

2008–2009 ANNUAL REPORT

Medical Board of California

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Executive Summary

Fiscal year 2008-2009 marked another year of innovation and progress at the Medical Board on behalf of California patients.

The Board is very pleased to have re-established its Operation Safe Medicine (OSM), a group of specially trained investigators whose mission is to find unlicensed practitioners and refer them for criminal prosecution. OSM was originally established in 2000, but was forced to close in fiscal year 2002-2003 due to budget shortfalls. Located in Southern California, OSM consists of four investigators. These investigators proactively address the ongoing problems with unlicensed activity and the corporate practice of medicine, including unauthorized individuals using lasers for cosmetic procedures. After two years, the Board will have the work of OSM independently evaluated and, if justified, will seek to have the program expanded and continued on an ongoing basis.

AB 329 (Nakanishi) authorized the Medical Board to establish a pilot

program, recently launched, to expand the practice of telemedicine for patients with chronic illnesses. The major goals of this program are to improve health outcomes and evaluate the cost effectiveness of this telemedicine project (and its implications for other such programs). As the Board has for many years supported telemedicine, it is very excited about the potential of this practice modality to provide access to care in remote areas of the state. Although the legislation did not specifically identify which chronic disease to target, this program will target Hispanic and African-American patients with Type II Diabetes, the two largest racial/ethnic groups of patients with diabetes seen in the University of California, Davis, Health System. The project will focus on three geographic areas: Primary care, hospital-based clinics at the UC Davis Medical Center; the UC Davis Health System's Primary Care Network; and rural, Northern California primary care practices.

Recently the Board voted unanimously for a proposed regulation to require physicians to provide notice to their patients that they are licensed by the Medical Board of California, along with the Board's contact information. In this information era, the Board deemed this idea one whose time had come. Its purpose is to educate consumers at the point of service about whom to contact should they have a complaint or if they want information about physicians. The proposal provides three options for compliance: a sign, conspicuously posted, in physicians' offices; written disclosure, signed and dated by the patient and retained in the patient's file; or inclusion of the information on letterhead, discharge instructions, or other document given to the patient. As this Annual Report goes to print, the proposed regulation is making its way through the regulatory process, which involves scrutiny and approval by various control agencies.

Current Physician and Surgeon Licenses by County

Alameda	4,449	Inyo	45	Monterey	885	San Luis Obispo	806	Trinity	12
Alpine	1	Kern	1,110	Napa	488	San Mateo	2,749	Tulare	476
Amador	70	Kings	136	Nevada	258	Santa Barbara	1,199	Tuolumne	130
Butte	474	Lake	80	Orange	9,250	Santa Clara	6,946	Ventura	1,675
Calaveras	51	Lassen	39	Placer	1,032	Santa Cruz	710	Yolo	572
Colusa	10	Los Angeles	27,556	Plumas	36	Shasta	451	Yuba	49
Contra Costa	3,020	Madera	177	Riverside	2,818	Sierra	0	California Total	99,900
Del Norte	44	Marin	1,534	Sacramento	4,248	Siskiyou	88		
El Dorado	302	Mariposa	16	San Benito	40	Solano	843	Out-of-State Total	27,536
Fresno	1,828	Mendocino	219	San Bernardino	3,524	Sonoma	1,360		
Glenn	13	Merced	226	San Diego	9,428	Stanislaus	900	Total Current Licenses	127,436
Humboldt	286	Modoc	6	San Francisco	5,761	Sutter	202		
Imperial	131	Mono	36	San Joaquin	1,054	Tehama	51		

