



2019 2020 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. The Board has six standing committees, seven two-member task force/committees, two disciplinary panels, and a Midwifery Advisory Council, that assist with the work of the Board.

Denise Pines
President

Dev GnanaDev, M.D.

Richard E. Thorp, M.D.

Randy W. Hawkins, M.D.

Cinthia Tirado, M.D.

Ronald H. Lewis, M.D.
Vice President

Kristina D. Lawson, J.D.

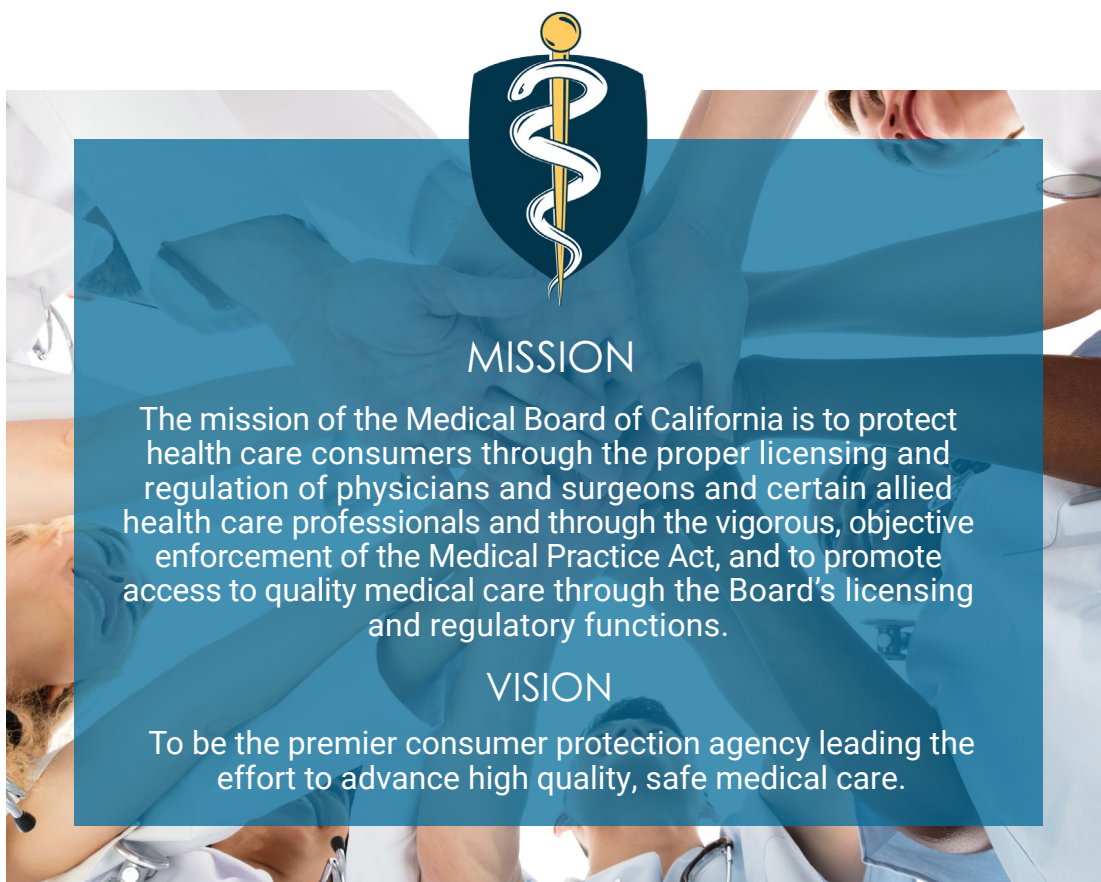
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Howard R. Krauss, M.D.
Secretary

Laurie Rose Lubiano, J.D.

Felix C. Yip, M.D.

Asif Mahmood, M.D.



Gavin Newsom
Governor

William Prasifka
Executive Director

Reji Varghese
Deputy Director

EXECUTIVE SUMMARY

The Board developed several opportunities to educate licensees and consumers alike during Fiscal Year 19-20 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.

NEW EXECUTIVE MANAGEMENT TEAM

Fiscal Year 19-20 brought several new faces to the Board's executive management team. The Board's new executive director, William Prasifka, began his stewardship of the Board near the close of the fiscal year. Mr. Prasifka has provided the Board with dedicated leadership during the height of the global pandemic in California. The Board also welcomed Deputy Director Reji Varghese, Chief of Enforcement Jenna Jones, Chief of Licensing Marina O'Connor, and Chief of Legislative and Public Affairs Aaron Bone to its executive management team.

EXPERT REVIEWER PROGRAM OUTREACH

The Expert Reviewer Program is a critical component of the Board's enforcement process. The Board relies heavily on the work of expert reviewers tasked with reviewing the medical treatment provided to complainants, and to help the Board with its investigatory efforts.

During Fiscal Year 19-20, the Board's Office of Public Affairs teamed up with the Enforcement Unit to develop and execute a marketing campaign designed to recruit expert reviewers. The campaign consisted of daily social media posts, a video regarding the program, a newsletter article, and a podcast.

ADJUSTING TO COVID-19

COVID-19 made a significant and direct impact on the Board's everyday operations. In response to the pandemic, the Board moved its quarterly Board meeting from an in-person format to an online format through the WebEx platform. The Board plans to hold future meetings via WebEx through at least the remainder of the 2020 calendar year.

Staff is of the utmost importance to the Board and many of them are telecommuting on either a full- or part-time basis. The Board's Business Services Office (BSO) procured and disseminated personal protective equipment including face masks, gloves, and hand sanitizer to all staff, and placed social distancing markers throughout the office. BSO staff also posted signage at various building entry points and areas of high traffic regarding the wearing of face coverings and hygiene, and worked with building management to develop a cleaning and sanitizing strategy for the office.

The Board closed its office to the public for several weeks, but has since re-opened its front lobby, requiring face coverings and social distancing of visitors and staff.

Conference room capacities were amended to support social distancing recommendations, and the Board began using Microsoft Teams to host many staff meetings. Additionally, the

Board issued safety and health guidelines to staff through its Reopening Plan, which featured information on social distancing, face coverings, health self-screening, hand hygiene, cleaning and disinfection, protocols for COVID-19 positive employees or employees with symptoms, and employee training and resources.

FEE INCREASE

The rising cost of expenditures, many beyond the Board's control, and the Board's inadequate initial licensing and renewal fee amounts (which have not been increased in 14 years) have placed the Board on track for fiscal insolvency. In response to its structural imbalance, the Board directed staff to seek a statutory fee increase in its licensing fees and an amendment to Business and Professions Code (BPC) section 2435 to increase the Board's allowable reserve amount. These changes would provide the Board sufficient revenue to accommodate current and near-term needs and the flexibility to address unanticipated expenses. The fee increase would include an increase to the physician and surgeon initial license and renewal fee from \$783 to \$1,150. An amendment to BPC section 2435 would increase the minimum months needed in reserve. Board staff continues to work with the Legislature, and expects a fee increase to pass sometime in 2021.

