



2018 2019 ANNUAL REPORT

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BOARD ROSTER

The Medical Board of California (Board) is comprised of fifteen members: eight physician members and five public members appointed by the Governor, one public member appointed by the Speaker of the Assembly, and one public member appointed by the Senate Rules Committee. As of the date of this publication, there are two vacancies on the Board. The Board has seven standing committees, six two-member task forces, two disciplinary panels, and a Midwifery Advisory Council, that assist with the work of the Board.

Denise Pines
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MISSION

The mission of the Medical Board of California is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professionals and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's licensing and regulatory functions.

VISION

To be the premier consumer protection agency leading the effort to advance high quality, safe medical care.

Gavin Newsom
Governor

Kimberly Kirchmeyer
Executive Director

Christine Lally
Deputy Director

EXECUTIVE SUMMARY

The Medical Board of California (Board) developed several opportunities to educate licensees and consumers alike during Fiscal Year 18-19 to accomplish its mission of consumer protection. The Board's Enforcement, Licensing, and Executive units connected with hundreds of licensees, consumers and interested parties at various workshops, medical schools, training webinars, health and wellness fairs, and assorted community events to educate stakeholders on a variety of topics related to the practice of medicine in California.

PATIENT'S RIGHT TO KNOW ACT

The Patient's Right to Know Act (Senate Bill 1448) went into effect on July 1, 2019, making California the first state to require physicians on probation for certain offenses to notify their patients of their probation status prior to their first visit. The Board met with physicians whom the law would impact to inform them of the law and its requirements. In addition, the Board added a probation summary to the physician profile pages on the Board's website explaining why the physician was on probation, along with the terms and conditions of the probationary order (see [page 11](#) for more information).

MEETING WITH THE PUBLIC

The Board held a first-of-its-kind Consumer Interested Parties Meeting at the close of its January 2019 quarterly Board meeting. The meeting brought Board members, Board staff, patients, and consumer advocates together to discuss the Board and its enforcement process, share concerns, and collaborate on ways to improve consumer protection. The Board acquired helpful information from the meeting and has been working to implement certain changes, including the posting of information suggested by patient advocates on the Board's website and revising the Board's complaint form.

CONSUMER CORNER

Continuing its focus on education, the Board launched a new feature in its quarterly newsletter dedicated to consumer information. The feature, "Consumer Corner," provided readers an overview of the Board's complaint process, what to expect when a complaint

is filed, and also provided information on outpatient surgery settings. Several topics are scheduled for future Consumer Corner articles that will give consumers pertinent information to empower them to make informed decisions about their health care.

VOLUNTEER PHYSICIAN REGISTRY

As a way to provide opportunities for physicians to give back to their communities and volunteer their services, the Board launched its Volunteer Physician Registry with resounding success. The registry allows physicians to sign up to volunteer their services in underserved areas statewide. Physicians provide information regarding where they would be willing to volunteer and details about their areas of practice and foreign language proficiency. Clinics and other entities use the registry to connect with the volunteers in order to allow these physicians to provide services to patients in these areas. The application was launched on November 30, 2018, and has so far registered over **800** physicians. Visit the [Volunteer Physician Registry page on the Board's website](#) to register or to find a volunteer physician in your area.

FIGHTING THE OPIOID EPIDEMIC

The Board continued to fight the opioid epidemic by reviewing California death records when the death involved a prescription drug. As of the date of this publication, **23%** of the cases that were opened based upon this project have resulted in the filing of an accusation, disciplinary action, or action had already been taken against the physician for inappropriate prescribing issues.

STEM CELL THERAPIES

Senate Bill 512 (Hernandez, Chapter 428, Statutes 2017) required a health care practitioner who performs a stem cell therapy not approved by the United States Food and Drug Administration, to communicate this to his or her patients on a notice displayed in his or her office. Further, the bill required the Board to report complaints and any action taken, with regard to physicians who provide stem cell therapies, in its Annual Report, beginning with the 2018-19 Annual Report. To fulfill this reporting requirement, the Board provides the following data: complaints received – 13; disciplinary action – 0; administrative action – 0.

LEGISLATIVE INFORMATION

As a method of educating licensees and consumers about new laws that impact the practice of medicine and consumer protection in California, the Board posted answers to frequently asked questions (FAQs) on its website to address stakeholder concerns. The Board posted FAQs on the mandatory use of the Controlled Substance Utilization Review and Evaluation System (CURES), the transition period for new prescription form requirements, as well as naloxone prescription requirements. The Board also launched a [pending legislation page on its website](#) that provides information on the legislative bills the Board is monitoring and provides information to consumers on how to be involved in the legislative process.

MANDATORY USE OF CURES

Effective October 2, 2018, physicians are required to consult CURES prior to prescribing, ordering, administering, or furnishing schedule II-IV controlled substances, under specified criteria. To prepare physicians statewide for the change in the law, the Board focused its outreach efforts to various physician groups (hospitals, medical centers, and physician organizations) to provide education regarding the new requirements and to ensure compliance. The Board created a dedicated [CURES page on its website](#) that contained information about CURES including FAQs on the mandatory use of CURES, a CURES user guide, an explanation of the law, and information on registration and direct dispensing.

iOS MOBILE APP OUTREACH

The launch of the Board's mobile app for Apple iOS devices greatly enhanced the Board's mission of consumer protection and reached nearly **10,000** downloads during Fiscal Year 18-19. The Board vigorously promoted the app at a variety of statewide health fairs and community events to inform the public about the app. Board staff connected with consumers about the app, demonstrated how to download and use it, and answered their questions about the Board. Visit the [iOS Mobile App page on the Board's website](#) for more information.