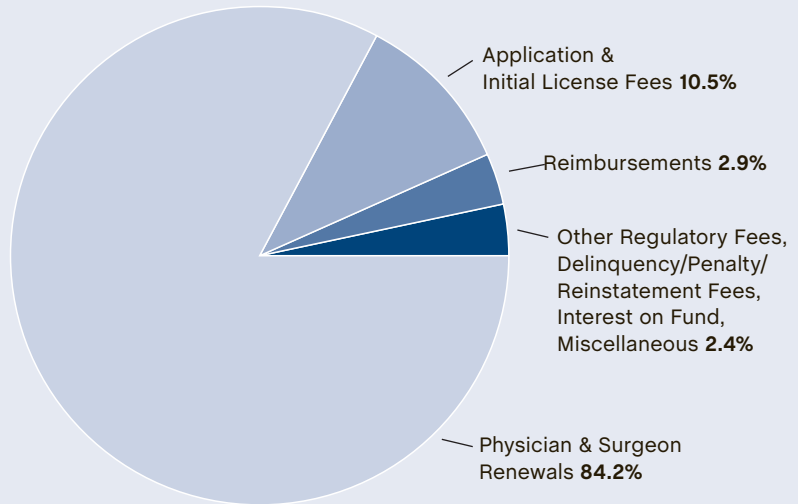
The mission of the Medical Board of California

The mission of the Medical Board of California is to protect health care consumers through 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, and, to promote access to quality medical care through the Board's licensing and regulatory functions.

Medical Board of California 2008–2009 Fiscal Year

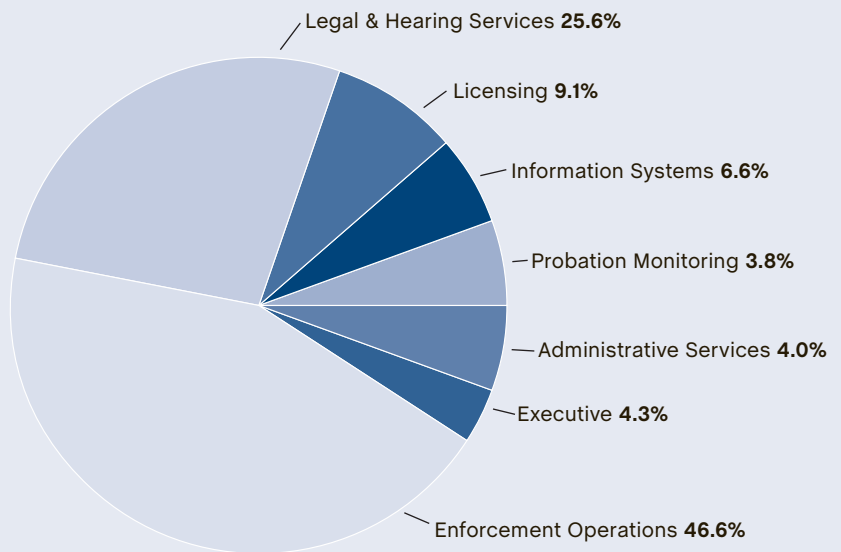
Revenues & Reimbursements

Physician & Surgeon Renewals	\$44,479,000
Application & Initial License Fees	5,551,000
Reimbursements	1,545,000
Other Regulatory Fees, Delinquency/ Penalty/Reinstatement Fees, Interest on Fund, Miscellaneous	1,283,000
Total Receipts	\$52,858,000



Budget Distribution

Enforcement Operations	\$23,662,000
Legal & Hearing Services	12,997,000
Licensing	4,599,000
Information Systems	3,370,000
Probation Monitoring	1,914,000
Administrative Services	2,048,000
Executive	2,158,000
Total	\$50,748,000



Licensing Program

The Licensing Program continues to promote public protection for healthcare consumers by ensuring all applicants' educational credentials and training meet statutory and regulatory requirements prior to issuing physicians and surgeons' and allied healthcare professionals' licenses. The Licensing Program also issues fictitious name permits, and licenses non-nurse midwives, research psychoanalysts; spectacle and contact lens dispensers; and registered dispensing optician businesses.

During the last fiscal year, the Licensing Program received 6,169 new physicians' and surgeons' applications and issued 4,688 licenses. The licensing activity tables on the following page illustrate the volume of workload processed by Licensing Program staff.

