

# 2004-2005 ANNUAL REPORT

# Medical Board of California

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## Executive Summary

Senate Bill 1950 (Figueroa, Statutes of 2002) mandated two reports by an objective enforcement monitor, each evaluating the board's disciplinary system and procedures and making recommendations on how to improve its efficiency. The first of the two reports was released Nov. 1, 2004. The board unanimously praised this report and is dedicated to helping continue to implement the various recommendations, many of which originally came from board staff.

The initial report found generally that the enforcement process is too slow, primarily because board resources are inadequate. This is due to recent cutbacks in staffing and funding resulting from hiring freezes and because licensing fees, which fund the board, have not been raised in a decade. Recommendations include reinstating lost enforcement positions at the Medical Board by increasing the \$600 license renewal fee physicians pay every two years.

The board is working closely with the enforcement monitor, the legislature, and other interested parties to move quickly

and cooperatively to implement the report's recommendations (see Division of Medical Quality summary, p. iv). SB 231 (Figueroa) contains several such provisions, including having the board's investigators work more closely with deputy attorneys general to streamline and make more efficient the board's investigative and prosecutorial functions. "Vertical" or "integrated" prosecution has been successfully used for years by other law enforcement agencies, and is strongly and repeatedly recommended by the enforcement monitor in the initial report.

### Physician Corps Loan Repayment Program – Update

The Medical Board is pleased with the continued success of the Steven M. Thompson Physician Corps Loan Repayment Program, which encourages recently licensed physicians to practice in underserved locations in California by repaying their student loans (up to \$105,000) in exchange for their service in a designated medically underserved area for a minimum of three years. This

year, staff received applications from 65 physicians who wanted to be considered for an award.

The qualified applicants represented a cumulative request of almost \$7.8 million in loan repayments. There was significant diversity in the applicants' cultural backgrounds, the languages they speak, and the geographic locations of the practice settings. In the end, 19 awardees were selected and \$1.7 million in loan repayments were funded. This brings the total number of physicians working under the program to 66; these physicians are working in 85 sites around the state.

While efforts to obtain additional funding have been challenging, the board has been successful in securing the money needed to keep the program operational. During the past year, a significant donation was made by a private individual in the Los Angeles area, a \$500,000 matching grant was awarded by The California Endowment, and most recently, \$3 million in state funding was allocated for the loan repayment program in the budget signed by Governor Schwarzenegger.

## CURRENT PHYSICIAN AND SURGEON LICENSES BY COUNTY

Alameda	4,061	Inyo	45	Monterey	870	San Luis Obispo	742	Trinity	9
Alpine	0	Kern	1,008	Napa	465	San Mateo	2,467	Tulare	474
Amador	62	Kings	129	Nevada	265	Santa Barbara	1,176	Tuolumne	127
Butte	465	Lake	85	Orange	8,533	Santa Clara	6,100	Ventura	1,720
Calaveras	51	Lassen	41	Placer	851	Santa Cruz	645	Yolo	529
Colusa	10	Los Angeles	26,251	Plumas	35	Shasta	478	Yuba	49
Contra Costa	2,696	Madera	165	Riverside	2,577	Sierra	1		
Del Norte	58	Marin	1,512	Sacramento	3,803	Siskiyou	85	<b>California Total</b>	
El Dorado	282	Mariposa	14	San Benito	37	Solano	764	<b>92,852</b>	
Fresno	1,703	Mendocino	227	San Bernardino	3,173	Sonoma	1,362	<b>Out of State Total</b>	
Glenn	11	Merced	225	San Diego	8,684	Stanislaus	830	<b>27,175</b>	
Humboldt	297	Modoc	6	San Francisco	5,239	Sutter	201	<b>Current Licenses</b>	
Imperial	123	Mono	30	San Joaquin	942	Tehama	62	<b>120,027</b>	