Year in Review*



7,720

Applications
Received



6,694

Licenses
Issued



72,974

Licenses
Renewed



11,407

Complaints
Received

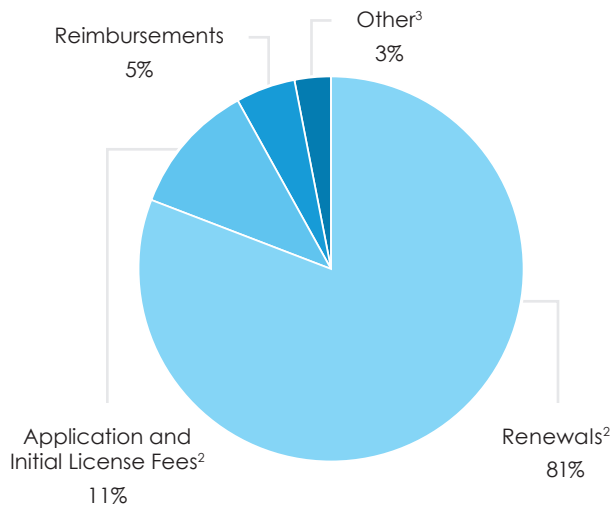
*Physicians and Surgeons

BUDGET SUMMARY

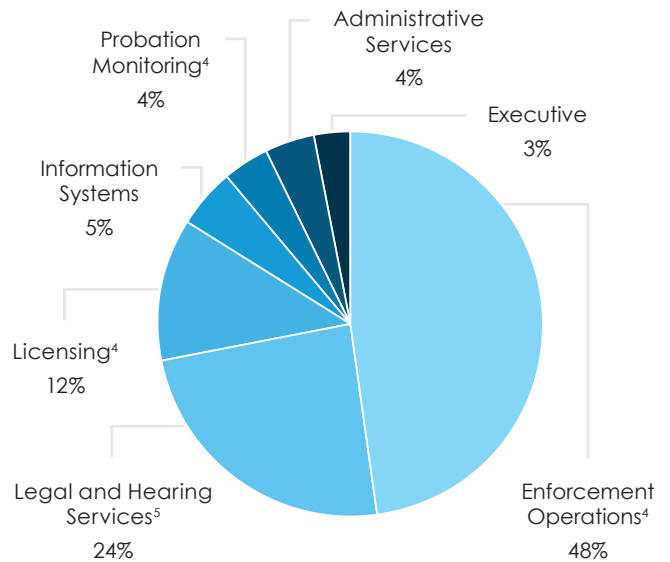
Physicians’ renewal fees are the primary source of revenue for the Board, as illustrated below in the revenues and reimbursements chart. The budget distribution chart reflects the actual expenditures in each of the Board’s programs.

The Enforcement Program accounts for **76** percent of the Board’s overall expenditures. Although the Board cannot order cost recovery for the investigation and prosecution of a case, the Board can order probation monitoring costs be reimbursed. The Licensing Program accounts for **12** percent of the Board’s expenditures, while the Executive and Administrative Programs account for **7** percent. The Information Systems Branch accounts for the remaining **5** percent of the Board’s overall expenditures.

Revenues and Reimbursements¹



Budget Distribution



Revenues and Reimbursements ¹	
Renewals ²	\$50,543,000
Application and Initial License Fees ²	\$7,007,000
Reimbursements	\$3,031,000
Other ³	\$1,776,000
Total	\$62,357,000

Budget Distribution	
Enforcement Operations ⁴	\$31,120,000
Legal and Hearing Services ⁵	\$15,925,000
Licensing ⁴	\$7,533,000
Information Systems	\$3,468,000
Probation Monitoring ⁴	\$2,308,000
Administrative Services	\$2,318,000
Executive	\$2,322,000
Total	\$64,994,000

¹ Period 12 not yet closed. Data as of August 28, 2019.

² Physicians and Surgeons.

³ Regulatory Fees, Delinquency/Penalty/Reinstatement Fees, Interest on Fund, and Miscellaneous.

⁴ Excludes Attorney General Services, Office of Administrative Hearings, and Court Reporter Services.

⁵ Includes Attorney General Services, Office of Administrative Hearings, and Court Reporter Services.

LICENSING PROGRAM

The Board's Licensing Program protects consumers by setting requirements for licensure, including education, experience, and demonstrated competence, and issues licenses to individuals meeting those requirements. The Licensing Program also provides license verification services, issues fictitious name permits, and approves accreditation agencies for the accreditation of outpatient surgery settings.

LICENSE RENEWALS GO GREEN

To make the physician renewal process as efficient as possible and support the statewide effort to go green, in April 2019, the Board began sending electronic courtesy renewal notices to physicians 180 days prior to the license expiration date. This will significantly reduce the number of paper renewal notices mailed and save on postage costs because physicians who renew during this period will not be mailed a paper renewal form. The number of early renewals will be tracked to measure the success of this new automated process.

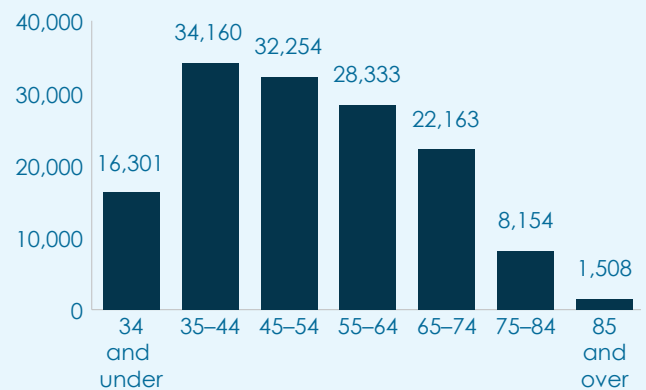
2020 LICENSING CHANGES

As a result of Board-endorsed legislation to enhance consumer protection, effective January 1, 2020, an applicant, regardless of whether the medical school attended was domestic or international, must successfully complete a minimum of 36 months of Board-approved postgraduate training. An application has been developed for the new Postgraduate Training License and other applicable forms have been revised. The BreZE online system will be updated by January 1, 2020, to ensure applicants can apply online.

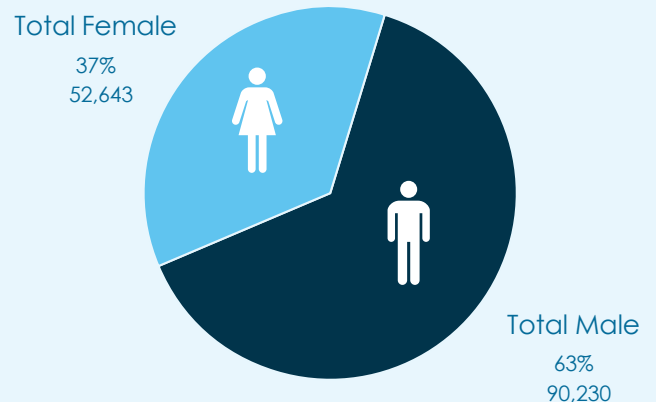
The Licensing Program held multiple webinars to educate stakeholders on the upcoming changes and to answer questions in real time. The webinars focused on the changes to postgraduate training requirements and international medical school recognition, in addition to the new Postgraduate Training License process and notification requirements. A webinar was posted to the Board's website to ensure training programs and applicants have access to information about the new requirements. Visit the [2020 Changes page on the Board's website](#) for more information.

