

2006–2007 ANNUAL REPORT

Medical Board of California

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Executive Summary

Fiscal year 2006–2007 was another busy year for the board. The legislatively mandated implementation of vertical enforcement, which has attorneys from the Health Quality Enforcement Section of the Attorney General’s Office work investigations with board investigators from their inception (see p. iv), involved a great deal of coordination and cooperation, and the public as well as physicians are already reaping the benefits.

The board began the process of developing a new strategic plan, mindful that such a plan helps the board focus on its mission, vision, goals, activities, strategies, and critical success factors. Within the next year the plan will be finalized and adopted by the board, and serve as a framework for its actions.

The board has continued to work in an innovative manner to better fulfill its mission of public protection. It has

created many committees and councils to explore ways to assist the public and our licensees. Following are a few examples.

The Access to Care Committee was reconstituted in April 2007. Its mission is to make health care accessible to Californians through the licensing and regulatory programs and policies of the board and consistent with the board’s consumer protection mission. Topics being discussed include the evolution of clinics based in retail stores, participation in meetings that address the increasing shortage of health care professionals, and new ways to provide health care services, e.g., telemedicine and the development of best practices models.

The Medical Errors Committee was created to address how the Medical Board might best assist those in the medical community in their efforts to reduce errors. The board established

the committee to determine if it could provide greater public protection by becoming involved in practical initiatives to reduce medical errors. The intention of the board is to assist, and not to expand its legislative or regulatory scope or interfere with the many existing programs focused on reducing medical errors. The committee will hold its first meeting in 2008.

The Cultural and Linguistic Competency Workgroup was established to help facilitate the development of educational programs or classes to teach foreign language proficiency and cultural beliefs and practices to California-licensed physicians. The workgroup spent much of 2006 addressing the implementation of AB 1195 (Coto), which requires all continuing medical education courses to contain curriculum that includes cultural and linguistic competency in the practice of medicine. Future workgroup meetings will focus on

(Continued on page v)

Current Physician and Surgeon Licenses by County

Alameda	4,292	Inyo	43	Monterey	876	San Luis Obispo	779	Trinity	11
Alpine	1	Kern	1,060	Napa	477	San Mateo	2,527	Tulare	488
Amador	64	Kings	126	Nevada	266	Santa Barbara	1,185	Tuolumne	133
Butte	476	Lake	83	Orange	8,893	Santa Clara	6,520	Ventura	1,776
Calaveras	53	Lassen	35	Placer	956	Santa Cruz	683	Yolo	556
Colusa	10	Los Angeles	26,867	Plumas	37	Shasta	467	Yuba	52
Contra Costa	2,852	Madera	174	Riverside	2,748	Sierra	0	California Total	96,299
Del Norte	46	Marin	1,527	Sacramento	3,997	Siskiyou	86	Out-of-State Total	27,757
El Dorado	297	Mariposa	14	San Benito	40	Solano	807	Total Current Licenses	124,056
Fresno	1,736	Mendocino	211	San Bernardino	3,309	Sonoma	1,373		
Glenn	12	Merced	226	San Diego	9,020	Stanislaus	857		
Humboldt	287	Modoc	5	San Francisco	5,474	Sutter	201		
Imperial	129	Mono	36	San Joaquin	991	Tehama	52		