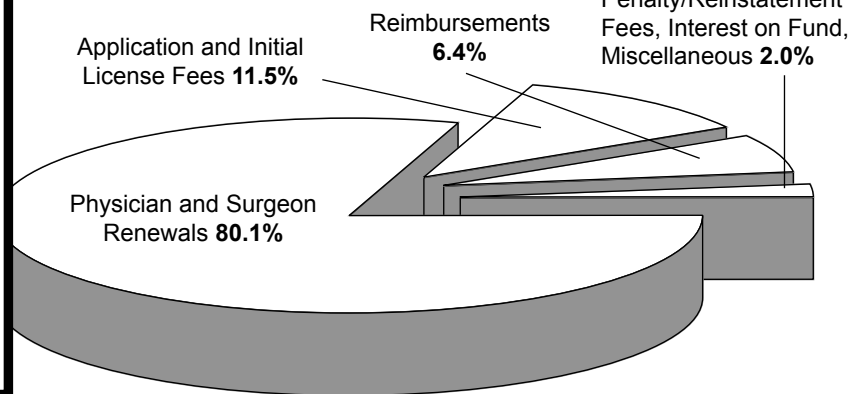
### THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

*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.*

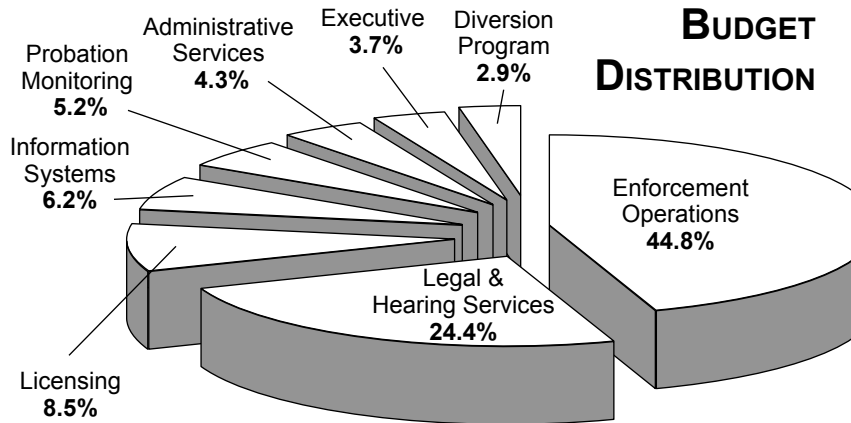
# MEDICAL BOARD OF CALIFORNIA 2004-2005 FISCAL YEAR

Physician & Surgeon Renewals	\$31,260,000
Application and Initial License Fees	\$4,498,000
Reimbursements	\$2,498,000
Other Regulatory Fees, Delinquency/Penalty/Reinstatement Fees, Interest on Fund, Miscellaneous	\$786,000
<b>Total Receipts</b>	<b>\$39,042,000</b>

## REVENUES & REIMBURSEMENTS



## BUDGET DISTRIBUTION



Enforcement Operations	\$18,398,000
Legal & Hearing Services	10,030,000
Licensing	3,482,000
Information Systems	2,548,000
Probation	2,117,000
Administrative Services	1,750,000
Executive	1,504,000
Diversion Program	1,194,000
<b>Total</b>	<b>\$41,023,000</b>

## DIVISION OF LICENSING

The Medical Board's Division of Licensing continues to promote public protection of healthcare consumers through the proper licensing of physicians and surgeons and affiliated healing arts professionals. The division is able to achieve its mission by evaluating the educational credentials and skills of applicants during the licensing processes, issuing fictitious name permits and special program permits, administrating the continuing medical education program, and licensing several affiliated healing arts professions.

During the last fiscal year, the Division of Licensing successfully processed 4,728 new applications for licensure and renewed 57,392 licenses. While the physicians and surgeons licensee population increased to 120,027, the division also licensed/certified/registered 468 affiliated healing arts professionals, including licensed midwives, dispensing opticians, contact lens dispensers, non-resident contact lens sellers, spectacle lens dispensers and research psychoanalysts.