Physician's and Surgeon's Demographics

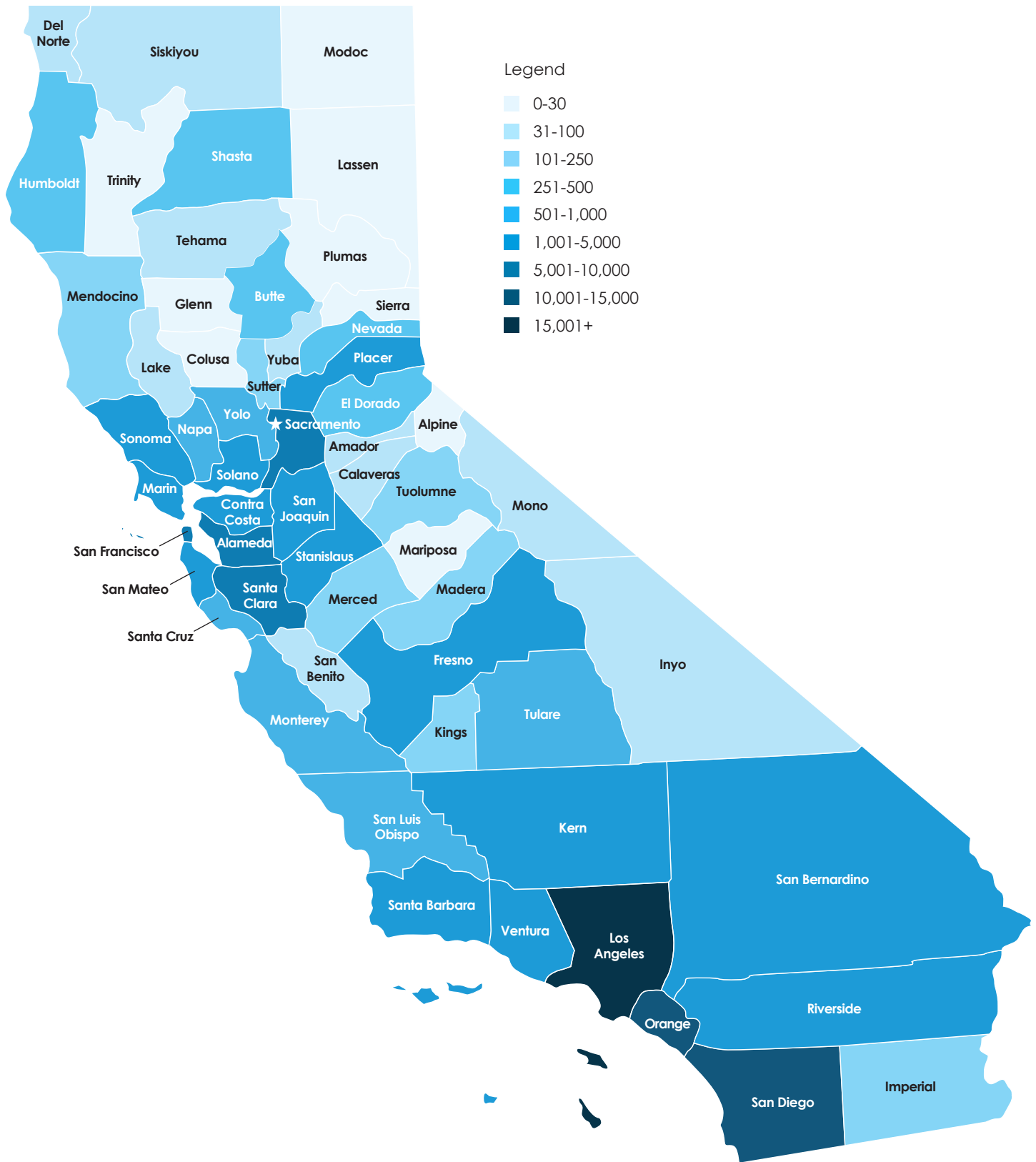
Age



Sex



Physicians and Surgeons by County

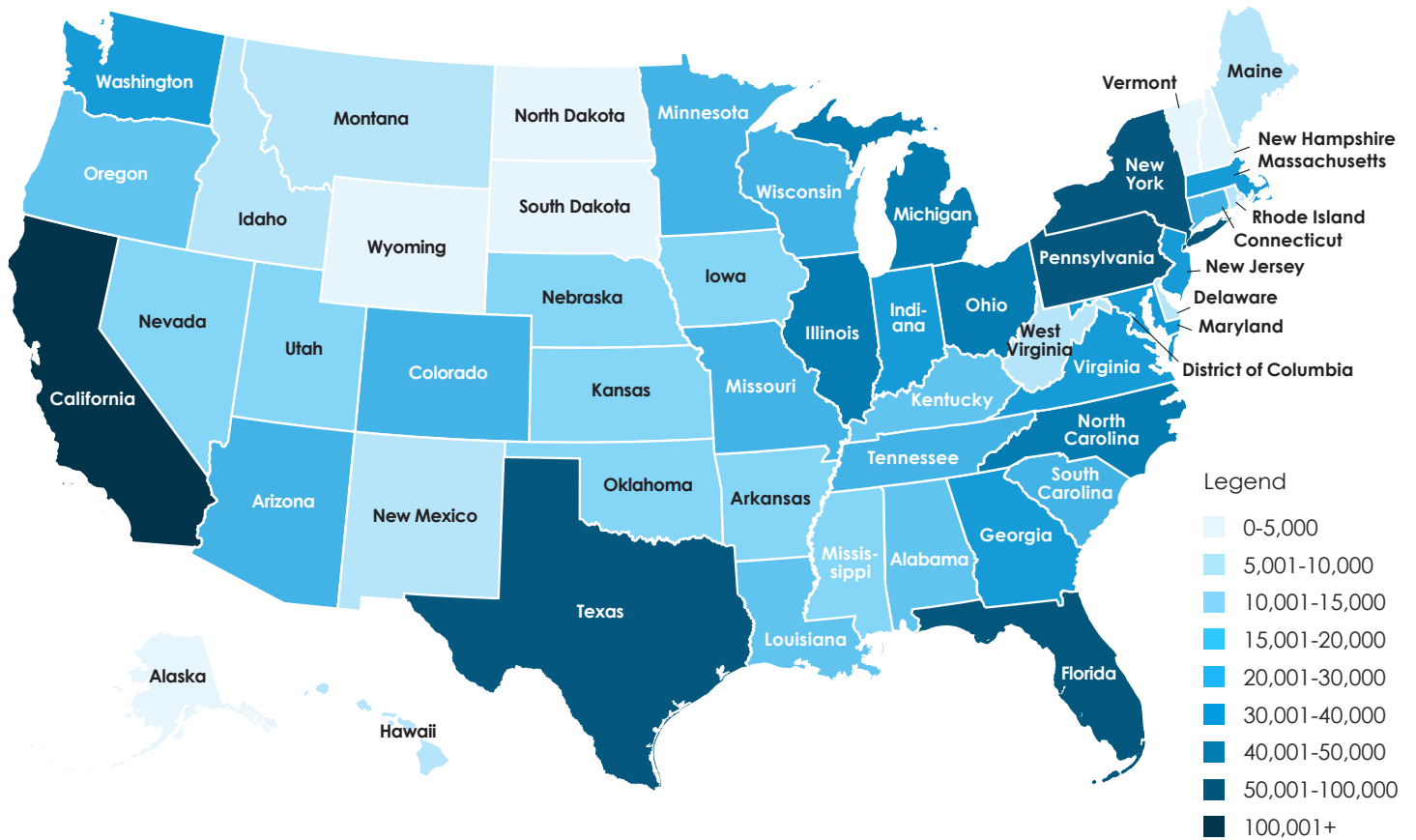


Physicians and Surgeons by County¹

County		County		County	
Alameda	5,564	Modoc	7	Sonoma	1,553
Alpine	4	Mono	35	Stanislaus	1,053
Amador	68	Monterey	970	Sutter	186
Butte	470	Napa	518	Tehama	47
Calaveras	46	Nevada	260	Trinity	8
Colusa	8	Orange	10,622	Tulare	551
Contra Costa	3,645	Placer	1,399	Tuolumne	126
Del Norte	31	Plumas	27	Ventura	2,094
El Dorado	356	Riverside	3,513	Yolo	536
Fresno	2,169	Sacramento	5,286	Yuba	43
Glenn	10	San Benito	47	Total In State Address	117,570
Humboldt	277	San Bernardino	4,405	Total Out-of-State Address	25,303
Imperial	140	San Diego	11,578	Total	142,873
Inyo	52	San Francisco	7,053		
Kern	1,213	San Joaquin	1,199		
Kings	145	San Luis Obispo	847		
Lake	70	San Mateo	3,168		
Lassen	29	Santa Barbara	1,296		
Los Angeles	31,328	Santa Clara	9,011		
Madera	231	Santa Cruz	764		
Marin	1,587	Shasta	412		
Mariposa	11	Sierra	0		
Mendocino	176	Siskiyou	69		
Merced	226	Solano	1,031		

¹ Data is for physicians with a renewed and current license excluding those in an inactive, retired, or disabled license status. The breakdown of those license statuses is: California - 2,420, Out-of-State - 4,472, Total - 6,892.

