants, and will assume responsibility

for all aspects of application processing and test administration. CBT is more efficient, convenient for applicants, and cost effective, and allows the Division to focus on its primary function of licensing physicians.

Four medical schools in the Philippines—University of the Philippines College of Medicine, University of the East, Ramón Magsaysay Memorial Medical Center, University of Santo Tomas and Far Eastern University—educate about 10 percent of the internationally trained medical school graduates applying for California licensure. A team from the Division visited these schools in January 1999 to evaluate the quality of medical education provided. The team concluded that graduates from these institutions are well qualified for California licensure, and the schools remain in a recognized status.

In 1998 legislation became effective enabling the issuance of Special Faculty Permits. Regulations were subsequently promulgated and became effective on

February 7, 1999 to further define the new Special Faculty Permit Program. The new program is intended to allow California medical schools to attract eminent clinical faculty from other states and countries for research, medical advancement and educational progress. This institutional permit restricts the holder's medical practice to the sponsoring California medical school where he or she serves as a full-time, tenure-track or equivalent level professor. The Division recently issued its first Special Faculty Permit.

Regulations governing continuing medical education (CME) requirements for physicians and surgeons were amended in 1998. These amendments now allow credit to be granted to a physician for the purpose of license renewal for receiving the Physician's Recognition Award, or for time spent in a postgraduate training program or clinical fellowship program accredited by the Accreditation Council of Graduate Medical Education (ACGME).

Visits to California medical schools offering special training programs to physicians are conducted every two years to ensure compliance with regulations and quality of training. The University of California, San Diego School of Medicine earned positive marks for a site inspection this year. Visits to the University of California, Los Angeles; Stanford; the University of Southern California; and the University of California, San Francisco are planned for FY 1999-2000.

January 1, 1999 marked the elimination of the oral licensing examination which was replaced with alternative requirements. In lieu of the oral exam, applicants may complete an additional year of postgraduate training, document specialty board certification, or take and pass a written clinical competency exam.

The Medical Board regulates the scope of practice of medical assistants who perform non-invasive, routine, technical support services. This year a work group was formed with a variety of state and private health care organizations to review the appropriate role of unlicensed persons in the delivery of health care. As a result of these meetings, the October 1999 *Action Report* contains an article better defining this role.

AFFILIATED HEALING ARTS

	1998-99 LICENSES	
	ISSUED	IN EFFECT*
Acupuncturist	443	4,780
Audiologist	81	1,324
Hearing Aid Dispenser	325	1,652
Physical Therapist	966	15,858
Physical Therapy Assistant	360	4,220
Electroneuromyographer	0	30
Kinesiologic Electromyographer	0	30
Physician Assistant	364	3,451
Physician Asst. Supervisor	1,476	10,161
Doctor of Podiatric Medicine	102	1,918
Psychologist	570	12,141
Psychologist Assistant	671	1,612
Registered Dispensing Optician Firm	225	1,334
Contact Lens Dispenser	21	546
Spectacle Lens Dispenser	128	2,141
Research Psychoanalyst	1	69
Respiratory Care Practitioner	706	13,517
Speech Pathologist	478	8,366
Total	6,911	83,152

* Reflects valid licenses only; does not reflect any restricted license categories (delinquent, military, inactive, suspended, temporary, etc.).

COMPLAINTS RECEIVED BASED UPON REPORTS REQUIRED BY LAW[†]

Physicians & Surgeons

	FY 97-98	FY 98-99
MEDICAL MALPRACTICE		
Insurers		
B&P Code §§801 & 801.1	1,049	1,041
Attorneys or Self-Reported or Employers		
B&P Code §§802 & 803.2	213	287
Courts		
B&P Code §803	23	28
Total Malpractice Reports	1,285	1,356
CORONERS' REPORTS		
B&P Code §802.5	41	26
CRIMINAL CHARGES & CONVICTIONS		
B&P Code §§802.1 & 803.5	26	21
HEALTH FACILITY DISCIPLINE		
Medical Cause or Reason		
B&P Code §805	110	82

Affiliated Healing Arts Professionals

	FY 97-98	FY 98-99
MEDICAL MALPRACTICE		
Insurers		
B&P Code §§801 & 801.1	10	37
Attorneys or Self-Reported or Employers		
B&P Code §§802 & 803.2	4	4
Courts		
B&P Code §803	0	0
Total Malpractice Reports	14	41
CORONERS' REPORTS		
B&P Code §802.5	0	0
CRIMINAL CHARGES & CONVICTIONS		
B&P Code §803.5	0	0
HEALTH FACILITY DISCIPLINE		
Medical Cause or Reason		
B&P Code §805	1	1

