

2002-2003 ANNUAL REPORT

Medical Board of California

1426 Howe Avenue, Suite 54, Sacramento, CA 95825 (916) 263-2389 • www.medbd.ca.gov

Executive Summary

In the last fiscal year, the Medical Board took many affirmative actions on behalf of California healthcare consumers beyond its historical licensing and disciplinary functions.

This has been a proactive and progressive Board, looking for ways to improve the lives of patients in this state. A few of the major activities are summarized below:

Senate Bill 1950

New legislation was enacted in this fiscal year that permits the Medical Board to disclose, for the first time, certain information related to malpractice settlements by physicians. This significant provision was part of SB 1950 (Figueroa), a comprehensive bill that affects many aspects of the Board's enforcement and information-disclosure activities.

The full Board voted in 2002 to make public *all* information it receives about settlements. However, SB 1950 reflects the compromise worked out in the Legislature to disclose if a physician has had three or

more settlements (four for certain high-risk specialties), beginning in 2003, during a 10-year period. SB 1950 also required the Board to implement a priority schedule (see page v) so that matters that present the greatest threat of patient harm are identified and investigated expeditiously.

California Physician Corps Loan Repayment Program

This program, created by AB 982 (Firebaugh), was co-sponsored by the Medical Board along with the California Medical Association, the California Primary Care Association and the California Latino Healthcare Association, and tackles the ever-increasing problem of underserved healthcare consumers in this state.

The program encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan of repayment of their loans in exchange for their service in designated areas for a minimum of three years. A maximum of \$105,000 is made available to

awardees, in addition to their salaries as physicians.

The response to the new program was overwhelming, with the Board receiving over 150 applications. The law governing the program ensures that service is provided to the most underserved areas in the state. The 32 awardees provide services in 42 California locations. The first year's funding of the program came from the Medical Board of California, which committed \$3 million. However, the law permits the program to receive philanthropic funds to enable its continuation after the first year.

The Board is committed to working diligently, in the coming year, to secure such funds that will provide for the expansion of this vital program.

Ethics Training

Currently, all physicians who are disciplined for a violation of an ethical nature must attend an ethics-training

(Continued on page 2)

CURRENT PHYSICIAN AND SURGEON LICENSES BY COUNTY

Alameda	3,882	Inyo	45	Monterey	855	San Luis Obispo	707	Trinity	10
Alpine	0	Kern	965	Napa	465	San Mateo	2,391	Tulare	484
Amador	59	Kings	122	Nevada	255	Santa Barbara	1,128	Tuolumne	124
Butte	449	Lake	82	Orange	8,065	Santa Clara	5,725	Ventura	1,626
Calaveras	50	Lassen	51	Placer	777	Santa Cruz	624	Yolo	527
Colusa	12	Los Angeles	25,599	Plumas	30	Shasta	479	Yuba	64
Contra Costa	2,569	Madera	153	Riverside	2,419	Sierra	1		
Del Norte	55	Marin	1,465	Sacramento	3,466	Siskiyou	80	California Total	
El Dorado	274	Mariposa	13	San Benito	46	Solano	710	89,025	
Fresno	1,640	Mendocino	215	San Bernardino	3,041	Sonoma	1,322	Out of State Total	
Glenn	9	Merced	231	San Diego	8,355	Stanislaus	773	26,329	
Humboldt	302	Modoc	6	San Francisco	4,967	Sutter	178	Current Licenses	
Imperial	124	Mono	25	San Joaquin	880	Tehama	54	115,354	

THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

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

Executive Summary (Continued from page 1)