Physicians and Surgeons by State¹



State	Physicians and Surgeons
Alabama	16,595
Alaska	4,495
Arizona	27,535
Arkansas	10,814
California	157,638
Colorado	25,070
Connecticut	20,146
Delaware	5,795
District of Columbia	11,513
Florida	80,011
Georgia	37,320
Hawaii	9,931
Idaho	6,599
Illinois	47,494
Indiana	31,264
Iowa	12,712
Kansas	10,351
Kentucky	19,528
Louisiana	17,538
Maine	7,290

State	Physicians and Surgeons
Maryland	30,279
Massachusetts	35,817
Michigan	43,145
Minnesota	24,964
Mississippi	10,836
Missouri	27,950
Montana	6,044
Nebraska	10,147
Nevada	10,075
New Hampshire	7,374
New Jersey	39,259
New Mexico	9,407
New York	97,592
North Carolina	41,878
North Dakota	4,207
Ohio	48,471
Oklahoma	13,764
Oregon	16,101
Pennsylvania	56,981
Rhode Island	5,543

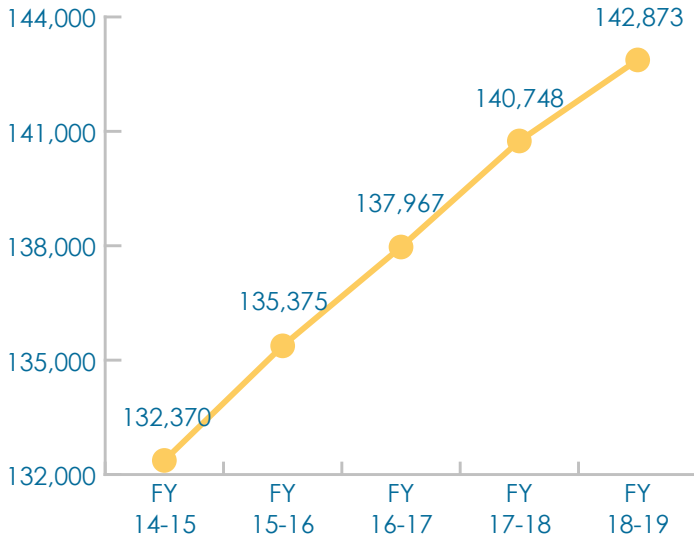
State	Physicians and Surgeons
South Carolina	20,642
South Dakota	4,642
Tennessee	24,340
Texas	83,334
Utah	11,546
Vermont	3,715
Virginia	38,977
Washington	30,174
West Virginia	8,280
Wisconsin	27,675
Wyoming	4,197
Total	1,356,995

¹ State counts are based on allopathic and osteopathic physician data recorded by the Federation of State Medical Boards (FSMB) using state medical board license files from 2018 and reflect the number of physicians with an active license.

Source: 2018 FSMB Census of Licensed Physicians

Physician's and Surgeon's Licenses¹

Past Five FYs



¹ Excludes physicians with inactive, retired, or disabled license status.

Verification and Reporting

	FY 17-18	FY 18-19
License Status Verifications		
Telephone Verifications	1,715	1,873
Non-Verification Telephone Calls	54,145 ¹	51,613 ²
Authorized License Verification System (LVS) Internet Users	928	620
Web License Look-Up ³	1,181,554	1,177,948
Certification Letters and Letters of Good Standing Verifications	10,867	11,870
Reporting Activities		
Disciplinary Reports Mailed to Health Facilities Upon Written Request Pursuant to BPC §805.5	411	573 ⁴
Adverse Actions Reported to the National Practitioner Data Bank (NPDB)	640 ⁵	685 ⁶
BPC §805 / §805.01 Reports of Health Facility Discipline Received	141 / 5	131 / 9

¹ Excludes the 12,393 listed under Consumer Inquiries on page 11.

² Excludes the 12,899 listed under Consumer Inquiries on page 11.

³ Statistics from the Board's [BreEZe Online License Verification](#) web page.

⁴ Includes electronic document views as of February 2, 2019 when the new LVS launched.

⁵ Includes 639 MDs and 1 Polysomnographic Technologist.

⁶ Includes 682 MDs, 1 Research Psychoanalyst, 1 Polysomnographic Technician, and 1 Polysomnographic Technologist.

Licenses and Permits

	FY 17-18	FY 18-19
Physician Applications Received		
Physician Applications Received	8,031	7,720
Physician Licenses Issued		
FLEX/USMLE ¹	5,245	5,258
NBME ¹	330	254
Reciprocity with Other States (BPC §2135)	1,119	1,182
Total	6,694	6,694
Physician Licenses Renewed		
Renewal Licenses Issued - Fee	64,572	67,389
Renewal Licenses Issued - Fee Exempt ²	5,725	5,585
Total	70,297	72,974
Physician Licenses In Effect³		
In-State Address	115,378	117,570
Out-of-State Address	25,370	25,303
Total	140,748 ⁴	142,873 ⁵
Physician License Administrative Activity		
Licenses Issued with Public Letters of Reprimand	7	11
Probationary Licenses Issued	16	22
Licenses Denied (No Hearing Requested)	9 ⁶	6
Statements of Issues to Deny License Filed	22	23
Statements of Issues Granted (License Denied)	2	6
Statements of Issues Denied (License Granted)	1	5
Statements of Issues Withdrawn	3	5
Fictitious Name Permits		
Issued	1,384 ⁷	1,383 ⁸
Renewed	5,703	5,364
In Effect	12,504	12,812
Special Faculty Permits		
Issued	2	2
Renewed	7	12
In Effect	25	23

¹ FLEX: Federation Licensing Exam. USMLE: United States Medical Licensing Exam. NBME: National Board Medical Examiners.

² Includes physicians with disabled, retired, military, or voluntary services license status.

³ Excludes physicians with inactive, retired, or disabled license status.

⁴ Total physician licenses in effect including inactive, retired or disabled license status - 147,494.

⁵ Total physician licenses in effect including inactive, retired or disabled license status - 149,765.

⁶ Includes 2 PTAL denials.