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DIVISION OF MEDICAL QUALITY ACTION SUMMARY

	95-96	96-97	97-98	98-99
COMPLAINTS/INVESTIGATIONS¹				
Complaints Received	11,497	10,123	10,816	10,751
Complaints Closed by Complaint Unit [†]	9,751	8,161	8,657	9,024
Investigations				
Cases Opened	1,998	2,039	2,154	2,139
Cases Closed [†]	2,043	2,255	2,423	2,493
Cases referred to the AG	510	567	676	618
Cases referred to DAs/CAs	68	47	81	69
¹ Some cases closed were opened in a prior fiscal year.				
ADMINISTRATIVE FILINGS[†]				
Interim Suspensions	28	33	32	31
Temporary Restraining Orders	1	4	1	2
Other Suspension Orders	8	13	10	29
Statement of Issues to deny application	2	4	4	8
Petition to Compel Mental Exam	16	4	13	19
Petition to Compel Competency Exam	4	11	9	5
Petition to Compel Physical Exam	8	2	6	15
Accusation/Petition to Revoke Probation	262	296	391	392
Total Administrative Filings	329	367	466	501
² Includes 8 Automatic Suspension Orders per section 2236.1 B&P Code, 4 license restrictions per section 23 Penal Code, 12 out-of-state suspension orders per section 2310 B&P Code effective 1/1/98, and 5 stipulated agreements to suspend or restrict the practice of medicine.				
ADMINISTRATIVE ACTIONS[†]				
Revocation	62	49	47	48
Surrender (in lieu of Accusation or with Accusation pending)	52	87	86	77
Suspension Only	1	0	0	3
Probation with Suspension	29	27	19	12
Probation	129	112	108	110
Probationary License Issued	1	3	4	0
Public Reprimand	67	39	50	45
Other decisions (e.g., exam required, education course, etc.)	4	23	69	64
Total Administrative Actions	345	340	383	359
REFERRAL AND COMPLIANCE ACTIONS				
Citation and Administrative Fines Issued ³	152	214	288	332
Physicians Called in for Medical Review	44	25	19	23
Physicians Referred to Diversion Program ^{† 4}	19	44	33	27
Total Referral & Compliance Actions	215	283	340	382
³ Citation and Fine authority effective May 1994.				
⁴ Diversion Program referrals are made pursuant B&P Code §2350.				
OTHER ADMINISTRATIVE OUTCOMES				
Accusation/Statement of Issues Withdrawn ⁵	67	57	80	76
Accusation/Statement of Issues Dismissed	12	11	8	16
Statement of Issues Granted (Lic. Denied)	5	2	3	6
Statement of Issues Denied (Lic. Granted)	1	2	2	2
Petitions for Penalty Relief ⁶ granted	17	19	29	19
Petitions for Penalty Relief ⁶ denied	16	11	20	14
Petition to Compel Exams granted	16	15	27	32
Petition to Compel Exams denied	0	0	3	4

⁵ Accusations withdrawn for the following reasons: physician passed a competency exam; physician met stipulated terms and conditions; physician was issued a citation/fine instead; physician died; etc.

⁶ Penalty Relief includes Petitions for Reinstatement, Petitions for Modification of Penalty, and Petitions for Termination of Probation.

[†] Information required by Business and Professions Code section 2313.

DIVISION OF MEDICAL QUALITY

In the 1992-93 Fiscal Year, the Medical Board reported to the Legislature that it received 6,749 complaints and took 149 disciplinary actions against physicians. Over the ensuing years, through careful management of its resources and through aggressive pursuit of more efficient investigative and enforcement processes and techniques, the Board's Enforcement Program, as measured in terms of quality and quantity, has increased its performance in pursuit of improved public protection. These efforts are reflected in the 1998-99 Fiscal Year Annual Report, which documents the handling of 10,751 complaints and 359 administrative actions resulting from field investigations which concurrently have achieved a remarkable reduction in overall processing time. As important is the fact that these actions, as well as the 332 citations issued, reflect a wider range of outcomes that enables the Board to better match the form and degree of discipline to the violation.