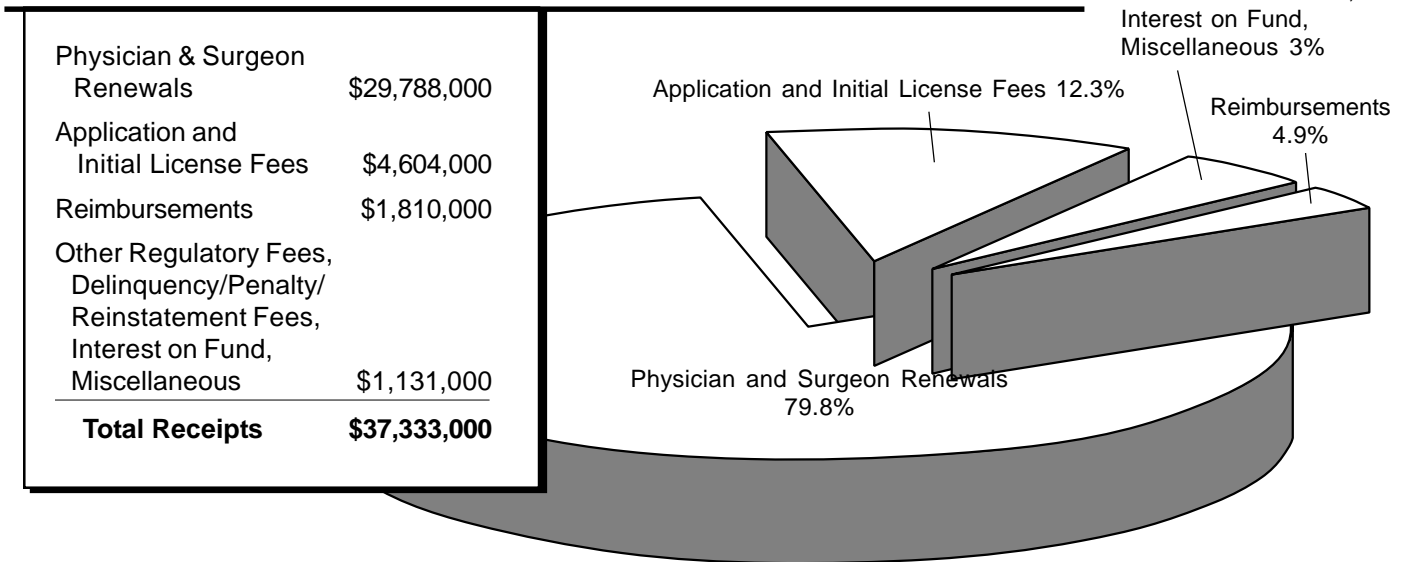
course. The Ethics Task Force was established to ensure the training is appropriate to the violation, current with the times, and responsive to specific types of ethical violations.

The task force developed criteria for the inclusion/exclusion of participants and identified a need to tailor the training for the type of violations. The task force also has created a Model Ethics Program. The

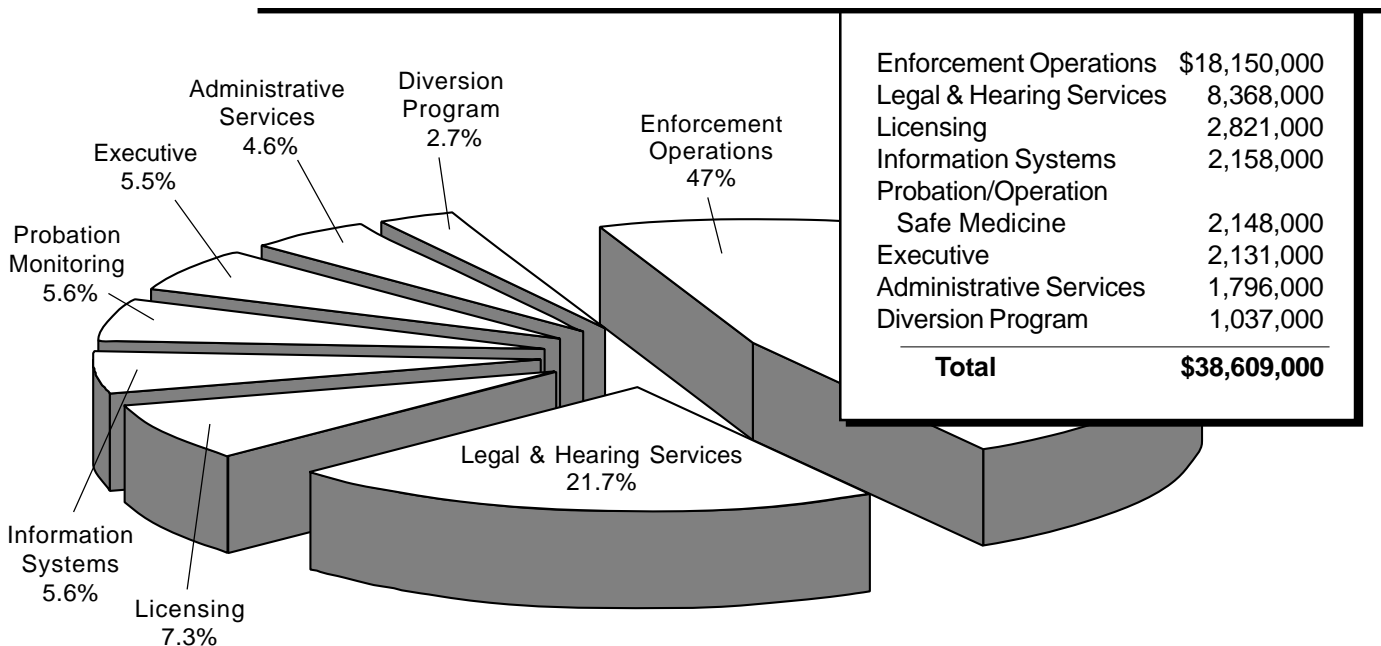
model includes two categories: Level I consists of a Professionalism Program, and Level II consists of a psychiatric evaluation and an ethics course.