MEETING WITH PATIENT ADVOCATES

In keeping with its mission of consumer protection, Board staff hosted a second round table discussion with consumer advocates, following its January 2020 Board meeting. This was an open dialogue with advocates about the Board, to discuss the Board's enforcement process, and listen to their concerns. The Board heard from several consumer advocates and explored ways to improve its enforcement efforts.

NEWSLETTER UPGRADES

The Office of Public Affairs redesigned the "Medical Board of California News" newsletter with a sleek and modern look, while maintaining the information readers are accustomed to receiving. The Board collaborates with key stakeholders, such as California Surgeon General Nadine Burke Harris, to provide useful articles for the newsletter.

Year in Review¹



9,751

Applications
Received²



7,997

Licenses
Issued²



71,024

Licenses
Renewed



10,868

Complaints
Received

¹ Physicians and Surgeons

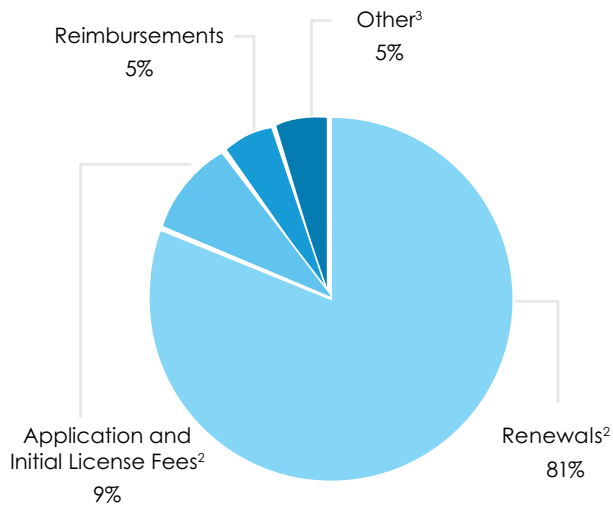
² Includes Postgraduate Training Licenses

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.

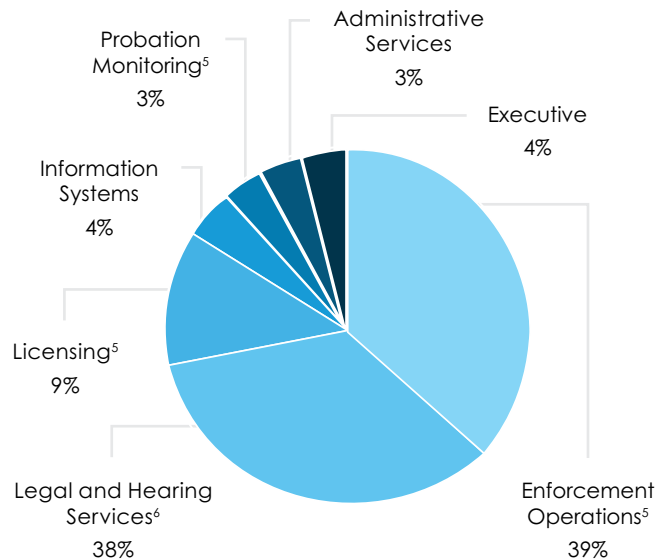
The Enforcement Program accounts for 80 percent of the Board's overall expenditures. Although the Board cannot order cost recovery for the investigation and prosecution of a case, the Board can order probation monitoring costs be reimbursed. The Licensing Program accounts for nine percent of the Board's expenditures, while the Executive and Administrative Programs account for seven percent. The Information Systems Branch accounts for the remaining four percent of the Board's overall expenditures.

Revenues and Reimbursements¹



Revenues and Reimbursements ¹		
Renewals ²	\$50,612,000	81%
Application and Initial License Fees ²	\$5,901,000	9%
Reimbursements	\$3,096,000	5%
Other ³	\$3,247,000	5%
Total	\$62,856,000	100%

Budget Distribution



Budget Distribution ⁴		
Enforcement Operations ⁴	\$30,114,000	39%
Legal and Hearing Services ⁵	\$29,764,000	38%
Licensing ⁴	\$6,747,000	9%
Information Systems	\$3,330,000	4%
Probation Monitoring ⁴	\$2,634,000	3%
Administrative Services	\$2,190,000	3%
Executive	\$3,077,000	4%
Total	\$77,856,000	100%

¹ Period 12 is not yet closed. Data as of August 19, 2020

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 (Program) protects consumers by implementing requirements for licensure, including education, experience, and demonstrated competence, and issues licenses to individuals meeting those requirements. The Program also provides license verification services, issues fictitious name permits, and approves accreditation agencies for the accreditation of outpatient surgery settings. In FY 19-20, the Program issued 19% more licenses than the previous two fiscal years. As discussed below, the Program also launched a new online portal that allows medical schools and postgraduate training programs to electronically submit required licensing documents to the Board. Despite facing new challenges during the COVID-19 pandemic and implementing a new license type, the Program kept application processing times within the regulatory timeframe.

ONLINE PORTAL STREAMLINES LICENSING

The Board developed the Direct Online Certification Submission (DOCS) portal to facilitate efficient, electronic submission of primary source documents from medical schools and postgraduate training programs.

In December 2019, the Program successfully implemented a soft rollout of DOCS utilizing several medical schools in California to test the system and resolve any issues prior to full implementation. By March 2020, the portal was available to all medical schools and postgraduate training programs.

DOCS helps the Board achieve its strategic goal of eliminating lost documents and streamlining the licensing process, thus improving customer service.

During the State of California's emergency response to the COVID-19 pandemic, DOCS supported medical schools that were closed or whose employees worked remotely by providing an option to submit required documentation electronically.

As of July 1, 2020, 60 medical schools registered on the DOCS portal and the Board authorized 82 users to upload documentation

on behalf of their institution. The Licensing Program also registered 78 postgraduate training programs, 876 specialty programs, and authorized 265 users to upload documentation on behalf of their program.

The growth of DOCS has created new opportunities to streamline the Licensing Program's processes, allowing the Board to continue licensing physicians and surgeons on a daily basis in support of the Board's mission to protect healthcare consumers through proper licensing.

COVID-19 LICENSING WAIVERS

With the emergence of COVID-19 forcing California into a state of emergency, Governor Gavin Newsom put a call out to physicians and allied healthcare providers – both in California and across the US – to assist the state during the global pandemic. Governor Newsom signed Executive Order N-39-20, which empowered the director of the Department of Consumer Affairs (DCA) to waive specified licensing requirements for physicians and licensed midwives seeking license re-activation from a retired, inactive, or canceled license status, and physicians and licensed midwives seeking license renewal during the state of emergency.

The waivers allow physicians and licensed midwives with a retired, inactive, or canceled license to re-activate their license without paying fees, or to complete or demonstrate continuing medical education (CME) requirements. Similarly, the Board waived CME requirements for licensed physicians and licensed midwives with a license expiration date within a specified timeframe. In all, the Board re-activated 71 retired, inactive, or canceled physician licenses, and issued renewals to 478 licensees under these waivers.

The DCA director also issued a waiver to extend the deadline from July 1, 2020, to October 31, 2020, for certain individuals enrolled in an approved postgraduate training program to obtain a postgraduate training license.