The high performance has its roots in laws and regulations the Enforcement Program systematically pursued six years ago through the Division of Medical Quality—laws, regulations, and progressive policies that gave the Board the modern tools to enhance public safety. These include public letters of reprimand, citation and fine, subpoenas by mail rather than personal service, and emphasis on settling cases rather than pursuing

costly and time-consuming litigation. Further, strict management oversight, the use of new technology, and internal system design efficiency have been successfully integrated into the established Enforcement Program in a way that has provided more expedient case investigations and has benefitted the public. The proof that these efficiencies are succeeding is reflected in the fact that the average time in which field investigations are completed has been reduced by 70 days in just one year, and by 93 days over the past two years.

Other data supports the view that the Enforcement Program has reached a level of sustained production, indicating that it has matured as a reliable, consistent consumer protection operation. Among this data are the over 600 cases completed and referred to the Office of the Attorney General for filing of an accusation for the second consecutive year; the over 30 interim suspension orders or temporary restraining orders obtained for the third consecutive year; the 2,493 cases closed in FY 1998-99; the 332 administrative citations issued; and the 43 probation violation cases referred to the Office of the Attorney General. The last three figures are the highest ever recorded by the Board and part of the larger workload which has been addressed within existing investigative resources.

In addition, the Enforcement Program has continued to pursue other activities mandated in law to increase public protection. In the past five years, it has made publicly available the names of 246 physicians who have felony criminal convictions which had not been effectively reported prior to that time. It also has made the administrative citation process fully operational, allowing the Board to address relatively minor violations swiftly and without the need to pursue more expensive and time-consuming accusations and administrative hearings.

Perhaps most important to post-investigation efficiency is the Board's continued pursuit of stipulated settlements, including those for license surrender. Such settlements reduce the time and cost of hearings, which benefit both consumers and physicians by making the system efficient and fair for all parties.

Another crucial achievement is that the Enforcement Program's Central Complaint Unit time for processing complaints has been reduced significantly. This reduction is the result of constant management and staff interactions with consumers, physicians, hospitals, and malpractice insurance companies to expedite the reporting process and improve (reduce) the time needed to obtain medical records requested by the Board. Likewise, the Discipline Coordination Unit staff, who are remarkably knowledgeable about administrative law and responsible for accusation, decision, and petition processing, continue to exceed expectations and ensure that disciplinary orders are carried out expeditiously and lawfully.

This year's statistics reflect a balanced approach to physician regulation as evidenced by the faster closure or pursuit of complaints, the broader array of actions which allow a more tailored response, and the increased use of assessment and educational tools such as the Physician Assessment and Clinical Evaluation (PACE) Program. As the number of complaints received by the Board continues to remain high, the Enforcement Program has demonstrated that it is committed to and capable of the fair, impartial and expeditious processing and resolution of those complaints.

PHYSICIANS & SURGEONS COMPLAINTS RECEIVED[†]

	Fraud	Health & Safety ¹	Non-Jurisdictional	Competence/Negligence ²	Other Category	Personal Conduct ³	Unprofessional Conduct ⁴	Unlicensed/Unregistered	Total
Public	119	214	464	4,548	2	36	1,277	133	6,793
B&P Code §800 ⁵	1	5	0	1,413	0	30	36	0	1,485
Licensee/Prof. Group	13	35	16	67	2	6	87	46	272
Governmental Agency	31	66	17	1,066	51	140	545	129	2,045
Anonymous/Misc.	8	20	10	32	0	9	36	41	156
Totals	172	340	507	7,126	55	221	1,981	349	10,751

¹ Health and Safety complaints, e.g. excessive prescribing, sale of dangerous drugs, etc.

² Competence/Negligence complaints are related to the quality of care provided by licensees.

³ Personal Conduct complaints, e.g. licensee self-use of drugs/alcohol, conviction of a crime, etc.

⁴ Unprofessional Conduct complaints include sexual misconduct with patients, discipline by another state, failure to release medical records, etc.

⁵ "B&P Code §800" includes complaints by hospitals, insurance companies and others, as required by law, regarding health facility discipline, malpractice judgments/settlements, or other reportable activities.

[†] Information required by Business and Professions Code section 2313.