MEDICAL BOARD OF CALIFORNIA 2002-2003 FISCAL YEAR

REVENUES & REIMBURSEMENTS



BUDGET DISTRIBUTION



DIVISION OF LICENSING

The Medical Board of California's Division of Licensing continues to achieve its mission of protecting the healthcare of consumers through the proper licensing of physicians and surgeons and certain affiliated healing arts professionals. As in the previous fiscal year, it is expected that upcoming years will continue to challenge us to be more creative, more resourceful and more efficient to account for ever-diminishing staffing resources during these serious economic times. We continue to streamline workload and explore avenues for improving the licensing processes.

During this reporting period, the Division of Licensing issued a record high of 4,993 new physician and surgeon licenses. This brings the current physician and surgeon licensee count to 115,354.

The Division also licensed/certified/registered 245 affiliated healing arts professionals, including licensed midwives, dispensing opticians, contact lens dispensers, non-resident contact lens sellers, spectacle lens dispensers and research psychoanalysts.

The time frames for the licensure of physicians and surgeons continue to be reduced and the time frames for first review of applications continue to stay well below our mandated time frames. This is due primarily to the dedication and hard work of the licensing section staff and the receipt of more complete information from applicants. Nevertheless, to meet its deadlines during times of heavy demand, the Licensing Program has historically used paid overtime to meet its operational needs. However, these funds will not be available this fiscal year, and

production times, the ability to review applications and to respond to physician and public inquiries, will be impacted.

During a three-month portion of the past year, the Consumer Information Unit reduced its operational schedule due to staffing reductions. It recently returned to a full operational schedule, but continuation of that schedule will be dependent upon the availability of support staff. To meet the current challenges, we continue to consider alternative ways of doing business, such as incorporating

Staff will be working on revising application forms, making better use of the Internet and reviewing its regulatory and legislative mandates in its attempts to further streamline processing so that the impact of staff reductions will be minimized. The priority of this Division will continue to be the licensing and license renewal of physicians and surgeons.

The newest licensing pathway authorized under Section 2135.5 of the Business and Professions Code has successfully allowed us to expeditiously license 32

physicians, whose applications might have otherwise taken many more months of processing time awaiting the verification of qualifications. Section 2135.5 allows the Division to determine satisfaction of medical curriculum and clinical instruction requirements when the applicant meets certain defined criteria, including but not limited to, licensure in another state and ABMS certification.

The Licensing Program also finalized a new process to expedite the approval of special program applicants in postgraduate study, fellowship programs and faculty positions. Staff now processes

these applicants who meet all of the conditions for appointment in these special programs on a monthly rather than quarterly basis, and limits the Division of Licensing's review to only those candidates who require determination related to appointment criteria. Previously all applicants were brought to the Division of Licensing and therefore were approved only on a quarterly basis.

