

MEDICAL BOARD OF CALIFORNIA



ANNUAL REPORT

2023/24

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MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Executive Office

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Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

TO: Members of the California State Legislature
Office of the Secretary of the Senate
Office of the Chief Clerk of the Assembly
Office of the Legislative Counsel
FROM: Reji Varghese, Executive Director
DATE: October 1, 2024
RE: Fiscal Year 2023-2024 Annual Report of the Medical Board of California

Pursuant to Business and Professions Code section 2313 and Government Code section 9795, I am pleased to submit the Fiscal Year 2023-2024 Annual Report of the Medical Board of California (Board).

This report contains a summary of the Board's key activities between July 1, 2023, and June 30, 2024, including various statistics related to its budget and the enforcement and licensing programs.

This report discusses various actions taken related, but not limited to, the following:

- Implementation of the Board's 2023 sunset review legislation, including related changes to the Board's enforcement process.
- Public discussions on possible revisions to impairment questions on physician-related initial applications.
- Progress made towards a paperless licensing application process.
- Update on the Licensed Physicians from Mexico Pilot Program, Physician Health and Wellness Program regulations, and the Board's medical expert reviewer and consultant programs.
- Reports of the enforcement monitor appointed pursuant to SB 806 (Roth) of 2021.
- Public stakeholder meetings held during the fiscal year.
- Changes to Board leadership.

The Board's annual reports are available for viewing and download online at <https://www.mbc.ca.gov/Resources/Publications/Annual-reports.aspx>. To request a hard copy of the report, please call the Board's executive office at (916) 263-2389.

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 seven standing committees, seven task forces, two disciplinary panels, and the Midwifery Advisory Council that assist with the work of the Board.

Kristina D. Lawson, J.D.
President

James M. Healzer, M.D.
Vice President

Michelle Anne Bholat, M.D.
Secretary

Irving Ayala-Rodriguez, M.D.

Anni Chung

Asif Mahmood, M.D.

Wendy Mitchell

Richard E. Thorp, M.D.

Marina Torres, J.D.

Veling Tsai, M.D.

Eserick "TJ" Watkins

Felix C. Yip, M.D.



MISSION

The mission of the Medical Board of California is to protect healthcare consumers and prevent harm through the proper licensing and regulation of physicians and surgeons and certain allied healthcare 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, policy, and regulatory functions.

VISION

The Medical Board of California's vision is to be the premier consumer protection agency by leading and partnering in the effort to prevent harm and advance high quality, safe medical care.

VALUES

Accountability, Consumer Protection,
Empathy, Fairness, Integrity, and Trust

Gavin Newsom
Governor

Reji Varghese
Executive Director

EXECUTIVE SUMMARY

IMPLEMENTING 2023 SUNSET REVIEW LAW CHANGES

Senate Bill (SB) 815, the Board's most recent sunset legislation, was signed into law on September 30, 2023, and brought significant changes to the Board's licensing and enforcement programs effective January 1, 2024. Notable changes in the law include increases to the Board's physician-related fees, the transfer of the research psychoanalyst program to the Board of Psychology, establishment of a Complainant Liaison Unit, new requirements to conduct interviews prior to closing quality-of-care complaints, and the collection of patient impact statements related to complaints referred to a field investigation.

The California state budget for Fiscal Year 2024-2025 included funding and authority for the Board to hire additional staff positions necessary to establish the Complainant Liaison Unit and conduct additional interviews related to quality-of-care complaints. The Board's website will be updated to include information on these new functions when they take effect.

TASK FORCE REVIEWED LICENSE APPLICATION IMPAIRMENT QUESTIONS

Two Board members (Nicole Jeong, J.D., and Veling Tsai, M.D.) were appointed in May 2024 to conduct a public process to gather input from various stakeholders to consider possible changes to the impairment questions on the Board's physician license applications. The Task Force held a public Interested Parties Meeting on July 30, 2024.

BOARD MEMBER APPOINTMENTS AND CHANGES TO STAFF LEADERSHIP

Governor Gavin Newsom appointed several members to the Board: Irving G. Ayala-Rodriguez, M.D., Anni Chung, Wendy Mitchell, Marina Torres, J.D., and Felix Yip, M.D. The following executive staff leadership positions were filled: Marina O'Connor as Deputy Director, Douglas Hock as Chief of Licensing, and Alexandria Schembra as Public Information Manager.

ENFORCEMENT MONITOR FINAL REPORT

Senate Bill 806 (Roth, Chapter 649, Statutes of 2021) required DCA's director to approve an enforcement monitor for the Board. Alexan RPM Inc. was hired in July 2022 to monitor and report on the Board's enforcement program. The [enforcement monitor's report](#) released in August 2023, included recommendations related to: 1) The Board's Central Complaint Unit; 2) Investigation and Discipline Process; 3) Physician and Surgeon Demographic Data Analysis; and, 4) Administrative matters affecting the enforcement program. The Board discussed this report during a public meeting on March 1, 2024, and looks forward to working with interested parties in its effort to continually improve the enforcement process.

DID YOU KNOW?

You can print your own wallet license using the Board's **Wallet License Generator**. To learn more, visit the Board's website at <https://www.mbc.ca.gov/WalletCard>

Physicians and Surgeons' Year in Review



10,479

Applications
Received¹



12,973

Licenses
Issued¹



72,685

Licenses
Renewed



9,715

Complaints
Received

¹ Includes Postgraduate Training Licenses

BOARD MEETING DISCUSSION ON MATERNAL MORTALITY

The Board held an important public discussion in Bakersfield on maternal mortality, which included a focus on data and statistics related to Black maternal health, and how California compares to other states. The Board members and attendees heard from distinguished speakers and leaders who provided national, state, and local perspectives on this vital topic and, importantly, heard from the public. The meeting agenda, presentation materials, and a video recording of this discussion are available on the Board's website.

PHYSICIAN HEALTH AND WELLNESS REGULATIONS WITHDRAWN

During their public meeting on May 23-24, 2024, the Board decided to no longer proceed with a rulemaking to establish a physician health and wellness program, as authorized under current law. Instead, the Board directed staff to develop a legislative proposal that is aligned with national best practices for the treatment of physicians with substance use disorders or other mental health issues, for Board approval at a future public meeting.

UPDATE ON LICENSED PHYSICIANS FROM MEXICO PILOT PROGRAM (LPMPP)

The 2nd Annual Progress Report on the LPMPP was released in October 2023 and discussed at the Board's November 30-December 1, 2023, meeting. Later in the fiscal year, the Board supported two bills that would extend and expand this successful program. For more information, please see [Assembly Bill \(AB\) 2860](#) and [AB 2864](#).