BUSINESS & PROFESSIONS CODE §2313—ADDITIONAL DATA ELEMENTS

1. Additional data for Temporary Restraining Orders (TRO) and Interim Suspension Orders (ISO):

	Orders Sought:	Orders Granted:
	TRO/ISO	TRO/ISO
Mental/Physical Illness	11	10
Drug Prescribing Violations	3	3
Sexual Misconduct	8	4
Self Abuse of Drugs or Alcohol	11	9
Aiding/Abetting Unlicensed Practice	1	0
Gross Negligence/Incompetence	4	3
Conviction of a Crime	4	4
Fraud	1	0
Total	43	33

NOTE: Some orders granted were sought in prior fiscal year.

2. The number and type of action which resulted from cases referred by the state Department of Health Services pursuant to §14124 of the Welfare and Institutions Code, relating to suspension of provider status for state medical assistance:

All Department of Health Services (DHS) notifications of Medi-Cal provider suspensions were added to existing MBC files because the basis for the DHS action (e.g. MBC license revocation, US Dept. of Health and Human Services suspension of Medicare provider privileges, etc.) was already reported or known to MBC. Because DHS suspension of a provider's Medi-Cal privileges results from action already taken by another agency, no additional MBC actions result from these DHS notifications.

3. Consumer inquiries and complaints:

Consumer inquiries	72,699
Jurisdictional inquiries	39,984
Complaint forms sent	16,210
Complaint forms returned by consumers	5,673

4. Number of completed investigations referred to the Attorney General's Office awaiting the filing of an accusation as of June 30, 1999:

Physician and Surgeon	122
Affiliated Healing Arts Professionals	21

5. Number of probation violation reports sent to the Attorney General:

	MD	AH	Total
FY 97-98	31	7	38
FY 98-99 ¹	43	8	51

6. Petitions to Revoke Probation Filed:

MD	AH	Total
39	8	47

7. Dispositions of Probation Filings:

Additional Suspension or Probation	10	3	13
Probation Revoked or License Surrendered	14	7	21
Petition Withdrawn/Dismissed	1	1	2

8. Petitions for Reinstatement of License:

Filed	21	7	28
Granted	4	0	4
Denied	4	2	6

9. Average and median time (calendar days) in processing complaints during the fiscal year, for all cases, from date of original receipt of the complaint, for each stage of discipline, through completion of judicial review:

	FY 97-98		FY 98-99	
	Avg.	Median	Avg.	Median
(a) Complaint Unit Processing	56	21	53	21
(b) Investigation	313	217	243	175
(c) Attorney General Processing to preparation of an accusation	110	74	83	50
(d) Other stages of the legal process (e.g. after charges filed)	448	307	343	284

10. Investigator caseloads as of June 30, 1999:

	Enforcement Field		Per	
	Operations Caseload:		Investigator	
	Statewide			
Active Investigations	1,253		18	
AG Assigned Cases ²	571		8	
Probation Unit Caseload:				
Monitoring Cases ³	614		56	
Active Investigations	43		4	
AG Assigned Cases ²	60		n/a ⁴	

¹ These are in addition to the 618 MD and 89 AH cases referred to the Attorney General reported in the Enforcement Action Summary.

² These cases are at various stages of AG processing, and may require supplemental investigative work such as subpoena service, interviewing new victims or witnesses, testifying at hearings, etc.

³ 132 additional monitoring cases were inactive because the probationer is out of state as of June 30, 1999.

⁴ For Probation Unit caseload, the AG Assigned Cases are included as Monitoring Cases.

11. Number and type of MD & AH action taken by case type in FY 97-98	Revocation	Surrender	Suspension Only	Probation With Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	13 (11)	32 (28)	1 (1)	2 (2)	54 (46)	0	24 (22)	52 (50)	178 (160)
Inappropriate Prescribing	3 (3)	6 (6)	0	3 (1)	10 (7)	0	7 (6)	4 (4)	33 (27)
Unlicensed Activity	2 (2)	2 (1)	0	1 (1)	1 (1)	0	0	2 (2)	8 (7)
Sexual Misconduct	6 (5)	16 (11)	0	2 (1)	16 (14)	0	0	2 (2)	42 (33)
Mental Illness	9 (8)	5 (5)	1 (1)	0	5 (4)	0	0	1 (1)	21 (19)
Self-use of drugs/alcohol	5 (5)	12 (11)	0	0	13 (11)	0	0	0	30 (27)
Fraud	1 (0)	2 (2)	0	3 (2)	4 (2)	1 (0)	7 (7)	2 (2)	20 (15)
Conviction of a crime	12 (12)	12 (8)	1 (1)	5 (4)	18 (12)	0	2 (2)	6 (0)	56 (39)
Unprofessional Conduct ¹	3 (2)	7 (5)	0	1 (1)	11 (10)	0	8 (8)	4 (3)	34 (29)
Miscellaneous violations	0	0	0	0	3 (3)	0	0	0	3 (3)
Total Actions by Discipline Type (Physician only)²	54 (48)	94 (77)	3 (3)	17 (12)	135 (110)	1 (0)	48 (45)	73 (64)	425 (359)