AFFILIATED HEALING ARTS

	2002-2003 Licenses	
	ISSUED	CURRENT
Licensed Midwife	12	121
Dispensing Optician	57	1,095
Contact Lens Dispenser	18	436
Non-Resident Contact Lens Seller ¹	1	12
Spectacle Lens Dispenser	152	1,802
Research Psychoanalyst	5	75
Accrediting Agencies for		
Outpatient Settings	0	4
Podiatrist	71	2,045

¹ Non-resident contact lens seller formerly was reported within the Dispensing Optician category.

additional information onto the Board's Web site regarding a number of the programs for which the Division of Licensing is responsible. This has provided consumers and physicians with useful information, forms and procedures, thus eliminating some of the more general questions that had to be answered by the Consumer Information Unit.

DIVISION OF LICENSING ACTIVITY

	FY 01-02	FY 02-03		FY 01-02	FY 02-03
PHYSICIAN LICENSES ISSUED			SPECIAL FACULTY PERMITS		
FLEX/USMLE ¹	4,110	4,158	Permits issued	1	1
NBME ¹	506	478	License exemptions renewed	2	3
Reciprocity with other states	304	357	Total active exemption	5	6
Total new licenses issued	4,920	4,993	LICENSING ENFORCEMENT ACTIVITY		
Renewal licenses issued—with fee	49,053	49,647	Probationary license granted	9	10
Renewal licenses—fee exempt ²	4,933	4,756	License denied (no hearing requested)	8	2
Total licenses renewed	53,986	54,403	Statement of Issues to deny license filed	6	3
PHYSICIAN LICENSES IN EFFECT			Statement of Issues granted (license denied)	1	2
California address	86,934	89,025	Statement of Issues denied (license granted)	4	4
Out-of-state address	25,339	26,329	Statement of Issues withdrawn	1	1
Total	112,273	115,354			
FICTITIOUS NAME PERMITS			¹ FLEX = Federation Licensing Exam		
Issued ³	1,003	930	USMLE = United States Medical Licensing Exam		
Renewed ⁴	3,505	3,508	NBME = National Board Medical Exam		
Total number of permits in effect ⁴	8,692	8,910	² Includes physicians with disabled, inactive, retired, military, or voluntary service license status.		
			³ Includes Medical Board of California and Board of Podiatric Medicine.		
			⁴ Medical Board of California only.		

VERIFICATION & REPORTING ACTIVITY SUMMARY

	FY 01-02	FY 02-03		FY 01-02	FY 02-03
LICENSE STATUS VERIFICATIONS			REPORTS TO MEDICAL BOARD		
Phone verifications	103,260	77,925	Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	271	374
Written verifications	2,897	1,103	Adverse Actions reported to the NPDB ²	563 ³	526 ⁴
Authorized LVS Internet users ¹	934	1,003	NPDB reports received from insurance companies or self-insured individuals/organizations	907	820
Online LVS access verifications	659,689	708,344	B&P Code §805 reports of health facility discipline received	155 ⁵	173 ⁶
Non-verification telephone calls	63,511	53,571			
Certification Letters and Letters of Good Standing	7,297	5,879			

¹ LVS = Licensing Verification System

² NPDB = National Practitioner Data Bank

³ Includes 531 MDs, 11 podiatrists, and 21 physician assistants.

⁴ Includes 498 MDs, 14 podiatrists, and 14 physician assistants.

⁵ Includes 151 MDs, 2 podiatrists and 2 psychologists.

⁶ Includes 162 MDs, 5 podiatrists, 5 psychologists and 1 physician assistant.

The Annual Report also is available in the “Publications” section of the Medical Board’s Web site: www.medbd.ca.gov. For additional copies of this report, please fax your company name, address, telephone number and contact person name to the Medical Board’s Executive Office at (916) 263-2387, or mail your request to 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.

DIVERSION PROGRAM

The Diversion Program is a statewide, five-year monitoring and rehabilitation program. It is administered by the Medical Board of California to support and monitor the recovery of physicians who have substance abuse or mental health disorders.

The Diversion Program was created by statute in 1980 as a cost-effective alternative to discipline by the Medical Board. Diversion promotes public safety by encouraging physicians to seek early assistance for substance-abuse and mental-health disorders in order to avoid jeopardizing patient safety.