RENEW *early*

Avoid potential lapses in licensure.
Learn more by visiting the Board's website:

<https://www.mbc.ca.gov/Licensing/>

BUDGET SUMMARY

Physicians' renewal fees are the primary source of revenue for the Board, as illustrated on the revenues and reimbursements chart on page 7. The budget distribution chart reflects the actual expenditures in each of the Board's programs.

FY 2023-2024 marked the second complete year during which the Board possessed the authority to order cost recovery for case investigation and prosecution, following the reinstatement of that authority on January 1, 2022. The Board is also reimbursed for probation monitoring costs. Based on FY 2023-2024 expenditures, the Enforcement Program accounts for approximately 75 percent of the Board's overall expenditure; including legal services and probation monitoring costs. The Licensing Program accounts for about 14 percent of the Board's overall expenditure, while Executive and Administrative Services account for six percent, and the Information Systems Branch the remaining five percent.

The Board is currently facing a financial structure imbalance and required a \$6 million loan to ensure solvency at the conclusion of FY 2023-2024. The Board also required an \$8 million loan in June 2023 and paid off a \$10 million loan from FY 2021-22. The Board currently owes \$14 million to the Vehicle Inspection and Repair Fund.

SB 815 was signed into law by Governor Newsom on September 30, 2023, which increased the Board's biennial renewal and initial licensing fees to \$1,151, effective January 1, 2024, with another increase to \$1,255 effective January 1, 2027, and ongoing. While the Board works diligently to appropriately control its expenditures, it continues to monitor revenues to determine if the current fee structure is sufficient to repay its debts, build financial reserves, and support its operations.

DOWNLOAD

THE Medical Board of California App

for iOS!



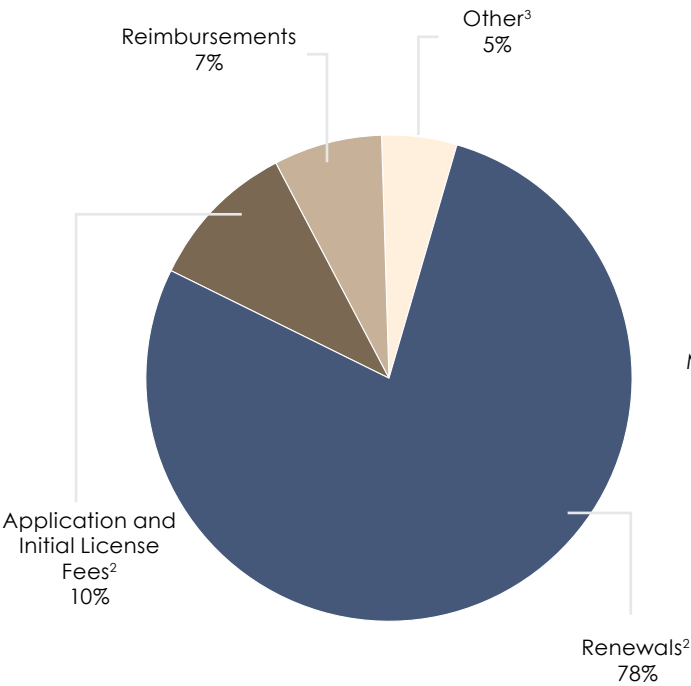
- ✓ Quick, Optimized Access to Website Content
- ✓ Follow up to 16 Doctors' Licenses
- ✓ Immediate License Profile Access to the Doctors Being Followed
- ✓ Free, Automated License Alert Notifications When Profile is Updated



BUDGET CHARTS AND TABLES

The numbers shown in the associated charts and tables below are preliminary and do not reflect all revenues and expenses for FY 2023-2024. For the most recent data see the Executive management report included in the Board's quarterly [board meeting documents](#).

Revenues and Reimbursements¹



Revenues and Reimbursements ¹		
Renewals ²	\$64,498,371	78%
Application and Initial License Fees ²	\$8,393,356	10%
Other ³	\$4,043,480	5%
Reimbursements	\$5,908,602	7%
Total	\$82,843,809	100%

¹Financials through period 12, as of August 14, 2024. Period 13 is not yet closed.

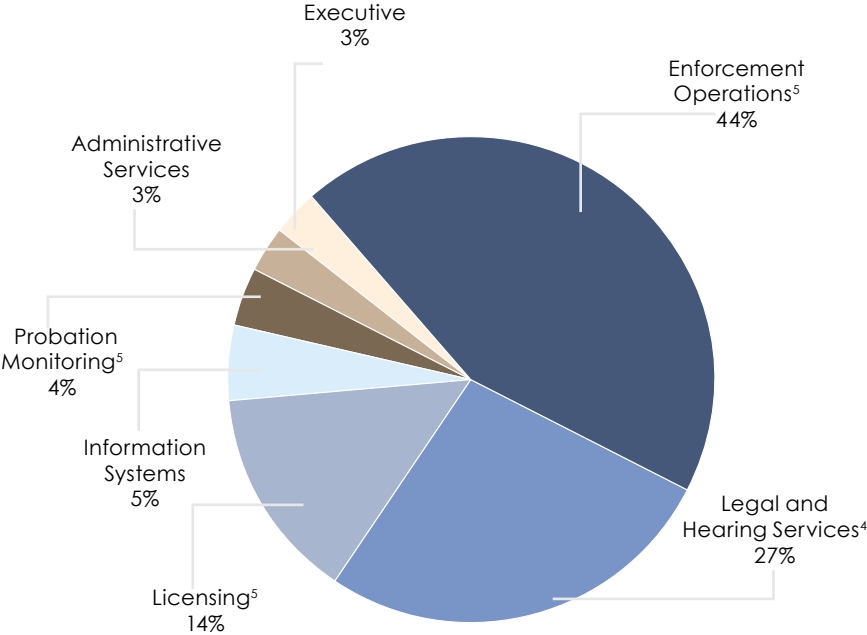
²Physicians and Surgeons.

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

⁴Includes Attorney General Services, Office of Administrative Hearings, Court Reporter Services, and Miscellaneous Legal Fees.

⁵Excludes Attorney General Services, Office of Administrative Hearings, Court Reporter Services, and Miscellaneous Legal Fees.