NEW POSTGRADUATE TRAINING LICENSE

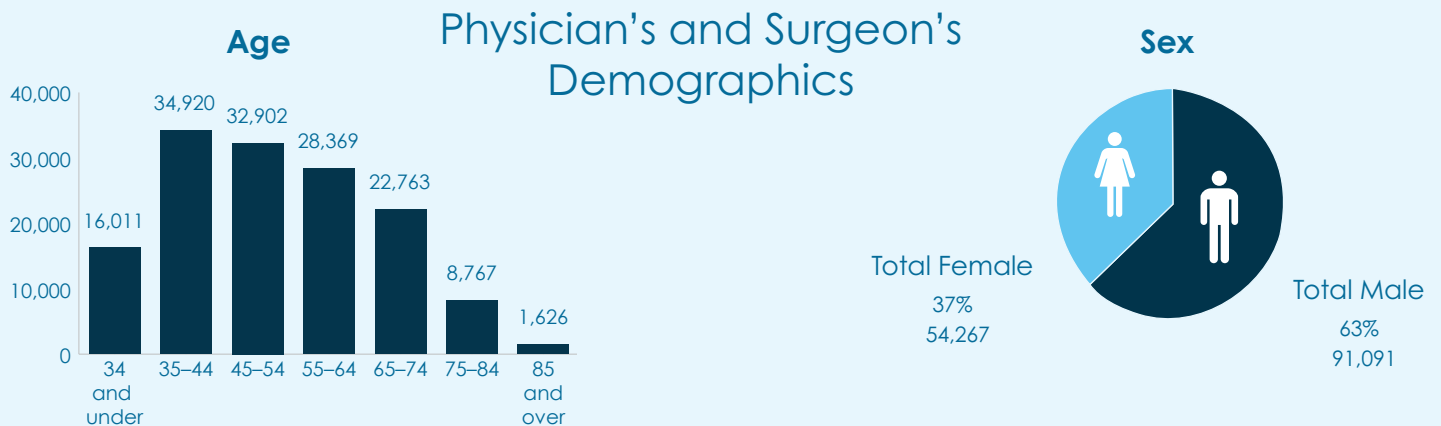
New physician and surgeon licensing requirements went into effect on January 1, 2020, requiring 36 months of board-approved postgraduate training, including 24 consecutive months in the same program, in order to obtain a physician's and surgeon's (P&S) license.

Under this new law, all current residents attending postgraduate training in California who do not hold a P&S license were required to obtain a postgraduate training license (PTL) by June 30, 2020. Due to the COVID-19 pandemic, however, the DCA director approved

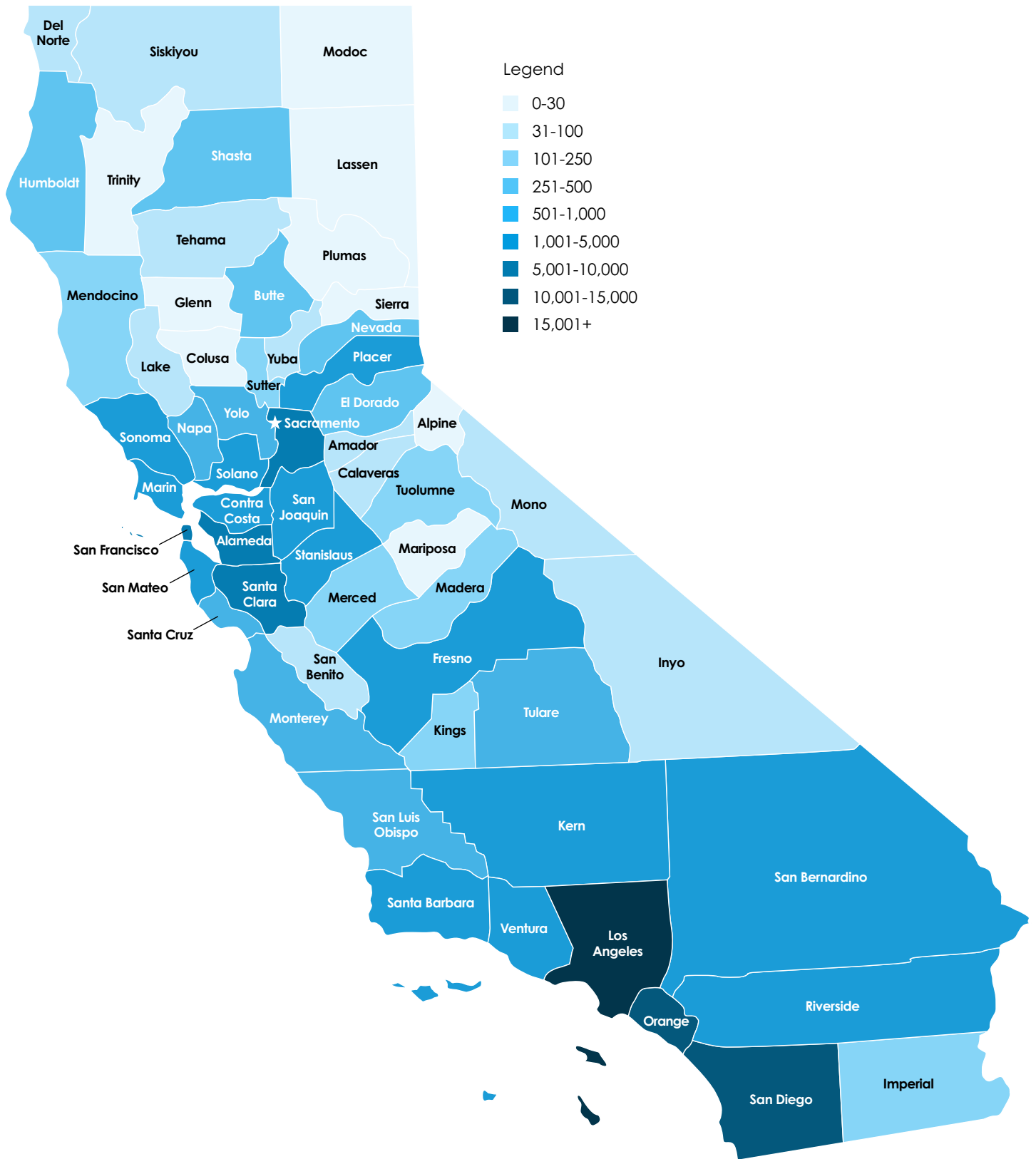
a temporary waiver to extend this deadline to October 31, 2020. Under the new law, residents participating in an Accreditation Council for Graduate Medical Education accredited postgraduate training program in California starting July 1, 2020, must obtain a PTL within 180 days of enrollment in order to continue to practice medicine as part of the training program.

The Board posted the new PTL application, titled Application to Transition from a Postgraduate Training License to a Physician's and Surgeon's License, and the updated P&S license application on its website on December 24, 2019, and launched the online PTL application on January 1, 2020. Consumers can search for PTL licenses and view the name of the licensee's current training facility and the dates of validity on the DCA's online license lookup, available through the Board's website.