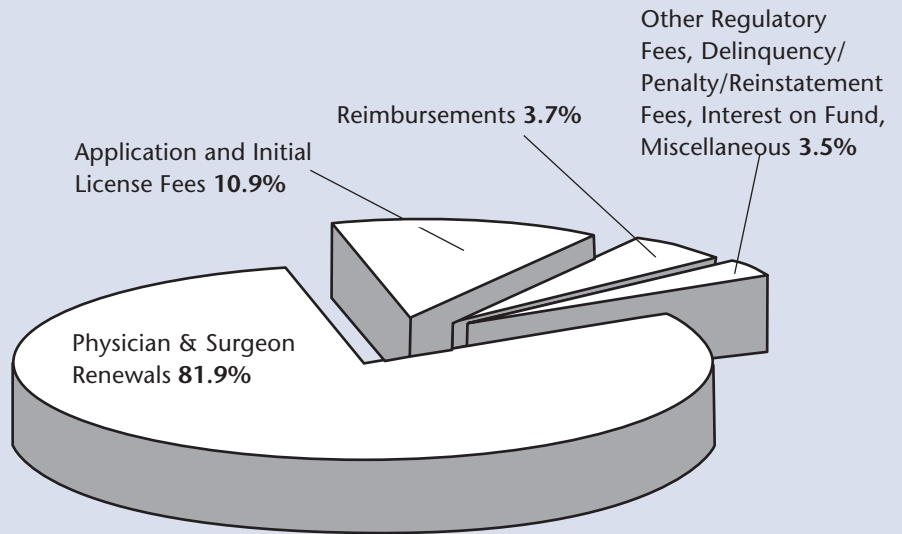
The mission of the Medical Board of California

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

Medical Board of California 2006–2007 Fiscal Year

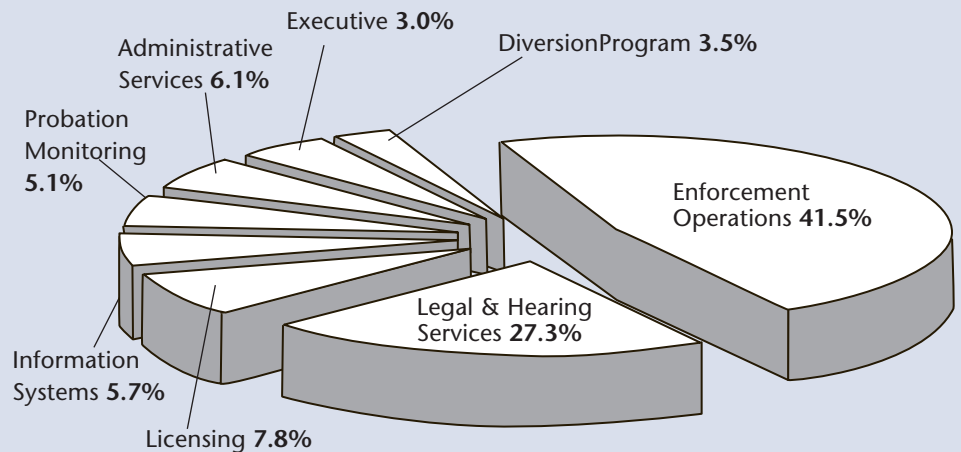
Revenues & Reimbursements

Physician & Surgeon Renewals	\$42,246,000
Application and Initial License Fees	5,635,000
Reimbursements	1,888,000
Other Regulatory Fees, Delinquency/Penalty/Reinstatement Fees, Interest on Fund, Miscellaneous	1,807,000
Total Receipts	\$51,576,000



Budget Distribution

Enforcement Operations	\$20,917,000
Legal & Hearing Services	13,776,000
Licensing	3,949,000
Information Systems	2,857,000
Probation	2,591,000
Administrative Services	3,089,000
Executive	1,534,000
Diversion Program*	1,747,000
Total	\$50,460,000



* Includes one-time funding in the amount of \$300,000 for performance audit pursuant to Section 1 of Chapter 647 of the Statutes of 2005.

Division of Licensing

The Division of Licensing continues to promote public protection for health care consumers through the proper licensing of physicians and surgeons and allied health care professionals. The division is able to achieve its mission by evaluating the educational credentials and skills of applicants during the licensing process, issuing fictitious name permits, administering the continuing medical education program, and licensing several allied health care professionals.

During the last fiscal year, the number of new physician and surgeon applications processed continued a steady increase with 5,284 new license certificates issued—an increase of approximately 5.3 percent compared to last year.

The licensing activity tables on the following page illustrate the volume of allied health care professionals and other licensing operations workload processed by division staff.