Budget Distribution



Budget Distribution		
Enforcement Operations ⁵	\$32,680,395	44%
Legal & Hearing Services ⁴	\$19,599,955	27%
Licensing ⁵	\$9,979,261	14%
Probation Monitoring ⁵	\$3,287,572	4%
Information Systems	\$3,947,573	5%
Executive	\$2,318,419	3%
Administrative Services	\$2,136,123	3%
Total	\$73,949,298	100%

LICENSING SUMMARY

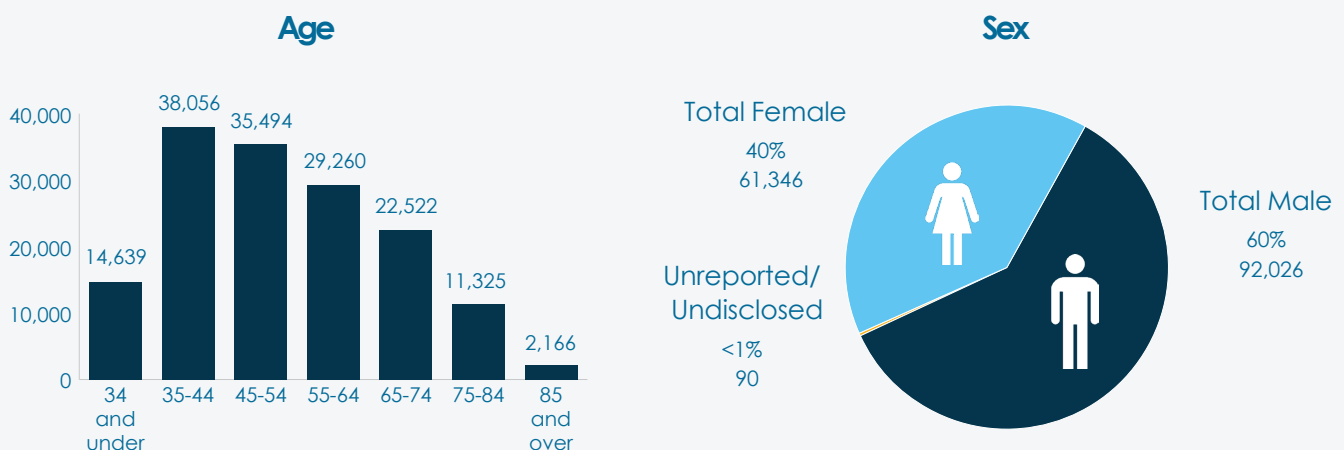
The Board's Licensing Program (Program) protects consumers by setting requirements for licensure consistent with statutory and regulatory law, including education, experience, and demonstrated competence, and issues licenses to individuals meeting those requirements. The Program also provides license verification services, issues fictitious name permits, special faculty permits, and approves accreditation agencies for the accreditation of outpatient surgery settings. In FY 23-24, the Program issued 28% more Physician's and Surgeon's licenses and 13% more Postgraduate Training Licenses than in FY 22-23. The Program continued its focus on transitioning to a paperless licensing process by requiring medical schools and postgraduate training programs to submit certain primary source documents through the Board's Direct Online Certification Submission (DOCS) service.

STREAMLINING THE PAPERLESS APPLICATION PROCESS

In continuance of the Board's transition to a paperless process, starting January 1, 2024, the Board began only accepting certain documents electronically through its DOCS portal or through any of the other Board-accepted third-party services. Making this change was one of the last major steps towards a completely paperless licensure process, which supports the efficient processing of licensing applications. DOCS is a secure, fast, and reliable online document delivery system that allows medical schools and postgraduate training programs to submit primary-source licensing documents to the Board.

To further decrease workload and processing times, the Board introduced an option for applicants to authorize another individual to receive information about the status of their application and/or submit documentation to the Board on the applicant's behalf. The Board often receives requests for application status information from third parties, such as postgraduate training programs, which require the applicants to email or mail a signed authorization to the Board. Allowing applicants to grant such authorization during the application process streamlines this step for the applicants and Board staff.

Physician's and Surgeon's Demographics



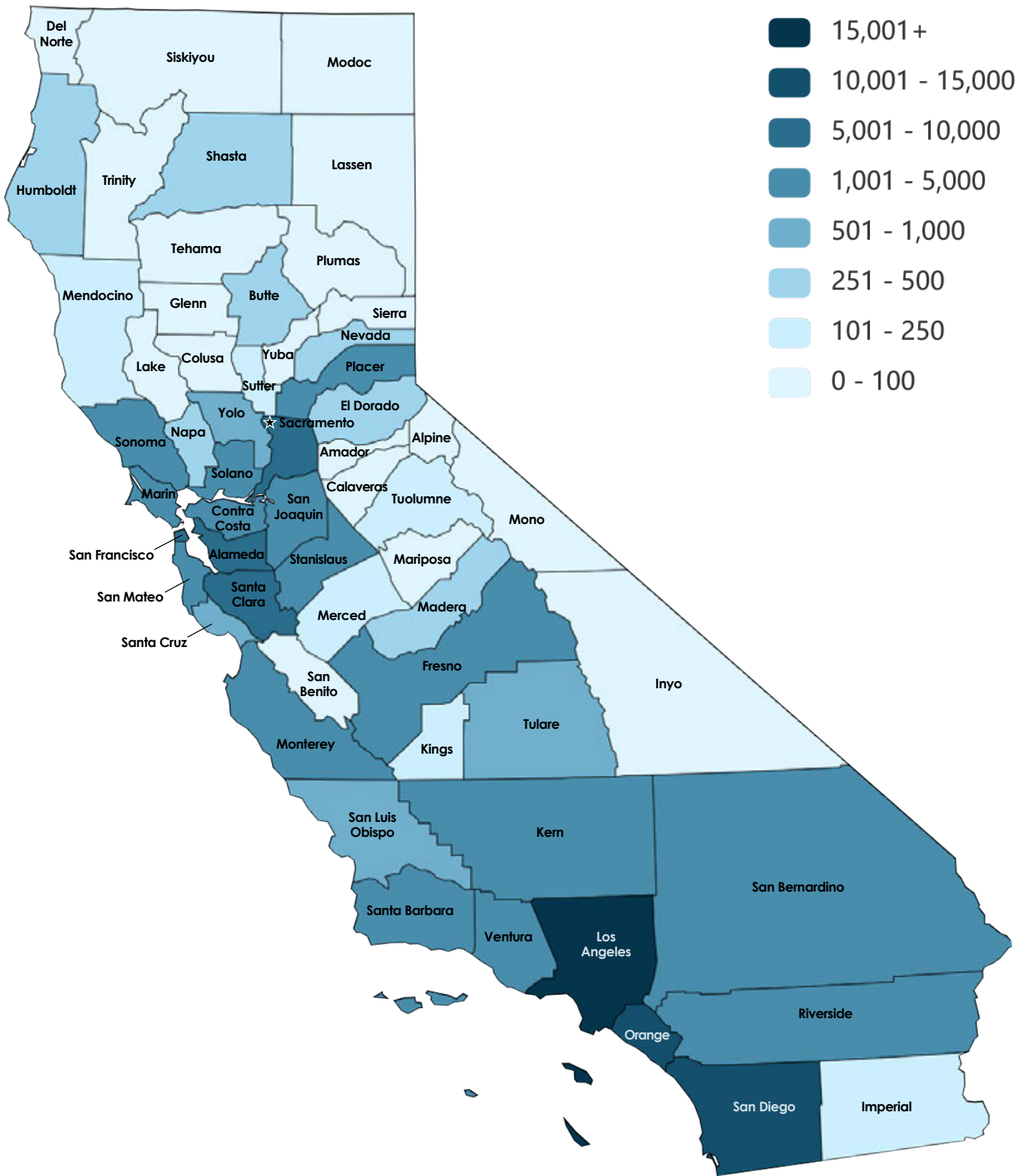
CONTINUING MEDICAL EDUCATION (CME) AUDITS BY EMAIL

The Board randomly audits five percent of its licensees and registrants to review their compliance with mandatory CME requirements. Starting March 2024, the Board began sending CME audit letters via email instead of by mail, saving staff time and resources. Additionally, the Board began accepting CME audit documents electronically to a designated CME email address.