Prior to and following January 1, 2020, the Licensing Program conducted dozens of outreach events to educate current medical school students and residents on the new licensing requirements, until COVID-19 travel restrictions went into place. Even with travel restrictions, the Licensing Program continued to update the license information on its website, participate in teleconferences with stakeholders, and correspond with medical schools, programs, and applicants on the new licensing requirements.



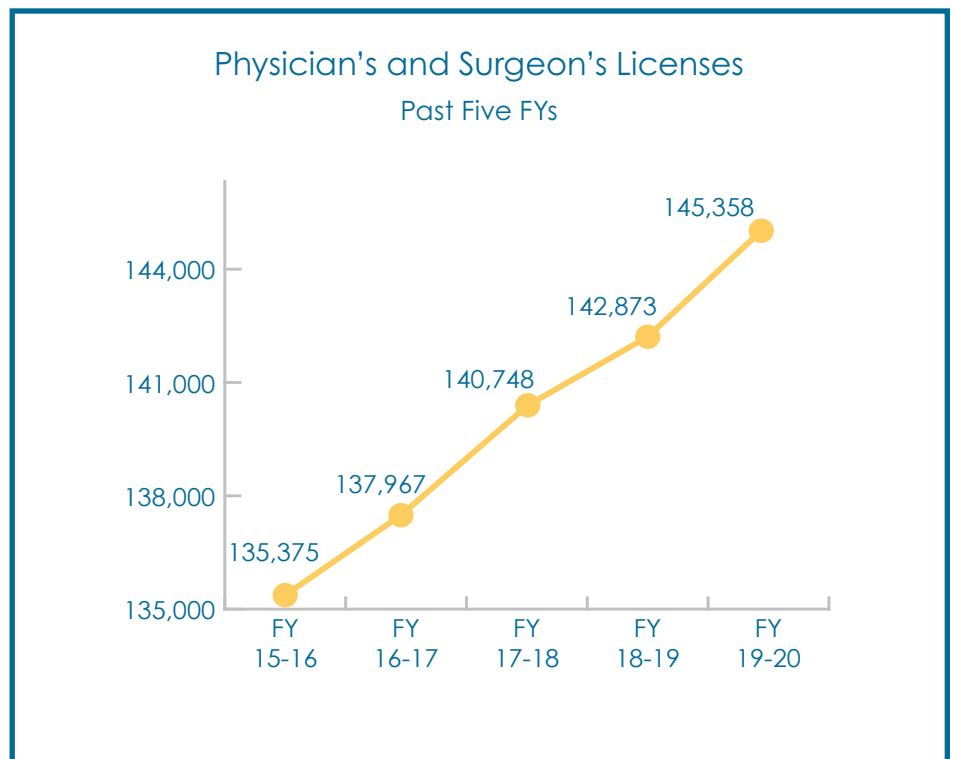
Physicians and Surgeons by County



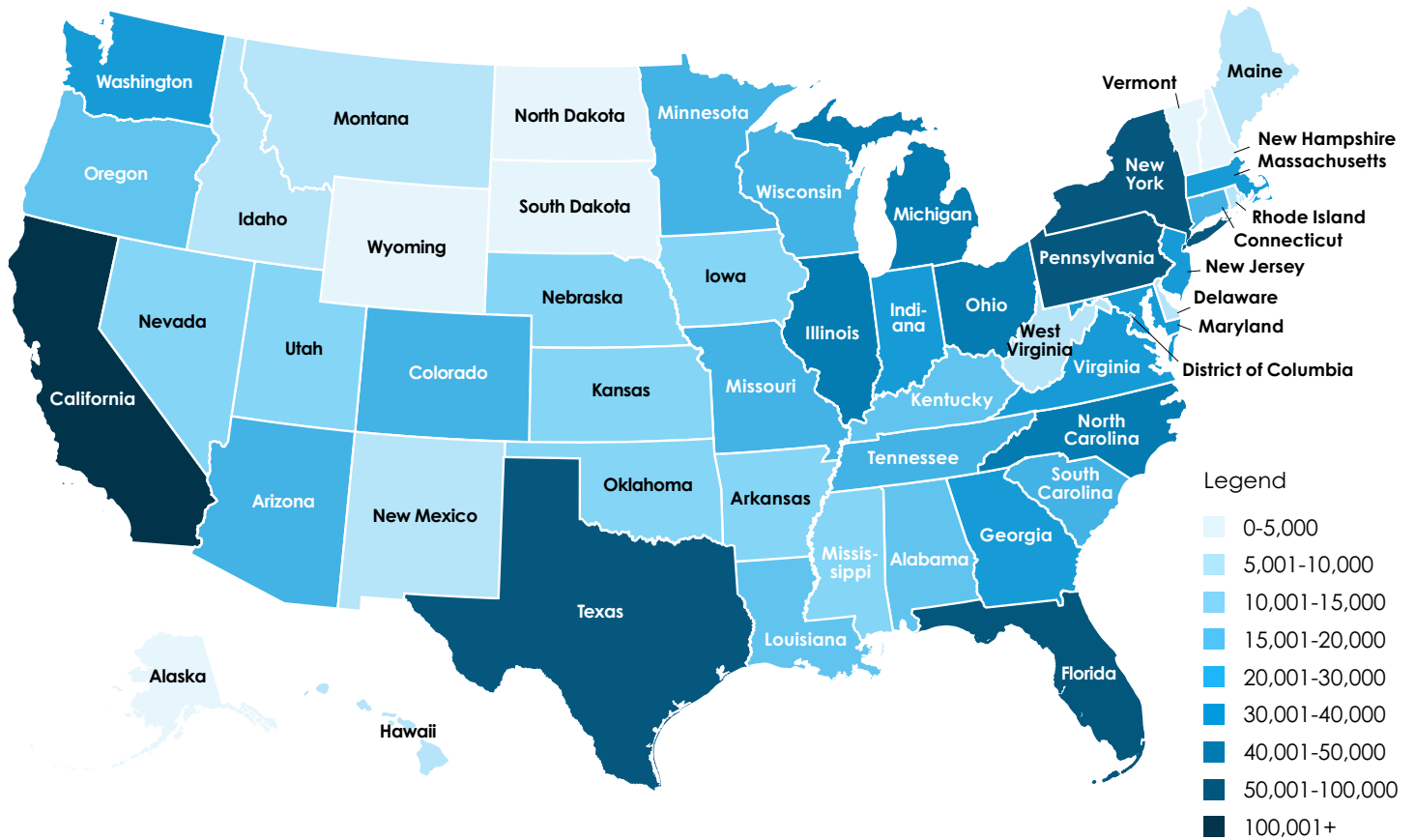
Physicians and Surgeons by County¹

County		County		County	
Alameda	5,659	Riverside	3,618	Stanislaus	1,055
Alpine	2	Sacramento	5,452	Sutter	184
Amador	70	San Benito	48	Tehama	45
Butte	444	San Bernardino	4,568	Trinity	7
Calaveras	45	San Diego	11,884	Tulare	579
Colusa	9	San Francisco	7,121	Tuolumne	130
Contra Costa	3,681	San Joaquin	1,255	Ventura	2,116
Del Norte	32	San Luis Obispo	850	Yolo	559
El Dorado	349	San Mateo	3,166	Yuba	45
Fresno	2,252	Santa Barbara	1,314	Total	
Glenn	12	Santa Clara	9,222	In State Address	119,574
Humboldt	268	Santa Cruz	765	Total	
Imperial	142	Shasta	411	Out-of-State Address	25,784
Inyo	50	Sierra	0	Total	145,358
Kern	1,246	Siskiyou	70		
Kings	144	Solano	1,030		
Lake	67	Sonoma	1,574		
Lassen	27				
Los Angeles	31,697				
Madera	228				
Marin	1,613				
Mariposa	10				
Mendocino	179				
Merced	223				
Modoc	6				
Mono	35				
Monterey	989				
Napa	508				
Nevada	258				
Orange	10,795				
Placer	1,441				
Plumas	25				

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 - 2,545, Out-of-State - 4,499, Total - 7,044.