Some key accomplishments of the division during the past fiscal year included an impressive reduction in the average number of days it took staff to perform an initial review of physician and surgeon applications—from over 120 days last year to approximately 36 days this year, a 70 percent reduction. The division conducted site visits at five California medical schools and one teaching hospital as part of its Special Programs oversight responsibilities. The division also created the Special Faculty Permit Review Committee and the Midwifery Advisory Council with the initial appointment of members, and increased the activity of the Cultural and Linguistic Physician Competency Program Workgroup, all groups that meet publicly from time to time to provide recommendations to the division.

Division of Licensing Activity

	FY 05-06	FY 06-07
Physician Licenses Issued		
FLEX/USMLE ¹	4,306	4,397
NBME ¹	303	365
Reciprocity with other states	411	522
Total new licenses issued	5,020	5,284
Renewal licenses issued—with fee	52,176	53,081
Renewal licenses—fee exempt ²	4,788	5,013
Total licenses renewed	56,964	58,094
Physician Licenses in Effect		
California address	94,546	96,299
Out-of-state address	27,623	27,757
Total	122,169	124,056
Fictitious Name Permits		
Issued	1,265	1,257
Renewed	4,040	3,842
Total number of permits in effect	10,552	11,095

	FY 05-06	FY 06-07
Special Faculty Permits		
Permits issued	0	0
License exemptions renewed	2	2
Total active exemptions	5	5
Licensing Enforcement Activity		
Probationary license granted	4	6
License denied (no hearing requested)	6	1
Statement of Issues to deny license filed	11	6
Statement of Issues granted (license denied)	5	8
Statement of Issues denied (license granted)	3	4
Statement of Issues withdrawn	2	4

¹ FLEX = Federation Licensing Exam
 USMLE = United States Medical Licensing Exam
 NBME = National Board Medical Exam

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

Verification & Reporting Activity Summary

License Status Verifications	FY 05-06	FY 06-07
Telephone verifications	58,451	52,718
Non-verification telephone calls	16,632	13,863
Authorized LVS Internet users ¹	1,025	624
Online LVS access verifications	1,179,197	1,726,731
Web license look-up	6,371,788	7,464,137
Certification Letters and Letters of Good Standing	7,099	6,991
Report Verifications		
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	351	194
Reports to Medical Board		
Adverse Actions reported to the NPDB ²	582 ³	547 ⁴
B&P Code §805 reports of health facility discipline received	140 ⁵	127 ⁶

Allied Health Care Professions: 2006–2007 Licenses

	ISSUED	CURRENT
Licensed Midwife	9	171
Dispensing Optician	59	1,164
Contact Lens Dispenser	153	712
Non-Resident Contact Lens Seller	0	9
Spectacle Lens Dispenser	169	2,002
Research Psychoanalyst	4	81
Accreditation Agencies for Outpatient Settings	0	4
Podiatrist	60	1,836

¹ LVS = Licensing Verification System

² NPDB = National Practitioner Data Bank

³ Includes 540 MDs, 19 podiatrists, and 23 physician assistants

⁴ Includes 501 MDs, 11 podiatrists, 27 physician assistants, and 8 statement of issues-license denied

⁵ Includes 138 MDs and 2 podiatrists

⁶ Includes 126 MDs and 1 podiatrist

Diversion Program

The Physician Diversion Program is a statewide, highly structured, multifaceted, 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.

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 of the Medical Board rather than pursuing disciplinary action. Finally, physicians may be directed to participate by the Medical Board as part of a disciplinary order.