Moreover, the Board's partnership with the Accreditation Council for Continuing Medical Education (ACCME) allows the Board to access their Program and Activity Reporting System, or PARS, which provides licensee CME completion records uploaded by participating CME providers. Licensees whose CME credits are uploaded to PARS do not need to submit CME verification documents to the Board when audited.



PHYSICIANS AND SURGEONS BY COUNTY



Physicians and Surgeons by County¹

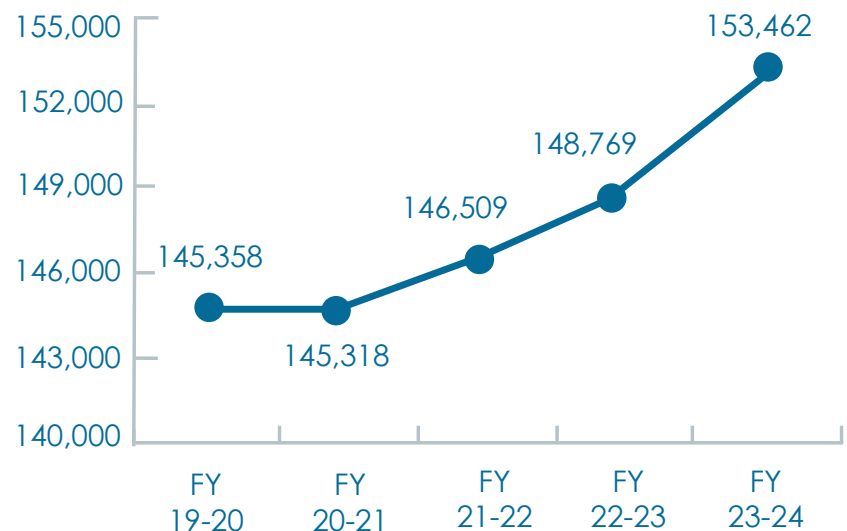
County	
Alameda	5,772
Alpine	2
Amador	66
Butte	426
Calaveras	45
Colusa	10
Contra Costa	3,745
Del Norte	26
El Dorado	353
Fresno	2,370
Glenn	10
Humboldt	283
Imperial	126
Inyo	47
Kern	1,241
Kings	132
Lake	66
Lassen	20
Los Angeles	33,183
Madera	260
Marin	1,627
Mariposa	10
Mendocino	158
Merced	219
Modoc	10
Mono	43
Monterey	1,001
Napa	464
Nevada	261
Orange	11,620
Placer	1,619
Plumas	25

County	
Riverside	4,057
Sacramento	5,936
San Benito	41
San Bernardino	4,823
San Diego	12,638
San Francisco	7,648
San Joaquin	1,321
San Luis Obispo	849
San Mateo	3,318
Santa Barbara	1,294
Santa Clara	9,895
Santa Cruz	764
Shasta	394
Sierra	0
Siskiyou	66
Solano	1,041
Sonoma	1,539

County	
Stanislaus	1,055
Sutter	181
Tehama	49
Trinity	8
Tulare	599
Tuolumne	113
Ventura	2,167
Yolo	532
Yuba	51
Total In State Address	125,619
Total Out-of-State Address	27,843
Total	153,462

¹ Data is for physicians with a renewed and current license excluding those in an inactive, retired, or disabled license status. The breakdown of the excluded license statuses is: California - 3,242, Out-of-State - 4,575, Total - 7,817.

Physician's and Surgeon's Licenses Past Five FY's



Licenses

FY 22-23 FY 23-24

Physician Applications Received		
Physician Applications Received	8,649	7,453
Physician Licenses Issued		
FLEX/USMLE ¹	6,086	7,835
NBME ¹	179	233
Reciprocity with Other States (BPC §2135)	1,374	1,738
Total	7,639	9,806
Physician Licenses Renewed		
Renewal Licenses Issued - Fee	67,033	66,245
Renewal Licenses Issued - Fee Exempt ²	6,230	6,440
Total	73,263	72,685
Physician Licenses In Effect ³		
In-State Address	121,714	125,619
Out-of-State Address	27,055	27,843
Total	148,769⁴	153,462⁵
Physician License Administrative Activity		
Licenses Issued with Public Letters of Reprimand	5	13
Probationary Licenses Issued	17	10
Licenses Denied (No Hearing Requested)	0	3
Statements of Issues to Deny License Filed	1	5
Statements of Issues Granted (License Denied)	0	1
Statements of Issues Denied (License Granted)	1	1
Statements of Issues Withdrawn	0	2
Postgraduate Training Licenses (PTL)		
PTL Applications Received	2,145	3,026
Issued	2,810	3,167
In Effect	7,552	5,513

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 - 156,418.

⁵ Total physician licenses in effect including inactive, retired, or disabled license status - 161,279.

NEED YOUR LICENSE?

Apply early and check the [License Application Processing Times](#) on the Board's website

Permits and Special Programs

FY 22-23 FY 23-24

Fictitious Name Permits		
Issued	1,761 ¹	1,736 ²
Renewed	5,414	5,280
In Effect	13,444	13,319
Special Faculty Permits		
Issued	3	2
Renewed	13	10
In Effect	26	26
Special Programs		
Applications Received	57	60
Licenses Issued	58	57
Licenses Renewed	100	66
In Effect	132	138

¹ Includes 29 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

² Includes 23 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

Verification and Reporting

FY 22-23 FY 23-24

License Status Verifications		
Telephone Verifications	1,028	1,095
Non-Verification Telephone Calls	47,012 ¹	42,542 ²
Authorized License Verification System (LVS) Internet Users	793	834
Web License Look-Up ³	3,178,683	3,520,030
Certification Letters and Letters of Good Standing Verifications	12,765	9,773
Reporting Activities		
Disciplinary Reports Mailed to Health Facilities Upon Written Request Pursuant to BPC §805.5	996	1,540
Adverse Actions Reported to the National Practitioner Data Bank (NPDB)	465 ⁴	601 ⁵
BPC §805 / §805.01 Reports of Health Facility Discipline Received	97 / 3	92 / 1

¹ Excludes the 14,401 listed under Consumer Inquiries on page 14.