⁷ Includes 34 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

⁸ Includes 39 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

ENFORCEMENT PROGRAM

The Board's Enforcement Program investigates allegations to determine if a violation of the Medical Practice Act, or other laws, occurred and takes action as appropriate. The Enforcement Program is also responsible for monitoring licensees' compliance with the terms and conditions of disciplinary orders.

END OF VERTICAL ENFORCEMENT

On January 1, 2019, the Board's vertical enforcement model ended. Vertical enforcement required the simultaneous assignment of both an investigator from the Department of Consumer Affairs' (DCA) Health Quality Investigation Unit and a Deputy Attorney General (DAG) from the Attorney General's Office for investigations conducted by the Board. The law requiring this joint assignment was sunset, and investigations are now conducted similarly to how they were prior to 2006. However, if a case is determined to be a matter where a joint investigation would assist in the processing of the investigation, the Board and the Attorney General's Office have devised a protocol where a DAG will be assigned. The cases currently being worked in a joint assignment model typically involve allegations of sexual misconduct, impairment, or any case where there is an imminent threat to the public.

PATIENT'S RIGHT TO KNOW ACT

The Probation Unit prepared for the implementation of Business and Professions Code section 2228.1, which became effective July 1, 2019. This new law requires a separate public disclosure that includes the physician's probation status, length of probation, probation end date, all practice restrictions placed on the physician by the Board, the Board's telephone number, and an explanation of how the patient can find further information on the physician's probation on the physician's profile page located on the Board's website. This information must be provided to a patient or the patient's guardian or health care surrogate before the patient's first visit. The cases for which this disclosure is required are the commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined by Business and Professions Code section 726 or 729; drug or alcohol abuse directly

resulting in harm to patients or to the extent that such use impairs the physician's ability to practice safely; criminal conviction directly involving harm to patient health; and inappropriate prescribing resulting in harm to patients with a probationary period of five years or more. The Board's probation monitors ensure compliance with this requirement and all terms and conditions of probation. The Board has provided a sample disclosure to patients on its website to assist physicians with the new requirement.

Program Summary

	FY 17-18	FY 18-19
Complaints¹		
Complaints Received	10,888	11,407
Complaints Closed by Complaint Unit	9,421 ²	10,019 ³
Investigations		
Cases Opened	1,627 ⁴	1,544 ⁵
Cases Closed	1,414 ⁶	1,749 ⁷
Cases Referred to the Attorney General (AG)	504 ⁸	638 ⁹
Cases Referred for Criminal Action	36	39
Probation Violation Reports Referred to the AG	40	39
Consumer Inquiries		
Consumer Telephone Inquiries	12,393	12,899
Consumer Jurisdictional Inquiries	6,816	7,094

¹ Some cases closed were opened in a prior fiscal year.

² Includes 7,539 complaints closed, 146 referred to Cite and Fine Program, and 1,736 referred to investigations.

³ Includes 7,768 complaints closed, 109 referred to Cite and Fine Program, and 2,142 referred to investigations.

⁴ Includes 270 complaints opened by CIO, and 1,357 by HQIU.

⁵ Includes 487 complaints opened by CIO, and 1,057 by HQIU.

⁶ Includes 307 cases closed by CIO, and 1,107 by HQIU.

⁷ Includes 477 cases closed by CIO, and 1,272 by HQIU.

⁸ Includes 105 cases referred to AG by MBC, and 399 by HQIU.

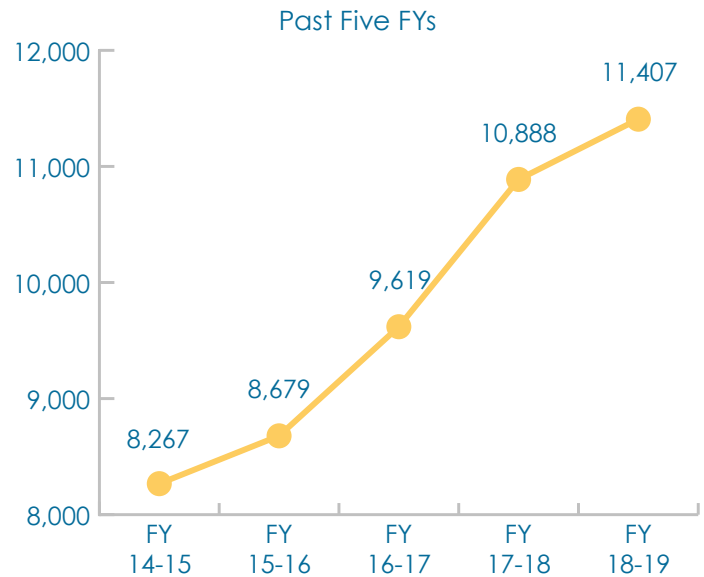
⁹ Includes 181 cases referred to AG by MBC, and 457 by HQIU.

PROCESS IMPROVEMENTS

The Central Complaint Unit (CCU) has been identifying ways to improve efficiency and the consumers' experience. To decrease time for the medical consultant review, staff utilize a secure, cloud-based system so medical consultants can immediately review documents. Other efficiencies include enhancements to the medical expert database and updating medical consultant procedures and processes; increasing the number of expert reviewer trainings from two to four per year; and improving the processing timelines for citation and fines. Since anonymous complaints present unique challenges due to a lack of information, the CCU is looking for ways to obtain more information in the online process. Expert reviewers are critical to the overall success of a case. They review the medical records and facts to determine if the standard of care was met. Since 2009, the Board's expert reviewers earned \$150 per hour, significantly less than defense counsel experts. The Board increased the hourly rate for neurology experts to \$300 and \$200 for all other specialties, once the expert has completed the

Board's training. This hourly rate increase will allow the Board to attract and retain a larger, more experienced pool of expert reviewers, reducing disciplinary timelines.

Physician's and Surgeon's Complaints



Physician and Surgeon Complaints Received by Complaint Type and Source

	Public	Business and Professions Code ¹	Licensee/ Professional Group ²	Government Agency ³	Miscellaneous/ Anonymous	Total Type Complaints Received
Fraud	59	0	8	26	34	127
Health and Safety ⁴	205	3	22	91	115	436
Non-Jurisdictional ⁵	1,007	6	153	13	152	1,331
Gross Negligence/Incompetence ⁶	4,050	1,004	51	523	286	5,914
Personal Conduct ⁷	54	108	17	248	64	491
Unprofessional Conduct ⁸	1,523	40	71	763	304	2,701
Unlicensed/Unregistered	141	0	18	82	166	407
Total Source Complaints Received	7,039	1,161	340	1,746	1,121	11,407

¹ Includes complaints received pursuant to BPC §§800 and 2240(a), and includes complaints initiated based upon reports submitted to the Board by hospitals, insurance companies and others, as required by law, regarding instances of health facility discipline, malpractice judgments/settlements, or other reportable activities.

² Includes the following complaint sources: other Licensee, Professional Society or Association.

³ Includes the following complaint sources: Internal, Law Enforcement Agency, other California State Agency, other State Agency, other boards within the Department of Consumer Affairs, and Federal or other Government Agency.