During FY 06–07, 45 physicians were accepted into the Diversion Program. Of those, 14 physicians had no open cases with the board, 23 physicians were diverted from discipline, and an additional eight physicians entered as a result of disciplinary orders. During

Activity ¹	FY05–06	FY06–07
Beginning of fiscal year	248	215
Accepted into program	42	45
Completions:		
Successful	54	43
Unsuccessful	18	17
Deceased ²	3	3
Active at end of year	215	197
Other Activity		
Applicants ³	17	30
Other Applicants ⁴	26	33
Out-of-state-monitored		
California licentiates	16	13
Completions:		
Successful	4	4
Unsuccessful	1	0
Total monitored at end of FY 06–07		273
Total monitored during FY 06–07		340

FY 06–07, a total of 340 physicians were monitored by the Diversion Program. Of the 63 who left the program, 17 were unsuccessful, while 43 successfully

	FY 06–07	%
Alcohol	43	22
Alcohol & mental illness	16	8
Other drugs	56	28
Other drugs & mental illness	27	14
Alcohol & other drugs	34	17
Alcohol & other drugs & mental illness	18	9
Mental illness	3	2
	197	100%

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

² Deaths occurred prior to successfully completing the program.

³ Applicants are participants who either have not been seen by a Diversion Evaluation Committee or have not yet signed a Diversion Agreement.

⁴ Other Applicants are those individuals who contacted the program during the fiscal year but either declined (21) to enter the program or were ineligible (12).

completed the 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

Vertical enforcement (SB 231, Figueroa, 2005) requires the investigators of the Medical Board and the prosecutors in the Health Quality Enforcement Section (HQES) of the Attorney General's Office to work together from the beginning of an investigation of possible physician misconduct, replacing the prior, "hand-off" method where board investigators compiled the evidence and then handed it off to prosecutors for legal evaluation. This pilot project was fully implemented on all post-January 1, 2006 cases, and the board's enforcement program saw decreases in the time taken to complete an investigation. The average number of days to close cases without prosecution prior to vertical enforcement was 145; as of this report, it has been reduced to 139 days. The average number of days between the completion of an investigation and filing of an accusation has decreased from 241 to 212. Interim Suspension Orders (ISOs) saw the most dramatic impact from the implementation of vertical enforcement, with a reduction in average time of investigation to issuance of the suspension order from 91 to 30 days. This is especially impressive in that ISOs are issued when there is an imminent threat to public safety; therefore, this improvement in time has a significant impact on the board's mission of public protection.

In addition to the vertical enforcement pilot, the enforcement division implemented numerous policy changes described in the 2004–2005 Annual Report (e.g., a zero-tolerance policy regarding production of medical records; time frames by when a physician interview must occur), which also have contributed to outstanding reductions in overall investigation time. Currently, the time it takes to obtain medical records is reduced from 74 to 36 days. The average time between the initial request for a physician interview and the actual interview is reduced from 60 to 40 days. The average number of days to obtain a medical expert opinion is reduced from 69 to 36. The board only had to issue four citations and fines for failure to produce records, and two cases were referred to the Office of the Attorney General for the issuance of civil penalties. Recruitment and retention remain a serious problem, as the board's enforcement program is remarkably complex and investigators are able to find employment with higher compensation at agencies where the work is less difficult. During this fiscal year, investigative staff operated with an average vacancy rate of 11.6 percent. Despite this, investigators remained remarkably productive.

Executive Summary *(Continued from page i)*

the development of voluntary educational programs and courses to teach foreign language competency and cultural beliefs and practices for incorporation into the diagnosis and treatment of patients.

The Midwifery Advisory Council was established to make recommendations to the Medical Board on matters that are presented to it by the Division of Licensing on issues pertaining to licensed midwives. Recently, the council developed a coding system to capture practice data related to the practice of midwifery in California, pursuant to Business and Professions Code section 2516.

The Special Faculty Permit Review Committee evaluates the credentials of all applicants under Business and Professions Code section 2168.1 (special faculty permit) and makes recommendations to the Division of Licensing relative to these applicants. After all 10 members were appointed to the committee by the Division of Licensing, the committee held its first meeting, at which officers were elected. The committee clarified the meaning of “academically eminent” as used in the statute, and provided guidance to staff as to what documentation would need to be submitted with an application for the committee to make a recommendation to the Division of Licensing. An application form and instructions were approved for individuals to use to apply for a Special Faculty Permit. This law allows more individuals to share their expertise with California physicians and their patients.