² Excludes the 11,145 listed under Consumer Inquiries on page 14.

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

⁴ Includes 457 MD's, 1 Polysomnographic Technologist, 1 Polysomnographic Trainee, and 6 Licensed Midwives.

⁵ Includes 593 MD's, 1 Polysomnographic Technologist, 1 Polysomnographic Trainee, and 6 Licensed Midwives.

ENFORCEMENT SUMMARY

The Board's Enforcement Program is responsible for reviewing thousands of complaints the Board receives each fiscal year and managing them through the investigatory and disciplinary processes. During FY 23-24, the Board received 9,715 complaints, compared to 9,521 complaints received in FY 22-23.

COMMUNICATION AND PROCESS IMPROVEMENTS

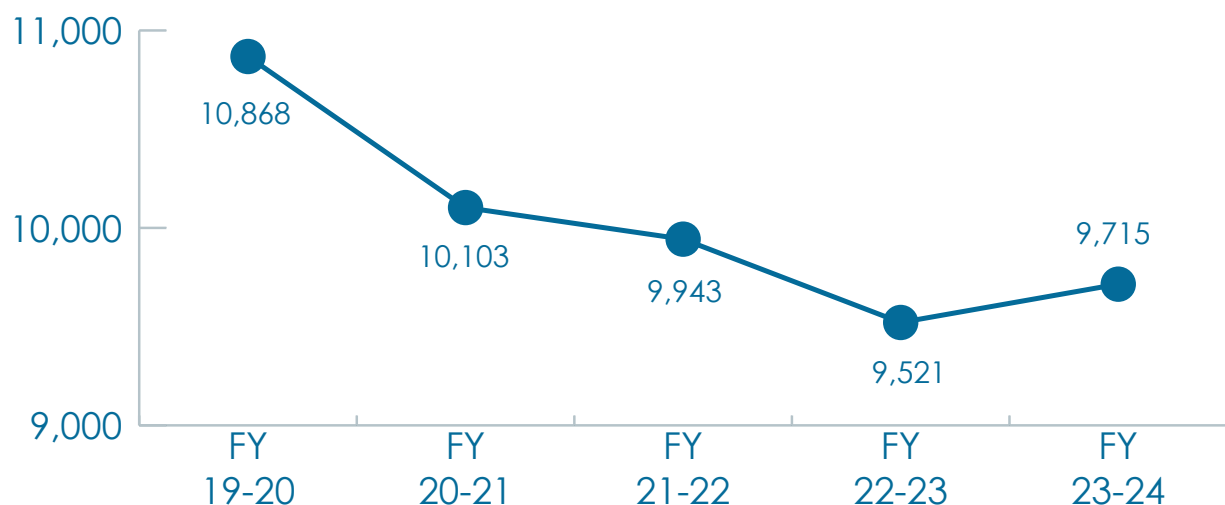
Effective January 1, 2024, BPC section 2220.2(b)(1) was implemented providing the relevant complainant, patient, or patient representative (referred to here as "complainant") the option to provide a statement relative to the harm they experienced ("impact statement"). BPC section 2220.2(b)(2) further states, the complainant shall have up to 60 days following the receipt of notification to provide a statement to the Board.

To implement this new process, the Board updated its letters informing the complainant when their complaint is referred to the Division of Investigation, Health Quality Investigation Unit (HQIU) for further investigation (January 1, 2024 and thereafter) and include information about the opportunity to provide a complainant impact statement. The Board also created

an email address specifically for receiving the complainant's impact statement. Finally, the Board updated its website regarding complainant impact statements, the enforcement process (to include information about impact statements), updated template letters to consumers, licensees, and other stakeholders, and created letters acknowledging receipt of impact statements.

In November 2023, the Board received data from the California Department of Public Health regarding deaths related to opioids in 2022. The Board is working with medical consultant staff to review the data as part of the Prescription Review Program to identify deaths related to prescribed medication and determine whether to initiate a complaint.

Physician's and Surgeon's Complaints Past Five FY's



EXPERT REVIEWER/MEDICAL CONSULTANT PROGRAMS

During FY 2023-2024, the Board continued to focus on the recruitment of new medical experts and consultants and established a new process to increase the retention of existing reviewers. Staff continue to conduct outreach to professional societies and organizations to assist in the recruitment of specialty practitioners to serve as experts and consultants. Additionally, recruitment advertisements were included in the Board's quarterly newsletters, highlighting the need for reviewers in various specialties, including Licensed Midwives. Staff worked to identify individuals available to act as both expert reviewers and medical consultants and created a new report to facilitate locating evaluators by county, to accelerate selecting experts for cases requiring physical or mental evaluations.



THE BOARD! 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 our [Expert Reviewer webpage](#), or contact the Board's Expert Reviewer Program at:

MBCMedicalExpertProgram@mbc.ca.gov

The Board also obtained the necessary software to transition the quarterly expert training sessions to a self-paced virtual platform. Staff completed the initial training needed to use the software, and efforts to pilot the training with a small group of medical consultants are in progress.

In April and August 2024, staff successfully conducted expert training sessions via WebEx, attracting over 60 attendees in total.

Physician's and Surgeon's Enforcement Summary

	FY 22-23	FY 23-24
Complaints¹		
Complaints Received	9,521	9,715
Complaints Closed by Complaint Unit	9,009	8,950
Closed ¹	7,850	7,813 ²
Referred to Cite and Fine	79	131
Referred to Investigations	1,080	1,006
Investigations		
Opened	1,099	1,023
CIO	287	287
HQIU	812	736
Closed	1,142	1,024
CIO	238	282
HQIU	904	742
Investigation Referrals		
Referred to the AG	448	406
MBC	113	107
HQIU	335	299
Cases Referred for Criminal Action	17	19
Probation Violation Reports Referred to the AG	42	30
Consumer Inquiries		
Consumer Telephone Inquiries	14,401	11,145
Consumer Jurisdictional Inquiries	7,921	6,130

¹ FY 22/23 - 2,341 complaints closed were received in a prior fiscal year. FY 23/24 - 2,484 complaints closed were received in a prior fiscal year.

² Represented as total closures in the "Complaints Closed by Complaint Unit" Chart on page 15.

Physician and Surgeon Complaints Received by Complaint Type and Source

	Public	Business and Professions Code ¹	Licensee/ Professional Group ²	Government Agency ³	Anonymous	Total Type Complaints Received
Fraud	53	2	4	8	9	76
Health and Safety ⁴	142	1	6	55	54	258
Non-Jurisdictional ⁵	1,021	9	49	51	578	1,708
Gross Negligence/Incompetence ⁶	3,506	577	32	468	302	4,885
Personal Conduct ⁷	47	39	10	208	54	358
Unprofessional Conduct ⁸	922	119	71	689	234	2,034
Unlicensed/Unregistered	118	0	10	100	167	396
Total Source Complaints Received	5,809	747	182	1,579	1,398	9,715

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.