⁴ Includes excessive prescribing, sale of dangerous drugs, etc.

⁵ Includes complaints not under the authority of the Board and are referred to other agencies such as the Department of Health Care Services, Department of Managed Health Care, etc.

⁶ Includes complaints related to the quality of care provided by licensees.

⁷ Includes licensee self-abuse of drugs/alcohol, conviction of a crime, etc.

⁸ Includes sexual misconduct with patients, failure to release medical records, violation of BPC §805 reporting, etc.

Administrative Actions

	FY 17-18	FY 18-19
Administrative Actions		
Accusation	381 ¹	396
Petition to Revoke Probation/Accusation and Petition to Revoke	37	32
Amended Accusation/Petition to Revoke	63	93
Completed Investigations Referred to the AG and Awaiting the Filing of Accusation as of June 30, 2019	64	114
Cases Over 6 Months Old that Resulted in the Filing of Accusation	389	342
Administrative Outcomes		
License Revoked	43	49
License Surrendered (in Lieu of Accusation or with Accusation Pending)	87	85
License Placed on Probation with Suspension	5	1
License Placed on Probation	122	153
Probationary License Issued	16	22
Public Reprimand	133	135
Accusation Withdrawn	9	14
Accusation Dismissed	7	13
Probation Violation Outcomes		
License Revoked	16	11
License Surrendered	11	10
Additional Suspension and Probation	0	1
Additional Probation	17	5
Public Reprimand	0	0
Other Actions (e.g., Exam Required, Educational Course, etc.)	0	0
Petition Withdrawn	1	4
Petition Dismissed	0	0
Referral and Compliance Actions		
Citation and Administrative Fines Issued	150	158

¹ Includes 3 Accusations filed not previously reported.

DID YOU KNOW?

You may qualify to serve as an Expert Reviewer and help the Board meet its mission of consumer protection for all Californians. Visit the [Expert Reviewer page on the Board's website](#) for more information. Make a difference, become an Expert Reviewer!

Petition Activity

	FY 17-18	FY 18-19
Petitions for Reinstatement of License		
Filed	16	21
Granted	5	6
Denied	5	10
Petitions for Penalty Relief¹		
Granted	16	31
Denied	5	9
Petitions to Compel Exam		
Filed	24	17
Granted	22	15
Denied	0	0

¹ Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation.

License Restrictions/Suspensions and Temporary Restraining Orders

	FY 17-18	FY 18-19
Imposed while Administrative Action Pending		
Interim Suspension Order (ISO)	39	22 ¹
Temporary Restraining Order (TRO)	0	0 ¹
Other Suspension Orders	56	58 ²
Sought and Granted by Case Type for FY 18-19		
	Sought	Granted³
Gross Negligence/Incompetence	3	3
Inappropriate Prescribing	7	2
Unlicensed Activity	2	0
Sexual Misconduct	11	8
Mental/Physical Illness	17	12
Self-Abuse of Drugs/Alcohol	20	20
Fraud	9	12
Criminal Charges/Conviction	11	6
Unprofessional Conduct	19	17
Total	99	80

¹ Pursuant to BPC §2220.05(c), ISOs and TROs were granted in the following priority categories: 0 - gross negligence/incompetence resulting in death or serious bodily injury; 0 - drug or alcohol abuse involving death or serious bodily injury; 1 - excessive prescribing; 0 - excessive recommending of medical cannabis; 3 - sexual misconduct with a patient; 1 - practicing under the influence of drugs/alcohol; and 0 - excessive prescribing to a minor.

² Includes 6 - Automatic Suspension Orders per BPC §2236; 2 - license restrictions per Penal Code §23; 10 - license restrictions pursuant to court order; 18 - out-of-state suspension orders per BPC §2310; 0 - stipulated agreements to suspend or restrict the practice of medicine; and 22 - cease practice orders issued for violation of probation condition or violation of interim suspension order.

³ Some orders granted were sought in prior FY.

Malpractice Settlement Reports Received per BPC §801.01 by Specialty Practice

Specialty/Subspecialty	Reports ¹	Physicians ²
Anesthesiology	28	6,920
Cardiology	17	3,352
Colon and Rectal	5	222
Critical Care	1	1,741
Dermatology	5	2,338
Emergency Medicine	51	4,902
Endocrinology	1	966
Gastroenterology	9	1,810
General/Family Practice	55	10,147
Geriatric Medicine	1	736
Gynecology	31	6,522
Hematology	3	1,211
Infectious Disease	2	1,012
Internal Medicine	51	22,642
Neonatal/Perinatal	6	721
Nephrology	1	1,280
Neurological Surgery	13	632
Neurology	8	2,485
Nuclear Medicine	1	600
Obstetrics	52	6,522
Ophthalmology	13	3,014
Orthopedic Surgery	38	3,399
Otolaryngology	19	1,748
Pain Medicine	3	717
Pathology	8	4,432
Pediatrics	23	11,311
Physical Medicine and Rehabilitation	3	1,271
Plastic Surgery	28	1,269
Preventive Medicine	1	999
Psychiatry	5	8,635
Radiology	49	6,308
Sports Medicine	2	647
Surgery	73	4,451
Thoracic Surgery	14	619
Urology	14	1,549
Vascular Surgery	2	318

¹ The procedure was performed in the practice specialty/ subspecialty; however, the physician may or may not have been certified in the specialty/subspecialty area.

² California physicians certified in specialty according to the 2017-2018 American Board of Medical Specialties Certification Statistics Report.

Reports Received per BPC §§805 and 805.01 and Report Outcomes

	805	805.01
Total Reports Received		
Total Reports Received	126	9
Peer Review Body Type		
Health Care Facility/Clinic	85	4
Surgical Center	4	0
Health Care Services Plan	20	2
Professional Society	0	0
Medical Group/Employer	17	3
Outcomes of Reports Received		
Suspension and Accusation Filed	1	1
Accusation Filed	1	1
Pending Disposition	90	8
Cases Closed	34	0

Reports Received Based Upon Legal Requirements for Physicians and Surgeons

	FY 17-18	FY 18-19
Medical Malpractice		
Insurers ¹	455	432
Attorneys/Self-Reported/Employers ¹	84	189
Courts ²	0	1
Total	539	622
Other Required Reporting		
Coroners' Reports ³	5	3
Criminal Charges and Convictions ⁴	84	81
Health Facility Discipline Reports Medical Cause or Reason ⁵	141	126
Health Facility Reports ⁶	5	9
Outpatient Surgery Settings Reports Patient Death ⁷	15	19
Total	250	238

¹ Per BPC §801.01.

² Per BPC §803.

³ Per BPC §802.5.

⁴ Per BPC §§802.1 and 803.5.

⁵ Per BPC §805.

⁶ Per BPC §805.01.

⁷ Per BPC §2240(a).