As a part of its oversight responsibilities, the division assembled teams to conduct site inspections of two medical schools in the

Caribbean during the prior fiscal year. In November 2004, the division formally recognized one school and disapproved the other school. The division will continue to enhance program policies and newly developed protocols that will improve the evaluation of future self-assessment questionnaires and site visits for international medical schools seeking recognition in California.

The division was mandated, through Business and Professions Code section 2507(f), to adopt regulations to define the appropriate standard of care for licensed midwives. Over the course of the year, the division has collaborated with the midwifery community and advocacy groups to draft regulatory language for the standard of care that is based on an acceptable midwifery model of practice. A standing Midwifery Committee, under the direction of the division, was established to provide an open forum to continue discussions on various issues relative to the practice of midwifery.

# DIVISION OF LICENSING ACTIVITY

	FY 03-04	FY 04-05		FY 03-04	FY 04-05
<b>PHYSICIAN LICENSES ISSUED</b>			<b>SPECIAL FACULTY PERMITS</b>		
FLEX/USMLE <sup>1</sup>	4,177	4,066	Permits issued	1	0
NBME <sup>1</sup>	388	312	License exemptions renewed	2	3
Reciprocity with other states	443	350	Total active exemption	7	6
<b>Total new licenses issued</b>	<b>5,008</b>	<b>4,728</b>	<b>LICENSING ENFORCEMENT ACTIVITY</b>		
Renewal licenses issued—with fee	51,670	52,099	Probationary license granted	11	5
Renewal licenses—fee exempt <sup>2</sup>	6,708	5,293	License denied (no hearing requested)	2	4
<b>Total licenses renewed</b>	<b>58,378</b>	<b>57,392</b>	Statement of Issues to deny license filed	7	9
<b>PHYSICIAN LICENSES IN EFFECT</b>			Statement of Issues granted (license denied)	2	1
California address	91,049	92,852	Statement of Issues denied (license or probationary license granted)	2	2
Out-of-state address	26,757	27,175	Statement of Issues withdrawn	2	1
<b>Total</b>	<b>117,806</b>	<b>120,027</b>	<sup>1</sup> FLEX = Federation Licensing Exam USMLE = United States Medical Licensing Exam NBME = National Board Medical Exam  <sup>2</sup> Includes physicians with disabled, retired, military, or voluntary service license status. <sup>3</sup> Includes Medical Board of California and Board of Podiatric Medicine. <sup>4</sup> Medical Board of California only.		
<b>FICTITIOUS NAME PERMITS</b>					
Issued <sup>3</sup>	1,180	1,238			
Renewed <sup>4</sup>	3,771	3,708			
Total number of permits in effect <sup>4</sup>	9,829	10,022			

## VERIFICATION & REPORTING ACTIVITY SUMMARY

	FY 03-04	FY 04-05		FY 03-04	FY 04-05
<b>LICENSE STATUS VERIFICATIONS</b>			<b>REPORTS MAILED TO FACILITIES</b>		
Telephone verifications	47,642	47,637	Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	432	451
Non-verification telephone calls	52,179	22,659	<b>REPORTS TO MEDICAL BOARD</b>		
Authorized LVS <sup>1</sup> Internet users	1,079	1,110	Adverse Actions reported to the NPDB <sup>3</sup>	545 <sup>4</sup>	677 <sup>5</sup>
Online LVS access verifications	799,990	1,117,381	B&P Code §805 reports of health facility discipline received	159 <sup>6</sup>	113 <sup>7</sup>
Web license look-up <sup>2</sup>	5,015,335	5,510,945			
<b>Certification Letters and Letters of Good Standing</b>	<b>5,665</b>	<b>6,630</b>			

### AFFILIATED HEALING ARTS 2004–2005 Licenses

	ISSUED	CURRENT
Licensed Midwife	11	155
Dispensing Optician	114	1,137
Contact Lens Dispenser	109	556
Non-Resident Contact Lens Seller	2	9
Spectacle Lens Dispenser	228	1,970
Research Psychoanalyst	4	77
Accrediting Agencies for Outpatient Settings	0	4
Podiatrist	82	2,212

<sup>1</sup> LVS = Licensing Verification System

<sup>2</sup> Includes individual requests for written verifications received by the board.