Physicians enter the Diversion Program by one of three avenues. First, physicians may self-refer. This is often the result of encouragement by concerned colleagues or family members who want the physician to seek help. Second, physicians may be referred by the Enforcement Program in lieu of pursuing disciplinary action. Finally, physicians may be directed to participate by the Board as part of a disciplinary order.

During the FY 02/03, 47 physicians were accepted into the program by the Diversion Evaluation Committee, signed a formal Diversion Agreement, and entered the program. Of those, 41 physicians had no open cases with the Board, four physicians

Activity ¹	FY 01-02 FY 02-03		Type of Impairment ¹	
	FY 01-02	FY 02-03	FY 02-03	%
Beginning of fiscal year	273	269	Alcohol	48
Prior year adjustments ²		3	Alcohol	
Accepted into program	52	47	& mental illness	29
Completions:			Other drugs	76
Successful	46	38	Other drugs	
Unsuccessful	10	10	& mental illness	36
Deceased ³		3	Alcohol & other drugs	34
Active at end of year	269	262	Alcohol & other drugs	
			& mental illness	31
Other Activity			Mental illness	8
Applicants ⁴	53	43	Total	262 100%
Other Applicants ⁵		28		
Out-of-state-monitored				
California licentiates	11	15		
Completions:				
Successful	4	0		
Unsuccessful	2	0		
Total monitored at end of FY 02-03		348		
Total monitored during FY 02-03		399		

¹ Does not include applicant or out-of-state participant data.

² Prior-year activities received after the close of the fiscal year should have been reflected in the 01-02 year.

³ Deaths occurred prior to successfully completing the program

⁴ Applicants are participants who either (1) have not been seen by a Diversion Evaluation Committee or (2) have not yet signed a Diversion Agreement.

⁵ Other Applicants are those individuals who contacted the program during the fiscal year but either declined (23) to enter the program or were ineligible (5).

were diverted from discipline, and an additional two physicians entered as a result of disciplinary orders.

During FY 02/03, the Diversion Program monitored a total of 399 physicians. Of the

51 who left the program, three are deceased and 10 were unsuccessful, while 38 successfully completed five years, with a minimum of three years of continuous sobriety and a change in lifestyle that would support ongoing recovery.

DIVISION OF MEDICAL QUALITY

The Board's mission of public protection prompted thoughtful assessment of how the Board processes incoming complaints. This past year, the Board's Central Complaint Unit was reorganized into two sections to assure quality of care cases receive the highest priority and level of review. One section is the Quality of Care Section, and is responsible for reviewing complaints that may directly relate to patient harm caused by provider negligence or incompetence. The other section is the Physician Conduct and Affiliated Healing Arts Section, and is responsible for cases involving professional misconduct, technical violations and Affiliated Healing Arts cases. Although these cases may be serious, they do not pose an immediate danger to the health and safety of patients. This new design has resulted in a more timely review of quality of care cases and more education for the physician on cases involving non-quality of care and technical violations.

SB 1950 (Figueroa) was a major piece of legislation for the Board and became effective Jan. 1, 2003. It affected a number of areas of operation at the Board and impacted many sections of the Medical Practice Act, which governs the medical profession. The new law added two public members to the Division of Medical Quality and called for the appointment of an Enforcement Monitor to review the operations of the Enforcement Program. It also added new information about physicians for disclosure on the Board's Web site, e.g., physicians' medical speciality certifications and certain malpractice settlements. The penalty which can be imposed for criminal violations of unlicensed practice was increased. Complaints involving quality of care must now receive an initial review by a medical expert in the same field of practice as the issues raised in the complaint. For the first time, investigative priorities of the Board are reflected in statute: 1) negligence/incompetence resulting in serious bodily

injury or death; 2) substance abuse during practice resulting in patient injury; 3) excessive prescribing or prescribing without a good faith exam; 4) sexual misconduct during treatment; and 5) practicing while under the influence of alcohol/drugs. Many of the provisions of this law have been implemented; however, to achieve full compliance, Board staff continues to make program changes.

The hiring freeze, which affected all state agencies, prevented replacement of investigative staff who retired or left the Board. This reduction is reflected in the fewer number of investigations opened. The Central Compliant Unit's careful analysis of incoming complaints has assisted in reducing this number, while ensuring other appropriate actions are taken, such as citations and fines and advisory letters. Budgetary constraints will continue to place limitations on the Board's resources; however, staff will continue to seek efficient methods to process the work received, being ever mindful of the Board's public protection mission.