Administrative and Probation Violation Outcomes by Case Type¹

	Revocation	Surrender	Probation with Suspension	Probation	Probationary License Issued	Public Reprimand	Total Actions
Gross Negligence/Incompetence	10	32	1	89	4	94	230
Inappropriate Prescribing	7	8	-	20	-	9	44
Unlicensed Activity	-	3	-	2	-	3	8
Sexual Misconduct	5	4	-	5	-	1	15
Mental/Physical Illness	4	15	-	6	4	-	29
Self-Abuse of Drugs/Alcohol	11	19	-	25	9	-	64
Fraud	10	4	-	3	2	-	19
Conviction of a Crime	-	2	-	1	-	3	6
Unprofessional Conduct	13	8	1	7	3	25	57
Total Administrative Actions	60	95	2	158	22	135	472

¹ Pursuant to BPC §2220.05(c), disciplinary actions were taken in the following priority categories: 1 - gross negligence/incompetence resulting in death or serious bodily injury; 0 - practicing under the influence resulting in death or serious bodily injury; 31 - excessive prescribing; 0 - excessive recommending of medical cannabis; 9 - sexual misconduct with a patient; 4 - practicing under the influence of drugs/alcohol; and 0 - excessive prescribing to a minor.

Enforcement Program Caseload

	Statewide	Per Investigator/Inspector
Health Quality Investigation Unit (Department of Consumer Affairs)¹		
Active Investigations	2,177	28 ²
AG Cases Assigned ³	425	5 ²
Probation Unit⁴		
Monitoring Cases ⁵	582	39

¹ Includes physicians and surgeons, licensed midwives, research psychoanalysts, and polysomnographic program.

² Average is determined by using the total number of authorized positions, including vacant positions.

³ Cases are at various stages of AG processing and may require supplemental investigative work, such as subpoena services, interviewing new victims or witnesses, testifying at hearings, etc.

⁴ Includes physicians and surgeons.

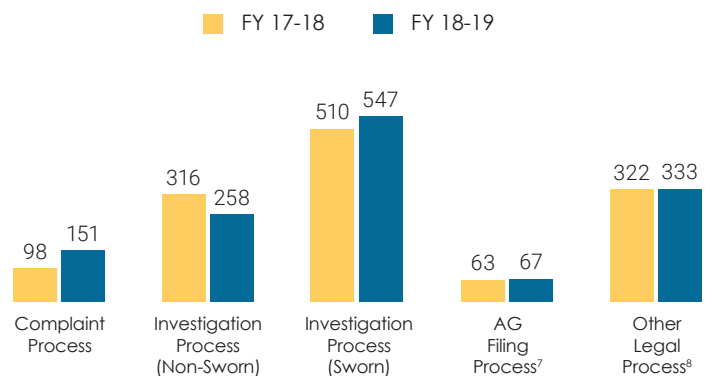
⁵ 93 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2019.

⁶ 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.

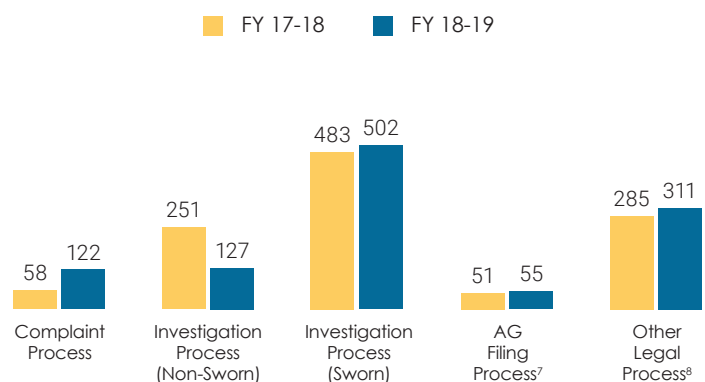
⁷ Days from case transmittal to initial pleading filed.

⁸ Days from filing to final case disposition.

Average Enforcement Processing Time Frames⁶



Median Enforcement Processing Time Frames⁶



Substance-Abusing Licensees

FY 17-18 FY 18-19

	FY 17-18		FY 18-19	
Probationers Whose Conduct was Related to a Substance-Abuse Problem	212		225	
Alcohol	136		144	
Amphetamines	1		0	
Ativan	1		1	
Benzodiazepine	1		2	
Cannabis	2		3	
Cocaine	5		5	
Demerol	1		2	
Fentanyl	2		2	
Inhalants ²	1		1	
Ketamine	1		1	
Methamphetamines	3		3	
Opiates	5		3	
Psilocybin	0		2	
Multiple Controlled Substances	91		92	
Probation Successfully Completed ³ (Y)	15		26	
Failed to Complete Probation (N)	16		18	
Alcohol	10	11	19	9
Cocaine	0	2	0	0
Demerol	0	0	1	0
Inhalants	0	0	0	1
Methamphetamines	1	0	0	0
Opiates	1	0	1	0
Multiple Controlled Substances	5	10	10	11
Probationers who Relapsed	14		7	
Alcohol	7		5	
Cannabis	1		0	
Cocaine	1		0	
Methamphetamines	2		1	
Opiates	2		1	
Tramadol	1		1	

FY 17-18 FY 18-19

Cease Practice Orders

Probationers Issued a Cease Practice Order	12	16
Substances Involved/Reason for Order		
Alcohol	4	6
Cannabis	1	1
Cocaine	0	1
Methamphetamines	2	1
Opiates	2	0
Tramadol	1	2
Failed to Enroll in a Clinical Competence Assessment Program	1	0
Failed to Complete a Clinical Competence Assessment Program	0	1
Failed to Appear for a Biological Fluid Test (BFT)	1	3
Solo Practice Violation	0	1

Suspensions

Probationers Issued a Suspension	1	0
Substance Involved		
Cocaine	1	0

Petitions to Revoke

Petitions to Revoke	15	16
Substances Involved/Reason for Action		
Alcohol	2	3
Cannabis	1	0
Cocaine	1	0
Methamphetamines	1	1
Tramadol	0	1
Opiates	0	1
Multiple Controlled Substances	1	0
Failed to Complete a Clinical Competence Assessment Program	1	0
Failed to Appear for a BFT	1	3
Multiple Probation Violations	3	6
Non-Practice Over 2 Years	4	1

¹ Some probationers had more than one substance involved.

² Containing Isobutyl Nitrites and/or Ethyl Chloride.

³ Those who successfully completed probation or a petition for termination of probation was granted.

Substance-Abusing Licensees Major Violations by Substance¹

	Alcohol		Benzodiazepine		Cocaine		Methamphetamine(s)		Tramadol		Multiple Controlled Substances		Total Major Violations	
	FY 17-18	FY 18-19	FY 17-18	FY 18-19	FY 17-18	FY 18-19	FY 17-18	FY 18-19	FY 17-18	FY 18-19	FY 17-18	FY 18-19	FY 17-18	FY 18-19
Failed to Undergo a Required Clinical Diagnostic Evaluation	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Committed Multiple Minor Violations of Probation Conditions and Terms	-	-	-	-	-	-	-	-	-	-	2	-	2	0
Treated a Patient(s) while Under the Influence of a Prohibited Substance	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Engaged in Any Drug or Alcohol Related Act that is a Violation of State or Federal Law or Regulation	2	-	-	-	-	-	-	-	-	-	-	-	2	0
Failed to Undergo Biological Fluid Testing (BFT) when Ordered ²	5	10	-	1	-	1	-	-	-	-	7	7	12	14
Used, Consumed, Ingested, or Administered to Himself or Herself a Prohibited Substance ³	5	2	-	-	-	-	-	1	-	1	4	-	9	4
Knowingly Used, Made, Altered, or Possessed any Object or Product in Such a Way as to Defraud or Attempt to Defraud a BFT Designed to Detect the Presence of a Prohibited Substance	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Failed to Comply with any Term or Condition of Probation that Impairs Public Safety ³	5	2	-	-	-	-	-	1	-	1	4	-	9	4
Substances Involved	17	14	0	1	0	1	0	2	0	2	17	7	34	22 ²

¹ Per 16 CCR §1361.52(a)(1-8).