<sup>3</sup> NPDB = National Practitioner Data Bank

<sup>4</sup> Includes 511 MDs, 9 podiatrists, and 25 physician assistants.

<sup>5</sup> Includes 645 MDs, 12 podiatrists, and 20 physician assistants.

<sup>6</sup> Includes 157 MDs and 2 podiatrists.

<sup>7</sup> Includes 110 MDs, 2 podiatrists, and 1 physician assistant.

# 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 or both.

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 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 for the physician to seek help. Second, physicians may be referred by the Enforcement Unit in lieu of pursuing disciplinary action. Finally, physicians may be directed to participate by the board as part of a disciplinary order.

During FY 04-05, 49 physicians were accepted into the program by the Diversion Evaluation Committee, signed formal Diversion Agreements and entered the program. Of those, 17 physicians had no open cases with the board, 26 physicians were diverted from discipline, and an additional six physicians entered

Activity <sup>1</sup>	FY		Type of Impairment <sup>1</sup>	FY	
	03-04	04-05		04-05	%
Beginning of fiscal year	262	245	Alcohol	39	17
Accepted into program	53	49	Alcohol		
Completions:			& mental illness	24	10
Successful	37	51	Other drugs	63	27
Unsuccessful	22	11	Other drugs		
Active at end of year	258	232	& mental illness	42	18
<b>Other Activity</b>			Alcohol & other drugs	35	15
Applicants <sup>2</sup>	29	28	Alcohol & other drugs		
Other Applicants <sup>3</sup>	30	18	& mental illness	28	12
Out-of-state-monitored			Mental illness	1	1
California licentiates	17	17	<b>Total</b>	<b>232</b>	<b>100%</b>
Completions:					
Successful	0	5			
Unsuccessful	0	3			
<b>Total monitored</b>					
<b>at end of FY 04-05</b>	<b>304</b>	<b>277</b>			
<b>Total monitored</b>					
<b>during FY 04-05</b>	<b>410</b>	<b>365</b>			

<sup>1</sup> Does not include applicant or out-of-state participant data

<sup>2</sup> Applicants are participants who either (1) have not been seen by a Diversion Evaluation Committee, or (2) have not yet signed a Diversion Agreement.

<sup>3</sup> Other applicants are those individuals who contacted the program during the fiscal year but either declined (13) to enter the program or were ineligible (5).

as a result of disciplinary orders. During FY 04-05, a total of 365 physicians were monitored by the Diversion Program. Of the 62 who left the program, 11 were unsuccessful, while 51 successfully completed the five years, with a minimum

of three years of continuous sobriety and a change in lifestyle that would support ongoing recovery.

This vital program has undergone many operational changes in the past year to improve its service.

## DIVISION OF MEDICAL QUALITY

SB 1950 (Figueroa, 2002) contained numerous provisions which affected the board's Enforcement Program and included the appointment of an enforcement monitor. The monitor's Initial Report contained 55 recommendations for the board's Enforcement Program. Many of these require legislation. Some are external (requiring assistance from the Department of Consumer Affairs or the Office of the Attorney General), but 24 of the recommendations are internal to the board and have already been implemented by board staff.

One major concern of the monitor was the time to complete an investigation. Business and Professions (B&P) Code section 2319 states the board shall set as its goal... "so that an average of no more than six months will elapse from the receipt of a complaint to the completion of an investigation." Separate from the time required by the Central Complaint Unit (CCU) staff to process an initial complaint, data revealed that in fiscal year 2003-04, the average time from a request for records by board investigative staff to receipt of all records was 74 days. On average, 60 days elapsed when a physician was invited to

participate in an interview with board staff and when the actual interview occurred. And finally, when completed investigations are sent for medical expert review, the average turnaround time was 69 days. Six months' time had elapsed just processing these three steps. In response, board staff have been directed to close the gap in these time lags.