Physicians and Surgeons by State¹



State	Count	State	Count	State	Count
Alabama	16,595	Maryland	30,279	South Carolina	20,642
Alaska	4,495	Massachusetts	35,817	South Dakota	4,642
Arizona	27,535	Michigan	43,145	Tennessee	24,340
Arkansas	10,814	Minnesota	24,964	Texas	83,334
California	157,638	Mississippi	10,836	Utah	11,546
Colorado	25,070	Missouri	27,950	Vermont	3,715
Connecticut	20,146	Montana	6,044	Virginia	38,977
Delaware	5,795	Nebraska	10,147	Washington	30,174
District of Columbia	11,513	Nevada	10,075	West Virginia	8,280
Florida	80,011	New Hampshire	7,374	Wisconsin	27,675
Georgia	37,320	New Jersey	39,259	Wyoming	4,197
Hawaii	9,931	New Mexico	9,407	Total	1,356,995
Idaho	6,599	New York	97,592		
Illinois	47,494	North Carolina	41,878		
Indiana	31,264	North Dakota	4,207		
Iowa	12,712	Ohio	48,471		
Kansas	10,351	Oklahoma	13,764		
Kentucky	19,528	Oregon	16,101		
Louisiana	17,538	Pennsylvania	56,981		
Maine	7,290	Rhode Island	5,543		

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

Licenses

	FY 18-19	FY 19-20
Physician Applications Received		
Physician Applications Received	7,720	5,629 ¹
Physician Licenses Issued		
FLEX/USMLE ²	5,258	4,680
NBME ²	254	239
Reciprocity with Other States (BPC §2135)	1,182	1,153
Total	6,694	6,072
Physician Licenses Renewed		
Renewal Licenses Issued - Fee	67,389	65,110
Renewal Licenses Issued - Fee Exempt ³	5,585	5,914
Total	72,974	71,024
Physician Licenses In Effect³		
In-State Address	117,570	119,574
Out-of-State Address	25,303	25,784
Total	142,873 ⁵	145,358 ⁶
Physician License Administrative Activity		
Licenses Issued with Public Letters of Reprimand	11	2
Probationary Licenses Issued	22	22
Licenses Denied (No Hearing Requested)	6	3
Statements of Issues to Deny License Filed	23	13
Statements of Issues Granted (License Denied)	6	3
Statements of Issues Denied (License Granted)	5	2
Statements of Issues Withdrawn	5	1
Postgraduate Training Licenses (PTL)		
PTL Applications Received	N/A	4,122
Issued	N/A	1,925
In Effect	N/A	1,925

¹The Board notes a decrease in the amount of applications received due to the creation of the postgraduate training license (PTL), and the discontinuing of the postgraduate training authorization letter (PTAL) effective January 1, 2020.

²FLEX: Federation Licensing Exam. USMLE: United States Medical Licensing Exam. NBME: National Board Medical Examiners.

³Includes physicians with disabled, retired, military, or voluntary services license status.

⁴Excludes physicians with inactive, retired, or disabled license status.

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

⁶Total physician licenses in effect including inactive, retired or disabled license status - 152,402.

Permits and Special Programs

	FY 18-19	FY 19-20
Fictitious Name Permits		
Issued	1,383 ¹	1,286 ²
Renewed	5,364	5,409
In Effect	12,812	12,981
Special Faculty Permits		
Issued	2	3
Renewed	12	7
In Effect	23	24
Applications Received		
Applications Received	47	55
Licenses Issued	47	51
Licenses Renewed	96	93
In Effect	276	244

¹Includes 39 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

²Includes 31 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

Verification and Reporting

	FY 18-19	FY 19-20
License Status Verifications		
Telephone Verifications	1,873	2,414
Non-Verification Telephone Calls	51,613 ¹	48,173 ²
Authorized License Verification System (LVS) Internet Users	620	729
Web License Look-Up ³	1,177,948	1,254,028
Certification Letters and Letters of Good Standing Verifications	11,870	11,891
Reporting Activities		
Disciplinary Reports Mailed to Health Facilities Upon Written Request Pursuant to BPC §805.5	573 ⁴	839
Adverse Actions Reported to the National Practitioner Data Bank (NPDB)	685 ⁵	621 ⁶
BPC §805 / §805.01 Reports of Health Facility Discipline Received	131 / 9	170 / 11

¹Excludes the 12,899 listed under Consumer Inquiries on page 13.

²Excludes the 11,544 listed under Consumer Inquiries on page 13.

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

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

⁵Includes 682 MDs, 1 Research Psychoanalyst, 1 Polysomnographic Technician, and 1 Polysomnographic Technologist.

⁶Includes 620 MDs and 1 Polysomnographic Technologist.

DID YOU KNOW?

Medical schools and post graduate training programs can electronically upload forms to the Board's Direct Online Certification Submission portal. Learn more in our [Summer 2020 newsletter](#).

ENFORCEMENT PROGRAM

The Enforcement Program investigates allegations of wrongdoing and takes disciplinary or administrative actions as appropriate. The Board's Central Complaint Unit (CCU) receives and triages all complaints. If it appears that a violation of the Medical Practice Act or other laws may have occurred, the Board refers the complaint for investigation. The complaint is investigated by either the Department of Consumer Affairs (DCA) Health Quality Investigation Unit (HQIU), comprised of sworn peace officers, or the Board's Complaint Investigation Office (CIO), comprised of non-sworn special investigators. All investigators investigate complaints and, if warranted, refer the case to the Attorney General's (AG) Office for disciplinary action.