¹ Many of the case types classified as "Unprofessional Conduct" are reciprocal action based upon discipline by another state.

² Figures outside parentheses represent combined MD & AH actions. Figures in parentheses represent physician discipline only for each category.

ENFORCEMENT ACTION SUMMARY FOR AFFILIATED HEALING ARTS

DIVERSION PROGRAM

	97-98	98-99
COMPLAINTS/INVESTIGATIONS		
Complaints Received	953	1,041
Complaints Closed by Complaint Unit [†]	708	848
Investigations		
Cases Opened	240	223
Cases Closed [†]	287	267
Cases referred to the AG	93	89
Cases referred to DAs/CAs	14	10
ADMINISTRATIVE FILINGS[†]		
Interim Suspensions	3	4
Automatic Suspension Orders ¹	1	0
Statement of Issues to Deny Application	6	9
Petition to Compel Mental Exam	1	1
Petition to Compel Physical Exam	1	1
Accusation/Petition to Revoke Probation	49	63
Total Administrative Filings	61	78

¹ Includes Automatic Suspension Orders per section 2236.1 B&P Code and license restrictions per section 23 Penal Code.

ADMINISTRATIVE ACTIONS[†]		
Revocation	15	6
Surrender (in lieu of Accusation or with Accusation pending)	18	17
Probation with Suspension	4	5
Probation	17	25
Probationary License Issued	1	1
Public Reprimand	1	3
Other decisions (e.g., exam required, education course, etc.)	12	9
Total Administrative Actions	68	66

REFERRAL AND COMPLIANCE ACTIONS		
Citation and Administrative Fines Issued	16	54
Office Conferences Conducted	4	1
Professionals Referred to Diversion Program [†]	0	0
Total Referral & Compliance Actions	20	55

OTHER ADMINISTRATIVE OUTCOMES		
Accusation/Statement of Issues Withdrawn	12	7
Accusation/Statement of Issues Dismissed	1	0
Statement of Issues Granted (Lic. Denied)	0	2
Statement of Issues Denied (Lic. Granted)	1	2
Petitions for Penalty Relief granted ²	5	0
Petitions for Penalty Relief denied ²	4	2
Petition to Compel Mental Exam granted	1	1
Petition to Compel Physical Exam granted	1	1

² Penalty Relief includes Petitions for Reinstatement, Petitions for Modification of Penalty, and Petitions for Termination of Probation.

[†] Information required by Business and Professions Code section 2313.

The Medical Board's Physician Diversion Program (the Program) serves a dual role in the Division of Medical Quality's mission of public protection. The Program's role is to protect the public by monitoring the safety to practice and facilitating the rehabilitation of physician participants. The Program monitors physicians who are at risk for impairment due to alcohol and other drug abuse or mental disorders. Concurrently, it provides physicians an opportunity to recover from these disorders.

The Program was created by statute in 1980 as an alternative to discipline by the Medical Board. It permits participants, when appropriate, to continue the practice of medicine when they have been determined safe to practice. Participation by self-referred physicians, who have no open cases with the Board, is also allowed and is completely confidential from the disciplinary arm of the Board. During Fiscal Year 1998-99, 79% of physician applicants who entered the Program were self-referred. Both Board-referred and self-referred candidates can participate if deemed eligible by Diversion Evaluation Committees.

Physicians who are alleged to have violated statutes related to the self-abuse of alcohol or other drugs may have their cases closed if they enter and successfully complete the Program. During FY 1998-99, 27 physicians signed agreements with the Medical Board allowing them to be diverted from discipline if they meet the criteria for acceptance and enter the Program. An additional 14 physicians were referred to the Program as a result of disciplinary orders against them.