² Some probationers had more than one substance involved.

³ The categorized substance is the substance the individual used, consumed, ingested, or administered to themselves, not the substance involved in the original discipline.

ALLIED HEALTH CARE PROFESSIONALS

Allied health care professionals under the Board’s authority include licensed midwives, research psychoanalysts, and the polysomnographic program, consisting of polysomnographic trainees, technicians, and technologists. In addition, the Board approves accreditation agencies for outpatient surgery settings.

	Issued	Current
Licenses and Registrations		
Licensed Midwives	40	429
Research Psychoanalyst	6	90
Polysomnographic Trainee	20	61
Polysomnographic Technician	31	131
Polysomnographic Technologist	42	637
Accreditation Agencies for Outpatient Surgery Settings	0	5
	FY 17-18	FY 18-19
Complaints		
Complaints Received	39	52
Complaints Closed by Complaint Unit	36	46
Investigations		
Cases Opened	13	8
Cases Closed	10	19
Cases Referred to the Attorney General (AG)	3	3
Cases Referred for Criminal Action	2	0
Probation Violation Reports Referred to the AG	0	0
Reports Received Based Upon Legal Requirements		
Midwife Hospital Transfer Forms ¹	164	174
Outpatient Adverse Event Reports ²	165	303
Referral and Compliance Actions		
Citation and Administrative Fines Issued	0	1
License Restrictions/Suspensions Imposed while Administrative Action Pending		
Interim Suspension Order	0	1
Other Suspension Orders	0	0

	FY 17-18	FY 18-19
Administrative Actions		
Accusation	1	5
Petition to Revoke Probation	0	0
Amended Accusation/Petition to Revoke	0	0
Statement of Issues to Deny Application	0	0
Completed Investigations Referred to the AG and Awaiting the Filing of Accusation as of June 30, 2019	2	0
Administrative Outcomes		
License Revoked	0	2
License Surrendered (in Lieu of Accusation or with Accusation Pending)	0	1
License Placed on Probation with Suspension	0	0
License Placed on Probation	0	0
Probationary License Issued	0	0
Public Reprimand	0	0
Other Actions (e.g., Exam Required, Educational Course, etc.)	0	0
Statements of Issues Denied (License Granted)	0	0
Statements of Issues Granted (License Denied)	0	0
Accusation/Statements of Issues Withdrawn	0	0
Accusation Dismissed	0	0
Probation Violation Outcomes		
License Revoked or License Surrendered	0	0
Additional Suspension or Probation	0	0
Petition Withdrawn or Dismissed	0	0
Petitions for Reinstatement of License		
Filed / Granted / Denied	0 / 0 / 0	0 / 0 / 0
Petitions for Penalty Relief³		
Granted / Denied	0 / 0	0 / 0
Petitions to Compel Exam		
Filed / Granted / Denied	0 / 0 / 0	0 / 0 / 0

¹ Per BPC §2510.

² Per BPC §2216.3.

³ Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation.

Licensed Midwife Annual Report Summary¹		
Clients Served as Primary Caregiver at the Onset of Care	5,932	6,226
Clients Served with Collaborative Care Available Through or Given by a Licensed Physician and Surgeon	2,665	N/A ²
Clients Served Under the Supervision of a Licensed Physician and Surgeon	228	N/A ²
Planned Out-of-Hospital Births at the Onset of Labor	3,981	4,148
Planned Out-of-Hospital Births Completed in an Out-of-Hospital Setting	3,297	3,535 ³
Sets of Twin Births	0	3
Sets of Multiple Births (Other Than Twin Births)	0	0
Breech Births	12	117
VBAC (Vaginal Birth After Cesarean Section)	152	151
Complications		
Resulting in the Mortality of the Mother Prior to Transfer	0	0
Resulting in the Mortality of the Mother After Transfer	0	0
Resulting in the Mortality of the Infant Prior to Transfer	2	1
Resulting in the Mortality of the Infant After Transfer	5	4
Resulting in Fetal Demise Prior to the Mother Being Transferred	N/A ⁴	6
Resulting in Fetal Demise After the Mother was Transferred	N/A ⁴	6
Antepartum Transfers		
Primary Care Transferred to Another Health Care Practitioner (Elective)	465	260
Urgent or Emergency Transport of Expectant Mother	111	73
Intrapartum Transfers		
Elective Hospital Transfer	521	512
Urgent or Emergency Transfer of an Infant or Mother	70	107
Postpartum Transfers		
Elective Hospital Transfer of Mother	69	21
Elective Hospital Transfer of Infant	31	13
Urgent or Emergency Transfer of Mother	41	32
Urgent or Emergency Transfer of Infant	56	49

¹ Conclusions should not be drawn from this summary as data does not specify whether the death is intrapartum or neonatal; whether the affected perinate had congenital anomalies incompatible with life; or whether the perinate was born in or out of a hospital. Births are attended by the licensed midwife as the primary caregiver.

² Data not collected beginning the 2018 reporting period.

³ Clients delivering multiples is counted as one birth.

⁴ Data not collected prior to 2018 reporting period.

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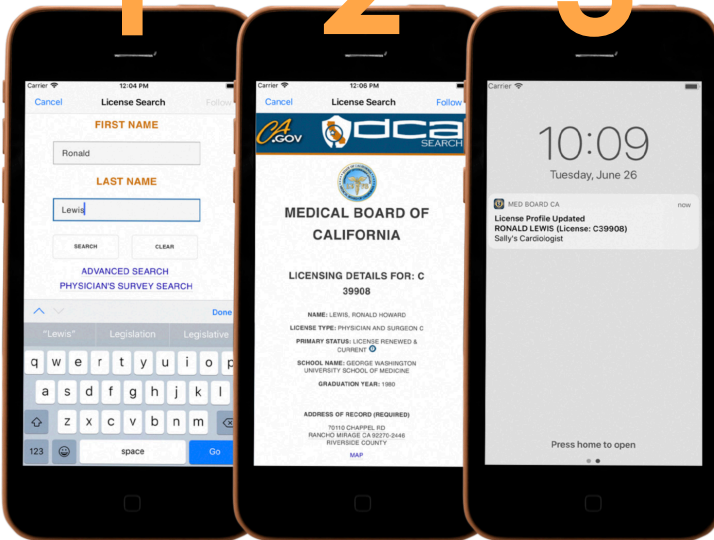
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