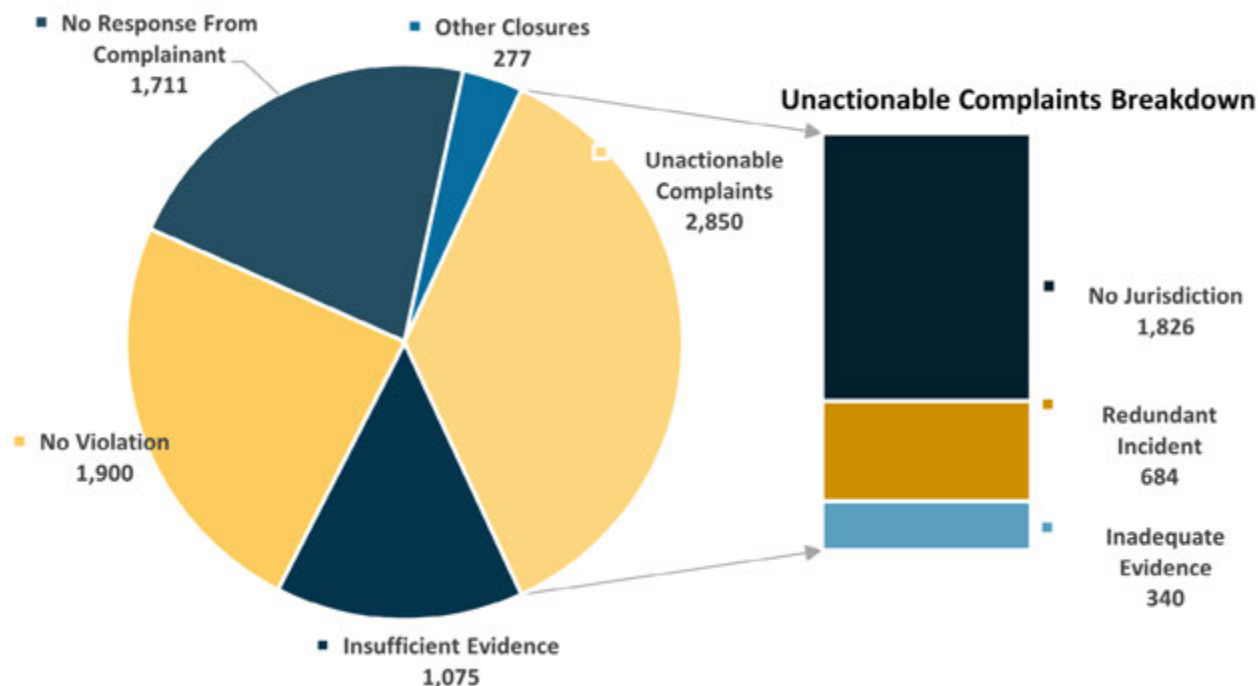
⁵ Includes complaints not under the authority of the Board and are referred to other agencies such as the Department of Health Care Services, Department of Managed Health Care, etc.

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.

Fiscal Year 2023-2024 Complaints Closed by Complaint Unit



Administrative Actions

	FY 22-23	FY 23-24
Administrative Actions		
Accusation	230	249
Petition to Revoke Probation/Accusation and Petition to Revoke	23	27
Amended Accusation/Petition to Revoke	85	49
Completed Investigations Referred to the AG and Awaiting the Filing of Accusation as of June 30, 2021	91	81
Cases Over 6 Months Old that Resulted in the Filing of Accusation	196	251
Administrative Outcomes		
License Revoked	22	15
License Surrendered (in Lieu of Accusation or with Accusation Pending)	63	66
License Placed on Probation with Suspension	4	2
License Placed on Probation	142	130
Probationary License Issued	17	10
Public Reprimand	75	97
Other Actions (e.g., Exam Required, Educational Course, etc.)	3	1
Accusation Withdrawn	7	14
Accusation Dismissed	9	7
Probation Violation Outcomes		
License Revoked	14	8
License Surrendered	26	36
Additional Suspension and Probation	0	0
Additional Probation	6	7
Public Reprimand	1	0
Other Actions (e.g., Exam Required, Educational Course, etc.)	1	2
Petition Withdrawn	0	3
Petition Dismissed	1	0
Referral and Compliance Actions		
Citation and Administrative Fines Issued	195	135

Petition Activity

	FY 22-23	FY 23-24
Petitions for Reinstatement of License		
Filed	6	13
Granted	7	2
Denied	9	7
Petitions for Penalty Relief¹		
Granted	24	19
Denied	6	1
Petitions to Compel Exam		
Filed	24	35
Granted	21	39
Denied	0	0

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

License Restrictions/Suspensions and Temporary Restraining Orders

	FY 22-23	FY 23-24
Imposed while Administrative Action Pending		
Interim Suspension Order (ISO)	17	13 ¹
Temporary Restraining Order (TRO)	0	0
Other Suspension Orders	30	31 ²
Sought and Granted by Case Type for FY 23-24		Sought Granted³
Gross Negligence/Incompetence	8	5
Inappropriate Prescribing	2	1
Unlicensed Activity	0	0
Sexual Misconduct	4	6
Mental/Physical Illness	15	11
Self-Abuse of Drugs/Alcohol	16	6
Fraud	2	1
Criminal Charges/Conviction	4	1
Unprofessional Conduct	15	13
Total	66	44

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

² Includes 2 - Automatic Suspension Orders per BPC §2236; 5 - license restrictions per Penal Code §23; 2 - license restrictions pursuant to court order; 0 - 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

	Reports ¹	Physicians ²
Specialty/Subspecialty		
Anesthesiology	28	8,055
Cardiology	12	4,544
Colon and Rectal	1	260
Critical Care	2	2,397
Dermatology	6	2,449
Diagnostic Radiology	9	4,898
Emergency Medicine	29	6,097
Endocrinology	1	1,188
Forensic Pathology	2	188
Gastroenterology	8	2,124
General/Family Practice	32	12,281
Gynecologic Oncology	5	160
Gynecology	22	7,307
Hematology	1	1,580
Infectious Disease	1	1,264
Internal Medicine	39	26,492
Interventional Radiology	1	440
Neurological Surgery	8	751
Neurology	12	3,073
Nuclear Medicine	1	623
Obstetrics	47	7,307
Occupational Medicine	1	507
Ophthalmology	10	3,160
Orthopedic Surgery	34	3,741
Otolaryngology	11	2,012
Pain Medicine	4	894
Pathology	4	4,933
Pediatrics	7	13,973
Physical Medicine & Rehabilitation	2	1,572
Plastic Surgery	29	1,377
Preventive Medicine	1	2,655
Psychiatry	8	10,440
Pulmonary Disease	7	2,185
Radiology	45	1,529
Rheumatology	1	862
Surgery	43	4,944
Thoracic Surgery	4	668
Urology	13	1,575
Vascular Surgery	8	424