SEXUAL MISCONDUCT REPORTING

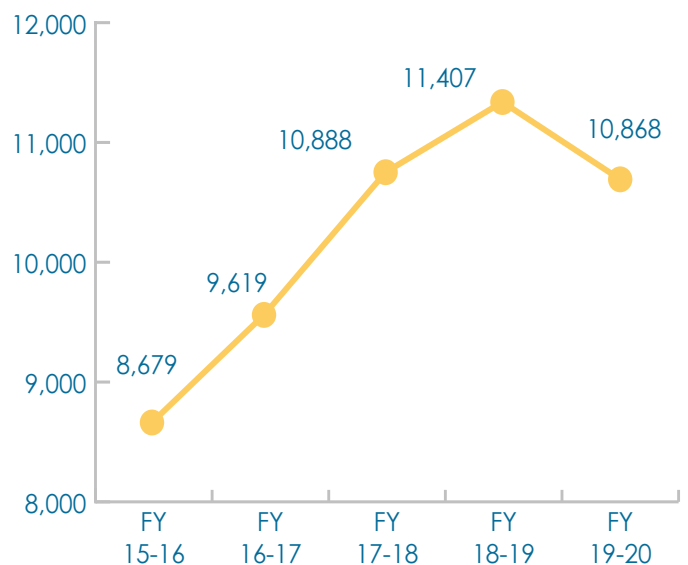
Senate Bill (SB) 425 (Hill), which went into effect January 1, 2020, enhanced the Board's mission of consumer protection. The bill requires health facilities and entities to report allegations of sexual abuse or sexual misconduct made against licensed healthcare professionals to the appropriate licensing agency within 15 days. According to the law, patient allegations must be made in writing to the health facility or other entity to trigger the reporting requirements. Additionally, the bill specifies that any failure to file the report is punishable by a fine not to exceed \$50,000 per violation, and a willful failure to file the required report is punishable by a fine not to exceed \$100,000 per violation. As a result of the passage of SB 425, the Board has received a total of 32 reports since January 1, 2020.

COMPLAINT PROCESS IMPROVEMENTS

CCU has been identifying ways to improve efficiency and the consumer experience. Since anonymous complaints present unique challenges due to a lack of information and ability to follow up or seek clarification of the complaint, CCU staff revised the Consumer Complaint Form. Further, staff is working on enhancing the online complaint process, and updating content on the Board's website

to provide information on the complaint process. CCU collaborated with the Board's Office of Public Affairs to update content and rename a brochure that provides consumers information on the Board's complaint process. Previously named, "How Complaints Are Handled," the brochure is now named "A Consumer's Guide to the Complaint Process," and is available in both English and Spanish.

Physician's and Surgeon's Complaints
Past Five FYs



Physician's and Surgeon's Enforcement Summary

	FY 18-19	FY 19-20
Complaints¹		
Complaints Received	11,407	10,868
Complaints Closed by Complaint Unit	10,019 ²	12,903 ³
Investigations		
Cases Opened	1,544 ⁴	1,956 ⁵
Cases Closed	1,749 ⁶	1,689 ⁷
Cases Referred to the Attorney General (AG)	638 ⁸	563 ⁹
Cases Referred for Criminal Action	39	36
Probation Violation Reports Referred to the AG	39	40
Consumer Inquiries		
Consumer Telephone Inquiries	12,899	11,544
Consumer Jurisdictional Inquiries	7,094	6,349

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

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

³ Includes 11,131 complaints closed, 142 referred to Cite and Fine Program, and 1,630 to investigations.

⁴ Includes 487 complaints opened by CIO, and 1,057 by HQUI.

⁵ Includes 383 complaints opened by CIO, and 1,573 by HQUI.

⁶ Includes 477 cases closed by CIO, and 1,272 by HQUI.

⁷ Includes 384 cases closed by CIO, and 1,305 by HQUI.

⁸ Includes 181 cases referred to AG by MBC, and 457 by HQUI.

⁹ Includes 137 cases referred to AG by MBC, and 426 by HQUI.

IMMUNIZATIONS

The passage of Senate Bills (SB) 276 and 714 (Pan) removed barriers preventing the Board from investigating complaints involving inappropriate medical exemptions from vaccines required for school entry. For all quality of care cases, the Board must receive an authorization from the patient, or their parent or guardian (if the patient is a minor), to obtain the medical records, otherwise, they must obtain the records via a subpoena. Often in a medical exemption case, the parent or guardian does not want the Board to investigate the physician who issued the medical exemption; therefore, the parent will not sign the authorization form. The new provisions under Health and Safety Code section 120372 eliminate that barrier by requiring the California Department of Public

Health (CDPH), by January 1, 2021, to develop and make available an electronic, standardized, and statewide medical exemption certification form for physicians, which must include an authorization to release medical records to CDPH, the Board, or the Osteopathic Medical Board of California.

In addition, the new provisions require clinically trained staff members at CDPH to review immunization reports from all schools and institutions with immunization rates of less than 95 percent, and exemptions from physicians who submit five or more medical exemptions per calendar year. The law also establishes an appeals process for medical exemptions when denied or revoked, under Health and Safety Code section 120372.05.

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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	40	4	6	30	22	102
Health and Safety ⁴	158	8	30	46	92	334
Non-Jurisdictional ⁵	1,203	4	125	21	341	1,694
Gross Negligence/Incompetence ⁶	3,808	835	44	376	365	5,428
Personal Conduct ⁷	68	73	23	199	62	425
Unprofessional Conduct ⁸	1,154	105	66	773	453	2,551
Unlicensed/Unregistered	95	1	14	78	146	334
Total Source Complaints Received	6,526	1,030	308	1,523	1,481	10,868

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.



**MBC
NEEDS
YOU!**

If you are currently practicing in California, the Board needs your help as an expert reviewer. The Board is looking for physical and mental examiners, clinical diagnostic examiners, and psychologists. For information and how to apply, please visit: mbc.ca.gov/enforcement/expert_reviewer/ or contact the Board's expert reviewer program at: MBCMedicalExpertProgram@mbc.ca.gov

Administrative Actions

	FY 18-19	FY 19-20
Administrative Actions		
Accusation	396	308
Petition to Revoke Probation/Accusation and Petition to Revoke	32	30
Amended Accusation/Petition to Revoke	93	96
Completed Investigations Referred to the AG and Awaiting the Filing of Accusation as of June 30, 2020	114	125
Cases Over 6 Months Old that Resulted in the Filing of Accusation	342	297
Administrative Outcomes		
License Revoked	49	28
License Surrendered (in Lieu of Accusation or with Accusation Pending)	85	89
License Placed on Probation with Suspension	1	4
License Placed on Probation	153	130
Probationary License Issued	22	22
Public Reprimand	135	107
Accusation Withdrawn	14	16
Accusation Dismissed	13	3
Probation Violation Outcomes		
License Revoked	11	7
License Surrendered	10	7
Additional Suspension and Probation	1	0
Additional Probation	5	14
Public Reprimand	0	1
Other Actions (e.g., Exam Required, Educational Course, etc.)	0	0
Petition Withdrawn	4	1
Petition Dismissed	0	0
Referral and Compliance Actions		
Citation and Administrative Fines Issued	158	62

Petition Activity

	FY 18-19	FY 19-20
Petitions for Reinstatement of License		
Filed	21	15
Granted	6	9
Denied	10	9
Petitions for Penalty Relief¹		
Granted	31	37
Denied	9	17
Petitions to Compel Exam		
Filed	17	30
Granted	15	27
Denied	0	0

License Restrictions/Suspensions and Temporary Restraining Orders

	FY 18-19	FY 19-20
Imposed while Administrative Action Pending		
Interim Suspension Order (ISO)	22	14 ¹
Temporary Restraining Order (TRO)	0	0 ¹
Other Suspension Orders	58	42 ²
Sought and Granted by Case Type for FY 19-20		
	Sought	Granted³
Gross Negligence/Incompetence	12	3
Inappropriate Prescribing	2	4
Unlicensed Activity	5	1
Sexual Misconduct	6	6
Mental/Physical Illness	18	6
Self-Abuse of Drugs/Alcohol	15	15
Fraud	3	6
Criminal Charges/Conviction	8	5
Unprofessional Conduct	17	10
Total	86	56

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; 1 - sexual misconduct with a patient; 2 - practicing under the influence of drugs/alcohol; and 0 - excessive prescribing to a minor.