DIVISION OF MEDICAL QUALITY ACTION SUMMARY

PHYSICIANS & SURGEONS

	FY 01-02	FY 02-03
COMPLAINTS/INVESTIGATIONS¹		
Complaints Received	11,218	11,556
Complaints Closed by Complaint Unit	9,477	8,859
Investigations		
Cases Opened	2,608	2,138
Cases Closed	2,449	2,361
Cases referred to the Attorney General (AG)	589	494
Cases referred for criminal action	82	47
Number of probation violation reports referred to the AG	27	12

Consumer inquiries	57,112
Jurisdictional inquiries	31,412
Complaint forms sent	12,565
Complaint forms returned by consumers	4,398

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

	FY 01-02		FY 02-03	
	Avg.	Median	Avg.	Median
1. Complaint Unit Processing	58	32	53	27
2. Investigation	198	153	208	183
3. AG Processing to preparation of an Accusation	103	64	91	57
4. Other stages of the legal process (e.g., after charges filed)	437	364	471	410

Enforcement Field Operations Caseload

	Per Statewide Investigator	
Active Investigations	1,251	21
AG Assigned Cases ²	608	10
<i>Probation Unit Caseload</i>		
Monitoring Cases ³	516	40
Active Investigations	73	6
AG Assigned Cases ²	39	n/a ⁴

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

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

³ 135 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2003.

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

COMPLAINTS RECEIVED BY TYPE & SOURCE

	Fraud	Health & Safety ¹	Non-Jurisdictional ²	Competence/Negligence ³	Other Category	Personal Conduct ⁴	Unprofessional Conduct ⁵	Unlicensed Unregistered	Total
Public	243	225	1,194	4,800	6	18	1,267	79	7,832
B&P Code ⁶	0	4	1	1,284	1	32	63	0	1,385
Licensee/ Prof. Group ⁷	22	27	48	50	1	11	97	39	295
Govt. Agency ⁸	27	64	41	288	50	360	843	64	1,737
Anonymous/ Misc.	36	38	33	35	0	25	97	43	307
Totals	328	358	1,317	6,457	58	446	2,367	225	11,556

¹ Health and Safety complaints include inappropriate prescribing, sale of dangerous drugs, etc.

² Non-jurisdictional complaints are not under the authority of the Board and are referred to other agencies such as the Department of Health Services, Department of Managed Health Care, etc.

³ Competence/Negligence complaints are related to the quality of care provided by licensees.

⁴ Personal Conduct complaints include licensee self-use of drugs/alcohol, conviction of a crime, etc.

⁵ Unprofessional Conduct complaints include sexual misconduct with patients, discipline by another state, failure to release medical records, etc.

⁶ Reference is to B&P Code sections 800 and 2240(a) and includes complaints initiated based upon reports submitted to the Medical Board by hospitals, insurance companies and others, as required by law, regarding instances of health facility discipline, malpractice judgments/settlements, or other reportable activities.

⁷ "Professional Group" includes the following complaint sources: Other Licensee, Society/Trade Organization, and Industry.

⁸ "Governmental Agency" includes the following complaint sources: Internal, Law Enforcement Agency, Other California State Agency, Other State, Other Unit of Consumer Affairs, and Federal or Other Governmental Agency.

REPORTS RECEIVED BASED UPON LEGAL REQUIREMENTS

	FY 01-02	FY 02-03
MEDICAL MALPRACTICE		
Insurers: B&P Code §§801 & 801.1	872	872
Attorneys or Self-Reported or Employers B&P Code §§801(e), 802 & 803.2	313	281
Courts: B&P Code §803	30	16
Total Malpractice Reports	1,215	1,169
CORONERS' REPORTS		
B&P Code §802.5	38	24
CRIMINAL CHARGES & CONVICTIONS		
B&P Code §§802.1 & 803.5	38	24
HEALTH FACILITY DISCIPLINE		
Medical Cause or Reason B&P Code §805	151	162
OUTPATIENT SURGERY SETTINGS REPORTS		
Patient Death B&P Code §2240(a)	12	6