During the 1998 legislative session, Business & Professions Code section 2350 was amended to optimize the Program's operations and ability to protect the public. The amended law requires program participants who enter after January 1, 1999 to sign an agreement allowing their records to be used in criminal or administrative proceedings under certain circumstances if they are terminated from the Program with unsuccessful status.

Activity ¹	97-98 98-99		Type of Impairment	97-98 98-99	
	97-98	98-99		97-98	98-99
Beginning of fiscal year	213	222	Alcohol	56	67
Accepted into program	61	67	Other drugs	83	94
Completions:			Alcohol & other drugs	71	65
Successful	37	34	Mental illness	7	4
Unsuccessful	20	18	Mental illness & substance abuse	6	7
Active at end of year	223	237	Total	223	237
Applicants ²	55	40			
Out-of-state-monitored					
California licentiates	19	17			

¹ These statistics include podiatrists.

² Applicants are participants who either 1) have not been seen by a Diversion Evaluation Committee or 2) have not yet signed a Diversion Agreement.

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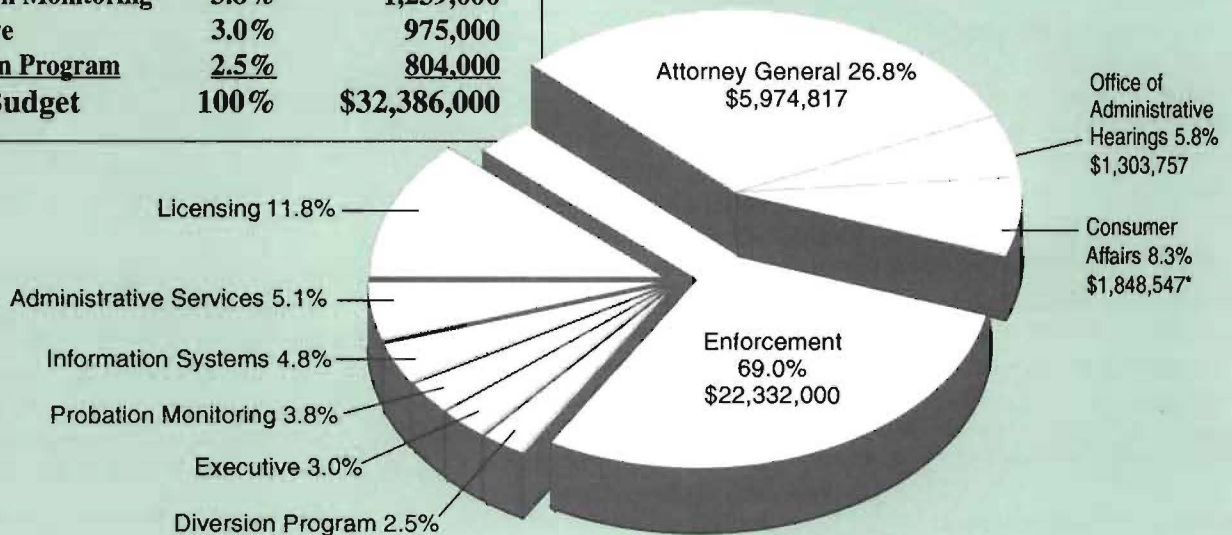
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MEDICAL BOARD OF CALIFORNIA 1998-1999 FISCAL YEAR BUDGET DISTRIBUTION

Enforcement	69.0%	\$22,332,000
Licensing	11.8%	3,807,000
Administrative Services	5.1%	1,663,000
Information Systems	4.8%	1,566,000
Probation Monitoring	3.8%	1,239,000
Executive	3.0%	975,000
<u>Diversion Program</u>	<u>2.5%</u>	<u>804,000</u>
Total Budget	100%	\$32,386,000



NOTE: Total amount (allocated to all programs) paid to Department of Consumer Affairs = \$2,697,713

* Amount to Department of Consumer Affairs allocated to the enforcement program only.

Physician and Surgeon Renewals	81.6%	\$27,967,000
Applications and Examinations	9.7%	\$3,316,000
Initial License Fees	4.9%	\$1,682,000
Other Regulatory Fees, Delinquency/Penalty/Reinstatement Fees, Miscellaneous	3.8%	\$1,312,000
Total	100%	\$34,277,000

MEDICAL BOARD OF CALIFORNIA 1998-1999 FISCAL YEAR SOURCES OF REVENUE