² Includes 6 - Automatic Suspension Orders per BPC §2236; 7 - license restrictions per Penal Code §23; 3 - license restrictions pursuant to court order; 13 - out-of-state suspension orders per BPC §2310; 0 - stipulated agreements to suspend or restrict the practice of medicine; and 13 - cease practice orders issued for violation of probation condition or violation of interim suspension order.

³ Some orders granted were sought in prior FY.

DID YOU KNOW?

Health and Safety Code sections **123100 through 123149.5** allow you to make a written request to review or obtain a copy of your medical records.

Learn more in our Summer 2020 Newsletter, **Accessing Your Medical Records.**

Malpractice Settlement Reports Received per BPC §801.01 by Specialty Practice

Specialty/Subspecialty	Reports ¹	Physicians ²
Anesthesiology	24	7,235
Cardiology	12	3,392
Colon and Rectal	3	233
Critical Care	5	1,799
Dermatology	8	2,408
Emergency Medicine	43	5,232
Endocrinology	1	973
Gastroenterology	8	1,804
General/Family Practice	36	10,663
Geriatric Medicine	1	713
Gynecology	21	6,529
Hematology	3	1,196
Infectious Disease	2	1,010
Internal Medicine	44	23,068
Neonatal/Perinatal	3	776
Nephrology	1	1,292
Neurological Surgery	15	640
Neurology	6	2,593
Obstetrics	43	6,529
Ophthalmology	7	3,163
Orthopedic Surgery	48	3,477
Otolaryngology	11	1,803
Pain Medicine	3	731
Pathology	10	4,558
Pediatrics	14	11,657
Physical Medicine and Rehabilitation	3	1,389
Plastic Surgery	16	1,284
Psychiatry	1	8,880
Pulmonary Disease	2	1,757
Radiology	45	6,522
Rheumatology	2	715
Sports Medicine	2	678
Surgery	61	4,518
Thoracic Surgery	10	630
Urology	11	1,491
Vascular Surgery	3	330

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 2018-2019 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	170	11
Peer Review Body Type		
Health Care Facility/Clinic	89	6
Surgical Center	2	0
Health Care Services Plan	43	0
Professional Society	0	0
Medical Group/Employer	36	5
Outcomes of Reports Received		
Suspension and Accusation Filed	1	0
Accusation Filed	1	0
Pending Disposition	112	11
Cases Closed	56	0

Reports Received Based Upon Legal Requirements for Physicians and Surgeons

	FY 18-19	FY 19-20
Medical Malpractice		
Insurers ¹	432	366
Attorneys/Self-Reported/Employers ¹	189	174
Courts ²	1	2
Total	622	542
Other Required Reporting		
Coroners' Reports ³	3	1
Criminal Charges and Convictions ⁴	81	49
Health Facility Discipline Reports Medical Cause or Reason ⁵	126	170
Health Facility Reports ⁶	9	11
Health Facility Report Sexual Abuse/ Misconduct Allegation ⁷	N/A	32
Outpatient Surgery Settings Reports Patient Death ⁸	19	7
Total	238	270
Stem Cell Therapy Complaints and Action Taken⁹		
Complaints Received	13	19
Disciplinary Actions Taken	0	0
Administrative Actions Taken	0	0

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 §805.8 (effective 1/1/2020).

⁸ Per BPC §2240(a).

⁹ Physicians and surgeons, licensed midwives, research psychoanalysts, and polysomnographic program.

Administrative and Probation Violation Outcomes by Case Type¹

	Revocation	Surrender	Probation with Suspension	Probation	Probationary License Issued	Public Reprimand	Total Actions
Gross Negligence/Incompetence	8	28	1	63	6	78	184
Inappropriate Prescribing	2	18	1	29	0	5	55
Unlicensed Activity	0	0	0	1	0	2	3
Sexual Misconduct	4	4	0	2	0	1	11
Mental/Physical Illness	7	16	0	2	1	0	26
Self-Abuse of Drugs/Alcohol	4	19	1	29	4	2	59
Fraud	2	4	0	1	0	0	7
Conviction of a Crime	0	0	1	6	0	0	7
Unprofessional Conduct	8	7	0	11	11	20	57
Total Administrative Actions	35	96	4	144	22	108	409

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; 47 - excessive prescribing; 1 - excessive recommending of medical cannabis; 9 - sexual misconduct with a patient; 8 - 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	1,920	25 ²
AG Cases Assigned ³	326	4 ²
Probation Unit⁴		
Monitoring Cases ⁵	529	31

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 and polysomnographic technologist.

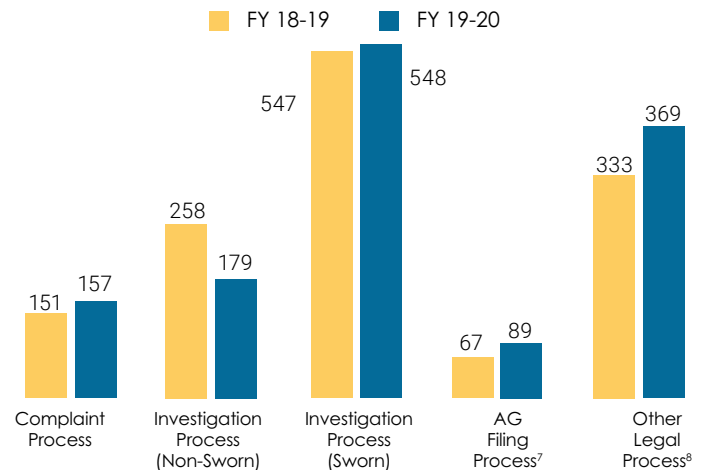
⁵ 68 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2020.

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.

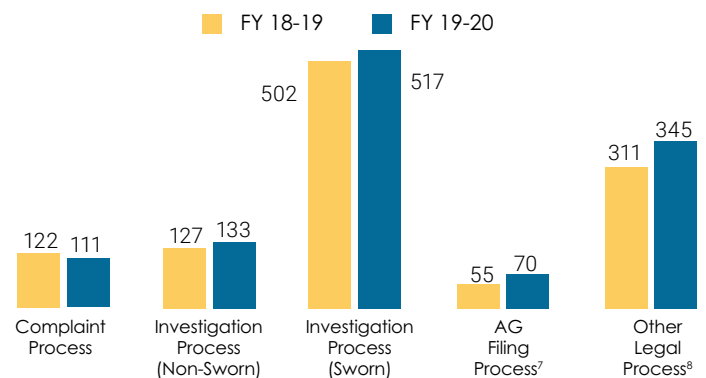
⁷ Days from case transmittal to initial pleading filed.