The board continues to make improvements to its Web site. The most recent includes a Subscribers’ List for anyone interested in receiving e-mail alerts of board meeting agenda notices and minutes; newsletters; regulations; and timely notifications of physicians’ license suspensions, restrictions, revocations, and surrenders. In addition to board agendas, the related attachments and reference materials also are now available online.

Reports Per B&P Code Section 805: FY 06—07

Total Reports Received	127
Peer Review Body Type	
Health Care Facility/Clinic	73
Hospital/Clinic	70
Surgical Center	3
Health Care Service Plan	10
Professional Society	0
Medical Group/Employer	44
Outcomes of Reports Received	
Accusation and Interim Suspension Order Filed	2
Accusation Filed	1
Pending Disposition	97
Cases Closed	27

Malpractice Settlement Reports Received Per B&P Code Section 801

	No. of Reports	No. of Physicians*
Anesthesiology	30	4,322
Cardiology	20	2,519
Colon and Rectal Surgery	2	143
Dermatology	16	1,534
Emergency Medicine	42	3,038
Endocrinology	1	571
Gastroenterology	5	1,211
General/Family Practice	73	7,161
General Surgery	59	3,868
Gynecology	23	4,478
Hematology	4	132
Infectious Disease	2	572
Internal Medicine	55	19,856
Neonatal/Perinatal Medicine	4	526
Nephrology	1	840
Neurological Surgery	25	514
Neurology	13	1,235
Nuclear Medicine	1	566

	No. of Reports	No. of Physicians*
Obstetrics	65	4,478
Oncology	4	1,046
Ophthalmology	7	2,460
Orthopedic Surgery	64	2,862
Otolaryngology	15	1,340
Pain Medicine	2	291
Pathology	10	2,347
Pediatrics	14	8,530
Physical Medicine & Rehabilitation	3	757
Plastic Surgery	24	913
Psychiatry	4	4,736
Pulmonology	5	1,178
Radiology	35	4,534
Rheumatology	3	519
Thoracic Surgery	13	670
Urology	7	1,163
Vascular Surgery	7	205

* Certified in speciality

Division of Medical Quality Action Summary

Physicians & Surgeons

	FY 05-06	FY 06-07
Complaints/Investigations¹		
Complaints received	7,663	7,259
Complaints closed by Complaint Unit	6,349	6,105
Investigations		
Cases opened	1,331	1,182
Cases closed	1,307	1,128
Cases referred to the Attorney General (AG)	458	415
Cases referred for criminal action	31	27
Number of probation violation reports referred to the AG	22	19
Consumer inquiries and complaints		
Consumer inquiries		30,678
Jurisdictional inquiries		16,873
Complaint forms sent		6,750
Complaint forms returned by consumers		2,363

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 05-06		FY 06-07	
	Avg.	Med.	Avg.	Med.
Complaint Unit processing	54	28	54	49
Investigation	277	261	307	289
AG processing to preparation of an accusation	132	78	127	76
Other stages of the legal process (e.g., after charges filed)	515	417	446	350

Enforcement Field Operations Caseload

Active investigations	1,146	19
AG assigned cases ²	391	6
Probation Unit Caseload		
Monitoring Cases ³	523	37
Active Investigations	72	5
AG assigned cases ²	46	n/a ⁴

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	205	92	1,265	1,909	1	48	833	92	4,445
B&P Code ⁶	1	4	0	963	1	40	52	0	1,061
Licensee/Prof. Group ⁷	48	16	51	84	9	19	68	32	327
Govt. Agency ⁸	90	37	20	108	63	276	533	58	1,185
Misc./Anonymous	52	9	32	42	0	23	50	33	241
Totals	396	158	1,368	3,106	74	406	1,536	215	7,259

¹ Health and Safety complaints, e.g. excessive 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 Care 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, e.g. 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 Licensee/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 05-06	FY 06-07
Medical Malpractice		
Insurers: B&P Code §§801 & 801.1	726	676
Attorneys or Self-Reported or Employers: B&P Code §§801(f), 802 & 803.2	185	187
Courts: B&P Code §803	6	10
Total Malpractice Reports	917	873
Coroners' Reports		
B&P Code §802.5	11	22
Criminal Charges & Convictions		
B&P Code §§802.1 & 803.5	16	29
Health Facility Discipline		
Medical Cause or Reason:		
B&P Code §805	138	127
Outpatient Surgery Settings Reports		
Patient Death:		
B&P Code §2240(a)	2	10

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.