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 2022-2023 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	91	1
Peer Review Body Type		
Health Care Facility/Clinic	64	1
Surgical Center	3	0
Health Care Services Plan	11	0
Professional Society	0	0
Medical Group/Employer	13	0
Outcomes of Reports Received		
Pending Disposition	62	1
Cases Closed	29	0

Reports Received Based Upon Legal Requirements for Physicians and Surgeons

	FY 22-23	FY 23-24
Medical Malpractice		
Insurers ¹	415	322
Attorneys/Self-Reported/Employers ¹	131	196
Courts ²	0	0
Total	546	518
Other Required Reporting		
Coroners' Reports ³	0	1
Criminal Charges and Convictions ⁴	54	37
Health Facility Discipline Reports Medical Cause or Reason ⁵	97	91
Health Facility Reports ⁶	3	1
Health Facility Report Sexual Abuse/ Misconduct Allegation ⁷	67	56
Outpatient Surgery Settings Reports Patient Death ⁸	4	7
Total	225	193
Stem Cell Therapy Complaints and Action Taken⁹		
Complaints Received	3	3
Disciplinary Actions Taken	1	3
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.

⁸ Per BPC §2240(a).

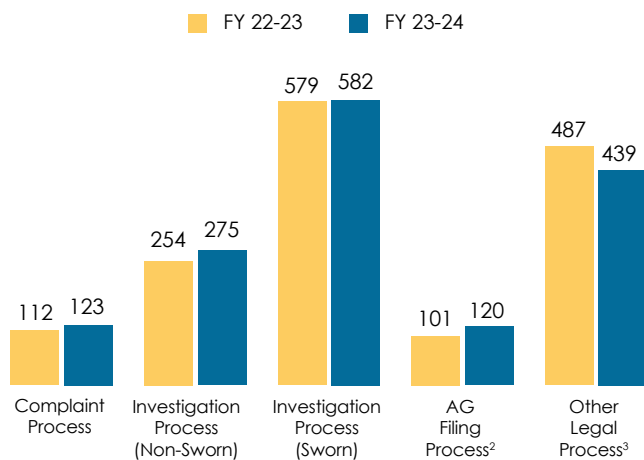
⁹ Physicians and surgeons, licensed midwives, research psychoanalysts, and polysomnographic program.

Administrative and Probation Violation Outcomes by Case Type¹

	Revocation	Surrender	Probation with Suspension	Probation	Probationary License Issued	Public Reprimand	Other	Total Actions
Gross Negligence/Incompetence	4	40	0	70	1	49	1	165
Inappropriate Prescribing	0	15	0	20	0	3	1	39
Unlicensed Activity	0	3	0	2	0	2	0	7
Sexual Misconduct	2	11	1	2	0	4	0	20
Mental/Physical Illness	3	14	0	6	0	0	1	24
Self-Abuse of Drugs/Alcohol	2	10	1	26	1	15	0	55
Fraud	3	3	0	2	0	1	0	9
Conviction of a Crime	2	1	0	1	0	2	0	6
Unprofessional Conduct	7	5	0	8	8	21	0	49
Total Administrative Actions	23	102	2	137	10	97	3	374

¹Pursuant to BPC §2220.05(c), disciplinary actions were taken in the following priority categories: 2 - gross negligence/incompetence resulting in death or serious bodily injury; 0 - practicing under the influence resulting in death or serious bodily injury; 35 - excessive prescribing; 0 - excessive recommending of medical cannabis; 13 - sexual misconduct with a patient; 4 - practicing under the influence of drugs/alcohol; and 0 - excessive prescribing to a minor.

Average Enforcement Processing Time Frames¹



Enforcement Program Caseload

	Statewide	Per Investigator/Inspector
Health Quality Investigation Unit (Department of Consumer Affairs)⁴		
Active Investigations	1,040	11 ⁵
AG Cases Assigned ⁶	370	4
Probation Unit⁷		
Monitoring Cases ⁸	518	32

¹ 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.

² Days from case transmittal to initial pleading filed.

³ Days from filing to final case disposition.

⁴ Includes physicians and surgeons, licensed midwives, and polysomnographic program.

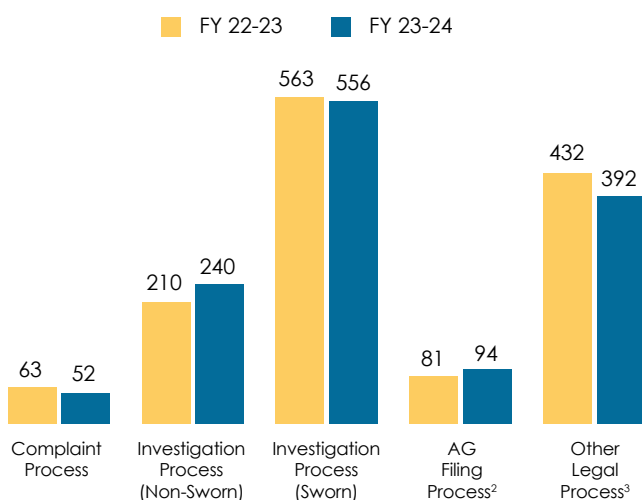
⁵ Average is determined by using the total number of authorized positions, including vacant positions.

⁶ 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.

⁷ Includes physicians and surgeons, licensed midwives, and polysomnographic program probationers.

⁸ 59 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2024.

Median Enforcement Processing Time Frames¹



Substance-Abusing Licensees

FY 22-23 FY 23-24

Probationers			
Probationers Whose Conduct was Related to a Substance-Abuse Problem	145	141	
Substances Involved ¹			
Alcohol	102	100	
Ambien	1	1	
Amphetamine	1	2	
Benzodiazepine	2	1	
Cannabis	5	4	
Cocaine	3	2	
Demerol	1	1	
Fentanyl	1	1	
Fioricet	1	1	
Methamphetamines	3	4	
Opiates	2	1	
Propofol	2	2	
Psilocybin	0	0	
Multiple Controlled Substances	53	49	
Probation Completion			
Probation Successfully Completed ² (Y)	21	16	
Failed to Complete Probation (N)	14	9	
Substances Involved ¹			
	Y	N	
Alcohol	13	11	10
Cannabis	1	0	0
Cocaine	1	0	0
Fentanyl	0	0	0
Opiates	0	1	0
Psilocybin	0	0	1
Methamphetamines	1	0	3
Multiple Controlled Substances	8	7	5
Relapses			
Probationers who Relapsed	6	3	
Substances Involved ¹			
Alcohol	5	2	
Amphetamine	0	1	
Cocaine	0	0	
Fentanyl	0	0	
Meprobamate	0	0	
Methamphetamines	1	0	
Methaqualone	0	0	
Opiates	0	0	
Tramadol	0	0	