B&P Code section 2225.5 allows specific times for the production of medical records from hospitals and physician offices, with civil penalties imposed for failure to comply. Therefore, a zero-tolerance policy has been initiated to obtain medical records in compliance with these sections.

The new policy requires a physician to respond to a request for an interview within 72 hours, and to schedule the interview in the 15 days that follow. Failure to respond to the initial call or to appear at the scheduled appointment will result in the issuance of a subpoena. Also, the board's medical experts are being closely monitored to ensure they are able to meet the required 30-day turnaround time when reviewing cases.

(Continued on page v)

## Division of Medical Quality (Continued from page iv)

The monitor's recommendations also extended to CCU staff who have implemented some changes to reduce the time for complaint processing. B&P Code section 2220.08 requires CCU to have all quality-of-care complaints reviewed by a medical expert who is in the same specialty as the complained-of physician, before these complaints are sent to the field offices for formal investigation. Implementation of this new legal requirement had initially led to significant time delays. However, with a focused push, CCU reallocated its staff to closely monitor this review, and recruitment efforts resulted in an increased number of medical experts to perform this task.

Complaints alleging improper physician conduct vary from sexual misconduct, criminal convictions and false advertising to the corporate unlicensed practice of medicine. CCU staff was reorganized to give these complaints an added staff member and to implement an auditing mechanism to ensure multiple complaints on the same conduct were not overlooked.

The number of complaints received this fiscal year continues to reflect a decrease; however, the decrease is due to a procedural change in the way that data is collected and reported. Specifically, citations issued for a physician's failure to change his or her address, which are initiated internally, are no longer reported as a complaint or as an investigation. They only will be counted as a citation. This change in reporting also has an impact on the average time to complete board investigations. Removal of this citation data has resulted in an increase in the time to complete an investigation.

There is another factor which contributes to this increase in time. Two years ago 19 investigator positions were lost. Subsequently, there have been investigator retirements and the hiring of new

### REPORTS PER B&P CODE SECTION 805 — FY 04-05

Total Reports Received	110
<b>Peer Review Body Type</b>	
Healthcare Facility/Clinic	78
Hospital	68
Mental Health Facility	6
Clinic	2
Surgical Center	2
Healthcare Service Plan	30
Other State Agency	2
<b>Outcomes of Reports Received</b>	
Accusations Filed	3
Pending Disposition	65
Cases Closed	42

sworn staff, which requires a learning curve. B&P Code section 2220.05, which prioritized board investigations, has required staff to focus attention on the more complex complaints which may have resulted in actual harm or where the physician represents a danger to the public. The current investigative staff at the board continues to be vigilant to ensure investigations receive a careful analysis of the evidence, and board managers will continue to explore options to ensure time frames are minimized where possible.

### MALPRACTICE REPORTS RECEIVED PER B&P CODE SECTION 801

	No. of Reports	No. of Physicians*		No. of Reports	No. of Physicians*
Anesthesiology	36	4,021	Occupational Medicine	1	347
Cardiology	27	1,949	Oncology	7	943
Colon and Rectal Surgery	3	124	Ophthalmology	18	2,299
Cosmetic Surgery	1	0	Orthopedic Surgery	39	2,726
Dermatology	8	1,486	Otolaryngology	13	1,263
Emergency Medicine	36	2,766	Pain Medicine	2	513
Endocrinology	2	520	Pathology	6	2,257
Gastroenterology	14	1,099	Pediatrics	1	8,107
General/Family Practice	101	6,574	Physical Medicine & Rehabilitation	2	660
General Surgery	54	3,766	Plastic Surgery	34	864
Gynecology	18	4,266	Psychiatry	11	4,486
Internal Medicine	65	18,439	Pulmonology	8	1,110
Neonatal-Perinatal Medicine	7	496	Radiation Oncology	2	478
Nephrology	2	732	Radiology	54	4,285
Neurological Surgery	13	481	Thoracic Surgery	14	636
Neurology	1	1,278	Urology	15	1,141
Obstetrics	76	4,266	Vascular Surgery	9	197