⁸ Days from filing to final case disposition.

Average Enforcement Processing Time Frames⁶



Median Enforcement Processing Time Frames⁶



Substance-Abusing Licensees

FY 18-19 FY 19-20

Probationers				
Probationers Whose Conduct was Related to a Substance-Abuse Problem	225		229	
Substances Involved ¹				
Alcohol	144		152	
Amphetamines	0		0	
Ativan	1		1	
Benzodiazepine	2		4	
Cannabis	3		6	
Cocaine	5		4	
Demerol	2		1	
Fentanyl	2		2	
Inhalants ²	1		0	
Ketamine	1		1	
Methamphetamines	3		3	
Opiates	3		4	
Psilocybin	2		1	
Multiple Controlled Substances	92		86	
Probation Completion				
Probation Successfully Completed ³ (Y)	26		37	
Failed to Complete Probation (N)	18		22	
Substances Involved ¹				
	Y	N	Y	N
Alcohol	19	9	25	11
Benzodiazepine	0	0	0	1
Cannabis	0	0	1	0
Cocaine	0	0	0	1
Demerol	1	0	0	0
Fentanyl	0	0	1	0
Inhalants	0	1	0	0
Methamphetamines	0	0	0	0
Opiates	1	0	0	0
Multiple Controlled Substances	10	11	13	11
Relapses				
Probationers who Relapsed	7		9	
Substances Involved ¹				
Alcohol	5		5	
Cannabis	0		0	
Cocaine	0		2	
Methamphetamines	1		0	
Opiates	1		2	
Tramadol	1		0	

FY 18-19 FY 19-20

Cease Practice Orders		
Probationers Issued a Cease Practice Order	16	11
Substances Involved/Reason for Order		
Alcohol	6	4
Cannabis	1	0
Cocaine	1	2
Methamphetamines	1	0
Opiates	0	2
Tramadol	2	0
Failed to Enroll in a Clinical Competence Assessment Program	0	0
Failed to Complete a Clinical Competence Assessment Program	1	0
Failed to Appear for a Biological Fluid Test (BFT)	3	3
Solo Practice Violation	1	0
Suspensions		
Probationers Issued a Suspension	0	0
Substance Involved		
Cocaine	0	0
Petitions to Revoke		
Petitions to Revoke	16	15
Substances Involved/Reason for Action		
Alcohol	3	4
Cannabis	0	0
Cocaine	0	1
Methamphetamines	1	0
Tramadol	1	0
Opiates	1	1
Multiple Controlled Substances	0	0
Failed to Complete a Clinical Competence Assessment Program	0	0
Failed to Appear for a BFT	3	3
Multiple Probation Violations	6	4
Non-Practice Over 2 Years	1	2

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)		Opiates		Tramadol		Multiple Controlled Substances		Total Major Violations	
	FY 18-19	FY 19-20	FY 18-19	FY 19-20	FY 18-19	FY 19-20	FY 18-19	FY 19-20	FY 18-19	FY 19-20	FY 18-19	FY 19-20	FY 18-19	FY 19-20	FY 18-19	FY 19-20
Failed to Undergo a Required Clinical Diagnostic Evaluation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Committed Multiple Minor Violations of Probation Conditions and Terms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	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	-	1	-	-	-	-	-	-	-	-	-	-	-	1	0	1
Failed to Undergo Biological Fluid Testing (BFT) when Ordered ²	10	16	1	-	1	-	-	-	-	-	-	-	7	5	14	18
Used, Consumed, Ingested, or Administered to Himself or Herself a Prohibited Substance ³	2	4	-	-	-	1	1	-	-	1	1	-	-	1	4	7
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	2	1	-	-	-	-	1	-	-	-	1	-	-	1	4	1
Substances Involved	14	22	1	-	1	1	2	-	-	1	2	-	7	8	22 ²	27

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.

PENDING LEGISLATION WEBPAGE

The Board launched a new [Pending Legislation webpage](#) in Spring 2019 focusing on legislation that affects the practice of medicine in California.

Visitors can check out the Board's position on bills being considered in the Legislature impacting the Board and its jurisdiction. For additional information, please contact the Board's Executive Office at 916-263-2389.

ALLIED HEALTHCARE PROFESSIONALS

Allied healthcare 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	35	460
Research Psychoanalyst	4	82
Polysomnographic Trainee	14	57
Polysomnographic Technician	30	144
Polysomnographic Technologist	35	668
Accreditation Agencies for Outpatient Surgery Settings	0	5
	FY 18-19	FY 19-20
Complaints		
Complaints Received	52	67
Complaints Closed by Complaint Unit	46	73
Investigations		
Cases Opened	8	24
Cases Closed	19	23
Cases Referred to the Attorney General (AG)	3	8
Cases Referred for Criminal Action	0	1
Probation Violation Reports Referred to the AG	0	0
Reports Received Based Upon Legal Requirements		
Midwife Hospital Transfer Forms ¹	174	186
Outpatient Adverse Event Reports ²	303	218
Referral and Compliance Actions		
Citation and Administrative Fines Issued	1	0
License Restrictions/Suspensions Imposed while Administrative Action Pending		
Interim Suspension Order	1	0
Other Suspension Orders	0	0

	FY 18-19	FY 19-20
Administrative Actions		
Accusation	5	3
Petition to Revoke Probation	0	0
Amended Accusation/Petition to Revoke	0	3
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	0	1
Administrative Outcomes		
License Revoked	2	0
License Surrendered (in Lieu of Accusation or with Accusation Pending)	1	0
License Placed on Probation with Suspension	0	0
License Placed on Probation	0	1
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	6,226	5,784
Planned Out-of-Hospital Births at the Onset of Labor	4,148	3,833
Planned Out-of-Hospital Births Completed in an Out-of-Hospital Setting ²	3,535	3,245
Sets of Twin Births	3	1
Sets of Multiple Births (Other Than Twin Births)	0	0
Breech Births	117	169
VBAC (Vaginal Birth After Cesarean Section)	151	175
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	1	0
Resulting in the Mortality of the Infant After Transfer	4	3
Resulting in Fetal Demise Prior to the Mother Being Transferred	6	8
Resulting in Fetal Demise After the Mother was Transferred	6	7
Antepartum Transfers		
Primary Care Transferred to Another Health Care Practitioner (Elective)	260	253
Urgent or Emergency Transport of Expectant Mother	73	110
Intrapartum Transfers		
Elective Hospital Transfer	512	483
Urgent or Emergency Transfer of an Infant or Mother	107	105
Postpartum Transfers		
Elective Hospital Transfer of Mother	21	23
Elective Hospital Transfer of Infant	13	16
Urgent or Emergency Transfer of Mother	32	35
Urgent or Emergency Transfer of Infant	49	39

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 Clients delivering multiples is counted as one birth.