³ 124 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2007.

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

Division of Medical Quality Action Summary

	FY 05-06	FY 06-07
Administrative Actions		
Accusation	226	218
Petition to Revoke Probation	26	24
Number of completed investigations referred to the Attorney General's Office awaiting the filing of an Accusation as of June 30	152	132
Number of cases over 6 months old that resulted in the filing of an Accusation	172	174
Administrative Outcomes		
Revocation	39	34
Surrender (in lieu of Accusation or with Accusation pending)	66	67
Suspension Only	0	1
Probation with Suspension	20	21
Probation	88	92
Probationary License Issued	4	6
Public Reprimand	89	59
Other actions (e.g. exam required, education course, etc.)	3	30
Accusation Withdrawn ¹	19	14
Accusation Dismissed	6	4
Dispositions of Probation Filings		
Probation Revoked or License Surrendered	15	30
Additional Suspension and Probation	0	2
Additional Suspension or Probation	5	7
Other	0	1
Public Reprimand	0	0
Petition Withdrawn/Dismissed	2	0
Referral and Compliance Actions		
Citation and Administrative Fines Issued	342	426
Physicians Referred to Diversion Program ²	30	24

	FY 05-06	FY 06-07
Petition for Reinstatement of license filed	13	21
Petition for Reinstatement of license granted	7	5
Petition for Reinstatement of license denied	8	3
Petition for Penalty Relief ³ granted	20	19
Petition for Penalty Relief ³ denied	11	12
Petition to Compel Exam filed	9	15
Petition to Compel Exam granted	9	12
Petition to Compel Exam denied	0	0
License Restrictions/Suspensions Imposed While Administrative Action is Pending		
Interim Suspension Orders	24	18 ⁴
Temporary Restraining Orders	0	0
Other Suspension Orders	23	25 ⁵
License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type in FY 06-07		
	Orders Sought	Orders Granted
Criminal Charges/Conviction of a Crime	2	7
Drug Prescribing Violations	0	0
Fraud	4	3
Gross Negligence/Incompetence	5	4
Mental/Physical Illness	4	6
Self-Abuse of Drugs or Alcohol	8	11
Sexual Misconduct	6	10
Unlicensed Activity	0	0
Unprofessional Conduct	0	4
Total	29	45

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

Administrative Outcomes by Case Type in FY 06-07⁶

	Revocation	Surrender	Suspension Only	Probation with Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	7	17	1	1	49	0	39	21	135
Inappropriate Prescribing	1	5	0	1	7	0	9	3	26
Unlicensed Activity	0	1	0	2	2	0	3	1	9
Sexual Misconduct	3	8	0	4	7	0	1	0	23
Mental Illness	5	11	0	0	3	0	0	1	20
Self-Use of Drugs/Alcohol	8	12	0	4	9	3	0	1	37
Fraud	0	2	0	3	3	0	0	1	9
Conviction of a Crime	5	3	0	4	4	1	3	0	20
Unprofessional Conduct	5	7	0	2	4	2	4	2	26
Miscellaneous Violations	0	1	0	0	4	0	0	0	5
Totals by Discipline Type	34	67	1	21	92	6	59	30	310

¹ Accusations withdrawn for the following reasons: physician passed a competency exam; physician met stipulated terms and conditions; 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 of Penalty and Petitions for Termination of Probation

⁴ Pursuant to B&P Code section 2220.05(c), ISO's were granted in the following priority categories: 0-gross negligence/incompetence resulting in death or serious bodily injury, 0-drug or alcohol abuse involving death or serious bodily injury, 0-excessive prescribing, 2-sexual misconduct with a patient, and 2-practicing under the influence of drugs/alcohol.