\* Certified in Specialty

# DIVISION OF MEDICAL QUALITY ACTION SUMMARY

## PHYSICIANS & SURGEONS

	FY 03-04	FY 04-05
<b>COMPLAINTS/INVESTIGATIONS<sup>1</sup></b>		
Complaints Received	8,240	7,503
Complaints Closed		
by Complaint Unit	6,837	6,603
Investigations:		
Cases Opened	1,887	1,443
Cases Closed	2,117	1,475
Cases referred to the Attorney General (AG)	580	521
Cases referred for criminal action	37	34
Number of probation violation reports referred to the AG	34	32

Consumer inquiries	45,048
Jurisdictional inquiries	24,776
Complaint forms sent	9,911
Complaint forms returned by consumers	3,469

*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 03-04		FY 04-05	
	Avg.	Median	Avg.	Median
1. Complaint Unit				
Processing	76	49	66	43
2. Investigation	220	189	259	233
3. AG Processing to preparation of an Accusation	107	64	116	68
4. Other stages of the legal process (e.g., after charges filed)	513	476	473	410

### *Enforcement Field Operations Caseload*

	Per	
	Statewide	Investigator
Active Investigations	1,054	19
AG Assigned Cases <sup>2</sup>	503	9
<i>Probation Unit Caseload</i>		
Monitoring Cases <sup>3</sup>	545	39
Active Investigations	45	3
AG Assigned Cases <sup>2</sup>	52	n/a <sup>4</sup>

<sup>1</sup> Some cases closed were opened in a prior fiscal year.

<sup>2</sup> 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.

<sup>3</sup> 141 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2005.

<sup>4</sup> For Probation Unit caseload, the AG Assigned Cases are included as Monitoring Cases.

### COMPLAINTS RECEIVED BY TYPE & SOURCE

	Fraud	Health & Safety <sup>1</sup>	Non-Jurisdictional <sup>2</sup>	Competence/Negligence <sup>3</sup>	Other Category	Personal Conduct <sup>4</sup>	Unprofessional Conduct <sup>5</sup>	Unlicensed/Unregistered	Total
Public	151	135	1,309	1,846	1	47	1,018	94	<b>4,601</b>
B&P Code <sup>6</sup>	1	2	3	1,060	0	24	17	0	<b>1,107</b>
Licensee/Prof. Group <sup>7</sup>	23	13	64	37	2	9	88	20	<b>256</b>
Govt. Agency <sup>8</sup>	38	50	19	155	56	295	578	75	<b>1,266</b>
Anonymous/Misc.	28	12	30	23	0	31	113	36	<b>273</b>
<b>Totals</b>	<b>241</b>	<b>212</b>	<b>1,425</b>	<b>3,121</b>	<b>59</b>	<b>406</b>	<b>1,814</b>	<b>225</b>	<b>7,503</b>

<sup>1</sup> Health and Safety complaints include inappropriate prescribing, sale of dangerous drugs, etc.

<sup>2</sup> 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.

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

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

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

<sup>6</sup> Reference is to B&P Code sections 800-805 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.

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

<sup>8</sup> 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 03-04	FY 04-05
<b>MEDICAL MALPRACTICE</b>		
Insurers: B&P Code §§801 & 801.1	787	722
Attorneys or Self-Reported or Employers		
B&P Code §§801(f), 802 & 803.2	228	212
Courts: B&P Code §803	3	9
<b>Total Malpractice Reports</b>	<b>1,018</b>	<b>943</b>
<b>CORONERS' REPORTS</b>		
B&P Code §802.5	18	23
<b>CRIMINAL CHARGES &amp; CONVICTIONS</b>		
B&P Code §§802.1 & 803.5	33	20
<b>HEALTH FACILITY DISCIPLINE</b>		
Medical Cause or Reason		
B&P Code §805	157	110
<b>OUTPATIENT SURGERY SETTINGS REPORTS</b>		
Patient Death		
B&P Code §2240(a)	14	11