DIVISION OF MEDICAL QUALITY ACTION SUMMARY

	FY 01-02	FY 02-03		FY 01-02	FY 02-03																																				
ADMINISTRATIVE ACTIONS			PETITION ACTIVITY																																						
Accusation	329	258	Petition for Reinstatement of license filed	10	15																																				
Petition to Revoke Probation	21	18	Petition for Reinstatement of license granted	7	13																																				
Number of completed investigations referred to the Attorney General's Office awaiting the filing of an Accusation as of June 30	138	115	Petition for Reinstatement of license denied	7	5																																				
ADMINISTRATIVE OUTCOMES			Petition for Penalty Relief ³ granted	20	18																																				
Revocation	38	40	Petition for Penalty Relief ³ denied	7	16																																				
Surrender (in lieu of Accusation or with Accusation pending)	47	67	Petition to Compel Exam filed	16	16																																				
Suspension Only	6	4	Petition to Compel Exam granted	18	16																																				
Probation with Suspension	19	27	Petition to Compel Exam denied	0	0																																				
Probation	69	87	LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED																																						
Probationary License Issued	9	10	WHILE ADMINISTRATIVE ACTION IS PENDING																																						
Public Reprimand	52	58	Interim Suspension Orders ⁴	23	12																																				
Other Actions (e.g., exam required, education course, etc.)	21	30	Temporary Restraining Orders	3	0																																				
Accusation Withdrawn ¹	32	35	Other Suspension Orders	40	28 ⁵																																				
Accusation Dismissed	16	10	<i>NOTE: Some orders granted were sought in prior fiscal year.</i>																																						
Dispositions of Probation Filings			<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type in FY 02-03</th> </tr> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Orders Sought</th> <th style="width: 20%; text-align: center;">Orders Granted</th> </tr> </thead> <tbody> <tr> <td>Criminal Charges/Conviction of a Crime</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Drug Prescribing Violations</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> <tr> <td>Fraud</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Gross Negligence/Incompetence</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Mental/Physical Illness</td> <td style="text-align: center;">6</td> <td style="text-align: center;">5</td> </tr> <tr> <td>Self-Abuse of Drugs or Alcohol</td> <td style="text-align: center;">7</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Sexual Misconduct</td> <td style="text-align: center;">11</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Unlicensed Activity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Unprofessional Conduct</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">38</td> <td style="text-align: center;">40</td> </tr> </tbody> </table>			License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type in FY 02-03				Orders Sought	Orders Granted	Criminal Charges/Conviction of a Crime	3	4	Drug Prescribing Violations	5	5	Fraud	1	3	Gross Negligence/Incompetence	3	3	Mental/Physical Illness	6	5	Self-Abuse of Drugs or Alcohol	7	9	Sexual Misconduct	11	9	Unlicensed Activity	1	2	Unprofessional Conduct	1	0	Total	38	40
License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type in FY 02-03																																									
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Unlicensed Activity	1	2																																							
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Total	38	40																																							
Additional Suspension or Probation	9	5																																							
Probation Revoked or License Surrendered	16	9																																							
Other Decisions	3	0																																							
Petition Withdrawn/Dismissed	1	2																																							
REFERRAL AND COMPLIANCE ACTIONS																																									
Citation and Administrative Fines Issued	520	532																																							
Physicians Referred to Diversion Program ²	27	28																																							

Administrative Outcomes by Case Type in FY 02-03⁶									
	Revocation	Surrender	Suspension Only	Probation With Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	7	29 (1) ⁷	0	12	45	0	25	17	135 (1)
Inappropriate Prescribing	6	7	0	2	4	0	4	2	25
Unlicensed Activity	2	1	0	1	0	0	3	1	8
Sexual Misconduct	4	8	0	2	5	0	1	0	20
Mental Illness	4	8	2	1	3	3	0	4	25
Self-Use of Drugs/Alcohol	7	5	2	0	8	2	1	2	27
Fraud	1 (1)	4	0	4	3	0	2	0 (1)	14 (2)
Conviction of a Crime	4	2	0	3	3	0	0	0	12
Unprofessional Conduct	5	3	0	2	5 (1)	5	22	4 (1)	46 (2)
Miscellaneous Violations	0	0	0	0	11	0	0	0	11
Totals by Discipline Type	40 (1)	67 (1)	4	27	87 (1)	10	58	30 (2)	323 (5)

¹ Accusations withdrawn for the following reasons: physician passed a competency exam; physician was issued a citation/fine instead; physician died; etc.