⁵ Includes 4 Automatic Suspension Orders per B&P Code section 2236, 7 license restrictions per Penal Code section 23, 8 out of state suspension orders per B&P Code section 2310, 3 stipulated agreements to suspend or restrict the practice of medicine, and 3 suspension orders issued by the Chief of Enforcement for violation of probation condition.

⁶ Pursuant to B&P Code section 2220.05(c), disciplinary actions were taken in the following priority categories: 53-gross negligence/incompetence resulting in serious bodily injury or death, 0-practicing under the influence resulting in serious bodily injury or death, 9-excessive prescribing, 18-sexual misconduct with a patient, and 4-practicing under the influence of drugs/alcohol.

Enforcement Action Summary for Allied Health Care Professionals

FY 05-06 FY 06-07

Reports Received Based Upon Legal Requirements

Complaints/Investigations¹	FY 05-06	FY 06-07
Complaints Received	302	313
Complaints Closed by Complaint Unit	241	259
Investigations:		
Cases Opened	167	146
Cases Closed	164	134
Cases referred to the AG	79	70
Cases referred for criminal action	5	4
Number of Probation Violation Reports referred to AG	4	3
License Restrictions/Suspensions Imposed While Administrative Action is Pending		
Interim Suspension Orders	3	3
Other Suspension Orders	1	3 ²
Administrative Actions		
Accusation	16	20
Petition to Revoke Probation	4	3
Statement of Issues to deny application	8	4
Number of completed investigations referred to AG's Office awaiting the filing of an Accusation as of June 30	12	11
Administrative Outcomes		
Revocation	8	4
Surrender (in lieu of Accusation or with Accusation pending)	6	6
Probation with Suspension	1	3
Probation	12	14
Probationary License Issued	2	3
Public Reprimand	0	0
Other Actions (e.g. exam required, education course, etc.)	0	0
Statement of Issues Granted (Lic Denied)	1	3
Statement of Issues Denied (Lic Granted)	2	2
Accusation/Statement of Issues Withdrawn	1	8
Accusation Dismissed	0	0
Dispositions of Probation Filings		
Additional Probation or Suspension	0	0
Probation Revoked or License Surrendered	3	2
Petition Withdrawn or Dismissed	0	0
Referral and Compliance Actions		
Citation and Administrative Fines Issued	10	2
Office Conferences Conducted	5	2
Petition Activity		
Petition for Reinstatement of license filed	1	5
Petition for Reinstatement of license granted	1	0
Petition for Reinstatement of license denied	0	0
Petition for Penalty Relief ³ granted	0	2
Petition for Penalty Relief ³ denied	3	0
Petition to Compel Exam granted	0	0
Petition to Compel Exam denied	0	0

	FY 05-06	FY 06-07
Medical Malpractice		
Insurers: B&P Code §§801 & 801.1	9	16
Attorneys or Self-Reported or Employers: B&P Code §§801(f), 802 & 803.2	1	2
Courts: B&P Code §803	0	0
Total Malpractice Reports	10	18
Coroners' Reports		
B&P Code §802.5	0	0
Criminal Charges & Convictions		
B&P Code §§802.1 & 803.5	0	0
Health Facility Discipline		
Medical Cause or Reason:		
B&P Code §805	2	1
Outpatient Surgery Settings Reports		
Patient Death:		
B&P Code §2240(a)	0	0

¹ Allied Health Care professionals include podiatrists, physician assistants, research psychoanalysts, dispensing opticians and licensed midwives, except in the categories of investigations, cases referred to the Attorney General and referred for criminal action.

² Includes 1 automatic suspension order, 1 license restriction per Penal Code section 23, 1 stipulated agreement to suspend or restrict practice.

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

Medical Board of California

Officers

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Ronald L. Moy, M.D.,
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Division of Licensing

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