# DIVISION OF MEDICAL QUALITY ACTION SUMMARY

FY 03-04    FY 04-05

FY 03-04    FY 04-05

## ADMINISTRATIVE ACTIONS

Accusation	262	235
Petition to Revoke Probation	26	26
Number of completed investigations referred to the Attorney General's Office awaiting the filing of an Accusation as of June 30	126	133
Number of cases over 6 months old that resulted in the filing of an Accusation	208	169

## ADMINISTRATIVE OUTCOMES

Revocation	37	43
Surrender (in lieu of Accusation or with Accusation pending)	65	82
Suspension Only	2	0
Probation with Suspension	31	17
Probation	98	93
Probationary License Issued	11	5
Public Reprimand	51	75
Other Actions (e.g., exam required, educational course, etc.)	41	46
Accusation Withdrawn <sup>1</sup>	44	25
Accusation Dismissed	20	8
Dispositions of Probation Filings		
Probation Revoked or License Surrendered	9	20
Additional Suspension or Probation	11	9
Other Decisions	1	0
Public Reprimand	1	2
Petition Withdrawn/Dismissed	7	1

## REFERRAL AND COMPLIANCE ACTIONS

Citation and Administrative Fines Issued	423	307
Physicians Referred to Diversion Program <sup>2</sup>	38	29

## PETITION ACTIVITY

Petition for Reinstatement of license filed	25	19
Petition for Reinstatement of license granted	9	10
Petition for Reinstatement of license denied	7	10
Petition for Penalty Relief <sup>3</sup> granted	21	26
Petition for Penalty Relief <sup>3</sup> denied	12	10
Petition to Compel Exam filed	11	7
Petition to Compel Exam granted	11	7
Petition to Compel Exam denied	0	0

## LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED

### WHILE ADMINISTRATIVE ACTION IS PENDING

Interim Suspension Orders	22	28 <sup>4</sup>
Temporary Restraining Orders	0	1
Other Suspension Orders	35	27 <sup>5</sup>

### License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type in FY 04-05

	Orders Sought	Orders Granted
Criminal Charges/Conviction of a Crime	3	7
Drug Prescribing Violations	5	5
Fraud	1	0
Gross Negligence/Incompetence	11	13
Mental/Physical Illness	6	3
Self-Abuse of Drugs or Alcohol	8	12
Sexual Misconduct	13	13
Unlicensed Activities	1	0
Unprofessional Conduct	2	3
<b>Total</b>	<b>50</b>	<b>56</b>

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

## Administrative Outcomes by Case Type in FY 04-05<sup>6</sup>

	Revocation	Surrender	Suspension Only	Probation With Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	10	27	0	8	45	0	53	37	180
Inappropriate Prescribing	3	9	0	0	13	0	9	4	38
Unlicensed Activity	0	1	0	3	0	0	2	0	6
Sexual Misconduct	3	7	0	0	1	0	0	0	11
Mental Illness	8	14	0	0	1	1	0	0	24
Self-Use of Drugs/Alcohol	8	12	0	1	11	0	0	1	33
Fraud	1	2	0	0	3	1	0	2	9
Conviction of a Crime	5	2	0	1	1	1	2	0	12
Unprofessional Conduct	5	8	0	4	8	2	9	2	38
Miscellaneous Violations	0	0	0	0	10	0	0	0	10
<b>Totals by Discipline Type</b>	<b>43</b>	<b>82</b>	<b>0</b>	<b>17</b>	<b>93</b>	<b>5</b>	<b>75</b>	<b>46</b>	<b>361<sup>6</sup></b>

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

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

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

<sup>4</sup> Pursuant to B&P Code section 2220.05(c), ISOs were granted in the following priority categories: 5 - gross negligence/incompetence resulting in serious bodily injury or death, 2 - excessive prescribing, 5 - sexual misconduct with a patient, and 3 - practicing under the influence of drugs/alcohol.

<sup>5</sup> Includes 4 Automatic Suspension Orders per B&P Code section 2236.1, 7 license restrictions per Penal Code section 23, 14 out-of-state suspension orders per B&P Code section 2310, and 2 stipulated agreements to suspend or restrict the practice of medicine.