² Diversion Program referrals are made pursuant to B&P Code section 2350(b).

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

⁴ Per B&P Code section 2220.05(c), ISOs were granted in the following priority categories: 2 - excessive prescribing, 2 - sexual misconduct with a patient, and 3 - practicing under the influence of drugs/alcohol.

⁵ Includes 7 Automatic Suspension Orders per B&P Code section 2236.1, 8 license restrictions per Penal Code section 23, 8 out-of-state suspension orders per B&P Code section 2310, and 5 stipulated agreements to suspend or restrict the practice of medicine.

⁶ These actions were taken on complaints received prior to the enactment of B&P Code 2220.05, therefore, the priority category is not available for these administrative outcomes.

⁷ Figures in parentheses represent action taken by the Division of Licensing against dispensing opticians, research psychoanalysts, and licensed midwives.

ENFORCEMENT ACTION SUMMARY FOR AFFILIATED HEALING ARTS¹

	FY 01-02	FY 02-03		FY 01-02	FY 02-03
COMPLAINTS/INVESTIGATIONS			PETITION ACTIVITY		
Complaints Received	1,046	1,138	Petition for Reinstatement of license filed	3	0
Complaints Closed by Complaint Unit	747	819	Petition for Reinstatement of license granted	1	0
Investigations:			Petition for Reinstatement of license denied	1	2
Cases Opened	347	226	Petition for Penalty Relief ³ granted	1	0
Cases Closed	328	314	Petition for Penalty Relief ³ denied	1	1
Cases referred to the AG	100	89	Petition to Compel Exam granted	0	4
Cases referred for criminal action	17	4	Petition to Compel Exam denied	0	4
Number of Probation Violation					
Reports referred to AG	4	4			
LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED WHILE ADMINISTRATIVE ACTION IS PENDING			REPORTS RECEIVED BASED UPON LEGAL REQUIREMENTS		
Interim Suspension Orders	1	4		FY 01-02	FY 02-03
Other Suspension Orders ²	3	0	MEDICAL MALPRACTICE		
ADMINISTRATIVE ACTIONS			Insurers		
Accusation	30	30	B&P Code §§801 & 801.1	14	13
Petition to Revoke Probation	4	2	Attorneys or Self-Reported or Employers		
Statement of Issues to deny application	5	3	B&P Code §§801(e), 802 & 803.2	9	5
Number of completed investigations referred to AG awaiting the filing of an Accusation as of June 30	16	14	Courts		
ADMINISTRATIVE OUTCOMES			B&P Code §803	4	1
Revocation	2	6	Total Malpractice Reports	27	19
Surrender (in lieu of Accusation or with Accusation pending)	2	8	CORONERS' REPORTS		
Probation with Suspension	4	4	B&P Code §802.5	0	0
Probation	13	17	CRIMINAL CHARGES & CONVICTIONS		
Public Reprimand	2	0	B&P Code §803.5	3	0
Other Actions			HEALTH FACILITY DISCIPLINE		
(e.g., exam required, education course)	2	2	Medical Cause or Reason		
Statement of Issues Granted (License Denied)	4	1	B&P Code §805	4	11
Statement of Issues Denied (License Granted)	2	4	OUTPATIENT SURGERY SETTINGS REPORT		
Accusation/Statement of Issues Withdrawn	3	2	Patient Death		
Accusation Dismissed	1	0	B&P Code §2240(a)	0	0
Disposition of Probation Filings					
Additional Suspension or Probation	1	1			
Probation Revoked or License Surrendered	1	1			
Petition Withdrawn/Dismissed	0	0			
REFERRAL AND COMPLIANCE ACTIONS					
Citation and Administrative Fines Issued	20	14			
Office Conferences Conducted	5	2			

¹ This data includes podiatrists, physician assistants, research psychoanalysts, dispensing opticians and licensed midwives. With the exception of the categories of complaints and investigations, the figures do not include psychologists.

² Includes Automatic Suspension Orders per B&P Code section 2236.1 and license restrictions per Penal Code section 23.

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

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