FY 22-23 FY 23-24

Cease Practice Orders		
Probationers Issued a Cease Practice Order	9	5
Substances Involved/Reason for Order ¹		
Alcohol	5	2
Amphetamine	0	1
Cocaine	0	0
Fentanyl	0	0
Meprobamate	0	0
Methamphetamines	1	0
Methaqualone	0	0
Opiates	0	0
Tramadol	0	0
Failed to Appear for a Biological Fluid Test (BFT)	3	1
Failed to Cooperate with BFT	0	1
Failed to Successfully Complete a Clinical Competence Assessment Program	0	1
Multiple probation violations	0	0
Suspensions		
Probationers Issued a Suspension	0	0
Substance Involved		
N/A	0	0
Petitions to Revoke		
Petitions to Revoke	7	4
Substances Involved/Reason for Action ¹		
Alcohol	3	2
Cocaine	0	0
Fentanyl	0	0
Methamphetamines	1	0
Methaqualone	0	0
Opiates	0	0
Tramadol	0	0
Failed to Appear for a BFT	2	1
Failed to Successfully Complete a Clinical Competence Assessment Program	0	0
Multiple Probation Violations	1	1
Non-Practice Over 2 Years	0	1
Obey All Laws	0	0
Practicing Medicine in Own Home	0	0

¹ Some probationers had more than one substance involved.

² Those who successfully completed probation or a petition for termination of probation was granted.

Substance-Abusing Licensees Major Violations by Substance¹

	Alcohol		Amphetamine		Benzodiazepine		Cannabis		Cocaine		Methamphetamine		Opiates		Multiple Controlled Substances		Total Major Violations	
	FY 22-23	FY 23-24	FY 22-23	FY 23-24	FY 22-23	FY 23-24	FY 22-23	FY 23-24	FY 22-23	FY 23-24	FY 22-23	FY 23-24	FY 22-23	FY 23-24	FY 22-23	FY 23-24	FY 22-23	FY 23-24
Failed to Undergo a Required Clinical Diagnostic Evaluation	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	1
Committed Multiple Minor Violations of Probation Conditions and Terms	3	2	-	-	-	-	-	-	-	1	1	-	-	-	2	-	4	2
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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Failed to Undergo Biological Fluid Testing (BFT) when Ordered	12	9	1	-	1	-	-	1	-	1	1	-	1	-	7	4	16	12
Used, Consumed, Ingested, or Administered to Himself or Herself a Prohibited Substance ²	6	2	-	1	1	-	-	-	-	-	1	-	3	-	-	-	11	3
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 ²	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Substances Involved	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

¹ Per 16 CCR §1361.52(a)(1-8).

² The categorized substance is the substance the individual used, consumed, ingested, or administered to themselves, not the substance involved in the original discipline.

**DID YOU
KNOW?**

The initial application and renewal fee includes a mandatory \$25 fee for the [Steven M. Thompson Physician Corps Loan Repayment Program](#) — a statewide scholarship and loan repayment program for a wide range of health-professions, students, and recent graduates. Visit the [California Department of Health Care Access and Information website](#) for more Information.

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 the accreditation of outpatient surgery settings.

	Issued	Current
Licenses and Registrations		
Licensed Midwives	26	491
Research Psychoanalyst	5	86
Polysomnographic Trainee	54	117
Polysomnographic Technician	25	149
Polysomnographic Technologist	37	624
Accreditation Agencies for Outpatient Surgery Settings	0	4

	FY 22-23	FY 23-24
Complaints		
Complaints Received	25	49
Complaints Closed by Complaint Unit	20	50
Investigations		
Cases Opened	11	16
Cases Closed	11	12
Cases Referred to the Attorney General (AG)	5	3
Cases Referred for Criminal Action	2	1
Probation Violation Reports Referred to the AG	0	0
Reports Received Based Upon Legal Requirements		
Midwife Hospital Transfer Forms ¹	230	219
Outpatient Adverse Event Reports ²	41	36
Referral and Compliance Actions		
Citation and Administrative Fines Issued	4	2
License Restrictions/Suspensions Imposed while Administrative Action Pending		
Interim Suspension Order	0	0
Other Suspension Orders	1	1

¹ Per BPC §2510.

² Per BPC §2216.3.

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

	FY 22-23	FY 23-24
Administrative Actions		
Accusation	3	3
Petition to Revoke Probation	0	0
Amended Accusation/Petition to Revoke	1	2
Statement of Issues to Deny Application	0	1
Completed Investigations Referred to the AG and Awaiting the Filing of Accusation as of June 30, 2021	0	0
Administrative Outcomes		
License Revoked	1	1
License Surrendered (in Lieu of Accusation or with Accusation Pending)	2	3
License Placed on Probation with Suspension	0	0
License Placed on Probation	4	2
Probationary License Issued	1	0
Public Reprimand	2	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	2	2
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 / 1
Petitions to Compel Exam		
Filed/Granted/Denied	0 / 0 / 0	0 / 0 / 0

Licensed Midwife Annual Report Summary¹

Clients Served as Primary Caregiver at the Onset of Care	7,568	7,444
Planned Out-of-Hospital Births at the Onset of Labor	5,123	4,958
Planned Out-of-Hospital Births Completed in an Out-of-Hospital Setting ²	4,339	4,174
Sets of Twin Births	1	4
Sets of Multiple Births (Other Than Twin Births)	0	0
Breech Births	132	89
VBAC (Vaginal Birth After Cesarean Section)	216	230

Complications

Resulting in the Mortality of the Mother Prior to Transfer	0	1
Resulting in the Mortality of the Mother After Transfer	0	0
Resulting in the Mortality of the Infant Prior to Transfer	0	1
Resulting in the Mortality of the Infant After Transfer	8	3
Resulting in Fetal Demise Prior to the Mother Being Transferred	10	8
Resulting in Fetal Demise After the Mother was Transferred	5	12

Antepartum Transfers

Primary Care Transferred to Another Health Care Practitioner (Elective)	329	322
Urgent or Emergency Transport of Expectant Mother	118	107

Intrapartum Transfers

Elective Hospital Transfer	632	647
Urgent or Emergency Transfer of an Infant or Mother	156	140

Postpartum Transfers

Elective Hospital Transfer of Mother	21	29
Elective Hospital Transfer of Infant	16	20
Urgent or Emergency Transfer of Mother	60	45
Urgent or Emergency Transfer of Infant	49	36

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.



New File Format for Reporting to CURES!

Please visit the [Office of the Attorney General's CURES Website](#) to access the Data Submission guide for Dispensers and for additional updates and informational bulletins.

For information about CURES, visit [DCA's CURES information page](#).