<sup>6</sup> Pursuant to B&P Code section 2220.05(c), disciplinary actions were taken in the following priority categories: 64 - gross negligence/incompetence resulting in serious bodily injury or death, 0 - practicing under the influence resulting in serious bodily injury or death, 27 - excessive prescribing, 7 - sexual misconduct with a patient, and 2 - practicing under the influence of drugs/alcohol.

# ENFORCEMENT ACTION SUMMARY FOR AFFILIATED HEALING ARTS PROFESSIONALS

	FY 03-04	FY 04-05
<b>COMPLAINTS/INVESTIGATIONS<sup>1</sup></b>		
Complaints Received	428	308
Complaints Closed by Complaint Unit	370	283
Investigations:		
Cases Opened	86	155
Cases Closed	86	154
Cases referred to the AG	41	66
Cases referred for criminal action	2	4
Number of Probation Violation Reports referred to AG	3	3
<b>LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED WHILE ADMINISTRATIVE ACTION IS PENDING</b>		
Interim Suspension Orders	0	1
Other Suspension Orders <sup>2</sup>	3	0
<b>ADMINISTRATIVE ACTIONS</b>		
Accusation	21	14
Petition to Revoke Probation	4	3
Statement of Issues to deny application	3	10
Number of completed investigations referred to AG awaiting the filing of an Accusation as of June 30	7	13
<b>ADMINISTRATIVE OUTCOMES</b>		
Revocation	5	4
Surrender (in lieu of Accusation or with Accusation pending)	10	4
Probation with Suspension	11	1
Probation	11	10
Probationary License Issued	1	4
Statement of Issues Granted (License Denied)	0	1
Statement of Issues Denied (License Granted)	1	4
Accusation/Statement of Issues Withdrawn	3	1
Accusation Dismissed	0	0
Dispositions of Probations Filings		
Additional Suspension or Probation	1	0
Probation Revoked or License Surrender	2	1
Petition withdrawn/dismissed	2	0
<b>REFERRAL AND COMPLIANCE ACTIONS</b>		
Citation and Administrative Fines Issued	14	6
Office Conferences Conducted	6	3
<b>PETITION ACTIVITY</b>		
Petition for Reinstatement of license filed	1	2
Petition for Reinstatement of license granted	0	1
Petition for Reinstatement of license denied	0	1
Petition for Penalty Relief <sup>3</sup> granted	1	1
Petition for Penalty Relief <sup>3</sup> denied	1	0

## REPORTS RECEIVED BASED ON LEGAL REQUIREMENTS

	FY 03-04	FY 04-05
<b>MEDICAL MALPRACTICE</b>		
<b>Insurers</b>		
B&P Code §§801 & 801.1	21	21
<b>Attorneys or Self-Reported or Employers</b>		
B&P Code §§801(f), 802 & 803.2	2	0
<b>Courts</b>		
B&P Code §803	0	0
<b>Total Malpractice Reports</b>	<b>23</b>	<b>21</b>
<b>CORONERS' REPORTS</b>		
B&P Code §802.5	1	1
<b>CRIMINAL CHARGES &amp; CONVICTIONS</b>		
B&P Code §803.5	1	0
<b>HEALTH FACILITY DISCIPLINE</b>		
<b>Medical Cause or Reason</b>		
B&P Code §805	2	3
<b>OUTPATIENT SURGERY SETTINGS REPORT</b>		
<b>Patient Death</b>		
B&P Code §2240(a)	0	0

<sup>1</sup> *Affiliated Healing Arts include: podiatrists, physician assistants, dispensing opticians, research psychoanalysts, and licensed midwives.*

<sup>2</sup> *Includes Automatic Suspension Orders per B&P Code section 2236.1 and license restrictions per Penal Code section 23.*

<sup>3</sup> *Penalty Relief includes Petitions for Modification and/or Termination of Probation.*

**The Annual Report also is available in the "Publications" section of the Medical Board's Web site: [www.caldocinfo.ca.gov](http://www.caldocinfo.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.**

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