The Licensing Program accomplished the following key activities during the past fiscal year:

1. implemented a new, Web-based call center;
2. created electronically generated deficiency letters;
3. created system-generated management reports;
4. developed a comprehensive policies and procedures manual for processing licensing applications;
5. amended regulatory language for Continuing Medical Education in the California Code of Regulations (CCR) section 1338, and international medical schools in CCR section 1314.1;
6. gained statutory authority to issue Public Letters of Reprimand; and
7. granted recognition to three international medical educational programs.

(continued on page v)

Licensing Program Activity

	FY 07-08	FY 08-09
Physician Applications Received	6,192	6,169
Physician Licenses Issued		
FLEX/USMLE ¹	4,055	4,025
NBME ¹	285	275
Reciprocity with other states	447	388
Total new licenses issued	4,787	4,688
Renewal licenses issued—with fee	55,571	55,687
Renewal licenses—fee exempt ²	5,174	5,088
Total licenses renewed	60,745	60,775
Physician Licenses in Effect		
California address	97,878	99,900
Out-of-state address	27,734	27,536
Total	125,612	127,436
Fictitious Name Permits		
Issued	1,560	1,299 ³
Renewed	4,588	4,486
Total number of permits in effect	11,846	12,312

Special Faculty Permits

	FY 07-08	FY 08-09
Permits issued	5	3
Permits renewed	0	5
Total active permits	9	12

Licensing Application Activity

	FY 07-08	FY 08-09
License issued with Public Letter of Reprimand	n/a	6 ⁴
Probationary license granted	6	10
License denied (no hearing requested)	1	4
Statement of Issues to deny license filed	11	9
Statement of Issues granted (license denied)	4	0
Statement of Issues denied (license granted)	1	3
Statement of Issues withdrawn	1	5

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

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

³Includes 31 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

⁴Pursuant to B&P Code §2221.05 effective 01/01/09.

Verification & Reporting Activity Summary

	FY 07-08	FY 08-09
License Status Verifications		
Telephone verifications	44,232	27,900
Non-verification/other telephone calls	22,020	53,123 ¹
Authorized LVS Internet users ²	640	641
Online LVS access verifications	1,821,242	2,296,316
Web license look-up	7,288,269	6,673,801
Certification Letters and Letters of Good Standing	7,353	12,205
Report Verifications		
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	447	536
Reports to Medical Board		
Adverse Actions reported to the NPDB ³	459 ⁴	439 ⁵
B&P Code §805 reports of health facility discipline received	140 ⁶	125 ⁷

Allied Health Care Professions: 2008–2009 Licenses

	Issued	Current
Licensed Midwife	23	199
Dispensing Optician	43	1,165
Contact Lens Dispenser	114	827
Non-Resident Contact Lens Seller	4	11
Spectacle Lens Dispenser	195	2,045
Research Psychoanalyst	6	86
Accreditation Agencies for Outpatient Settings	0	4
Podiatrist	47	2,055 ⁸

¹This does not include the 15,699 listed under Consumer Inquiries on page vi

²LVS: Licensing Verification System

³NPDB: National Practitioner Data Bank

⁴Includes 426 MDs, 7 podiatrists, 23 physician assistants, and 3 statements of issues-license denied

⁵Includes 406 MDs, 7 podiatrists, 26 physician assistants

⁶Includes 138 MDs and 2 podiatrists

⁷Includes 122 MDs and 3 podiatrists

⁸Includes fee-exempt licenses

Revised 2008 Licensed Midwife Annual Report Summary¹

	2007	2008 ^(Revised)
Clients served as primary caregiver at the onset of care	2,277	2,774
Clients served with collaborative care available through or given by a licensed physician and surgeon	704	976
Clients served under the supervision of a licensed physician and surgeon	159	285
Planned out-of-hospital births at the onset of labor	1,687	2,278
Planned out-of-hospital births completed in an out-of-hospital setting:	1,438	1,885
Twin Births	15	16
Multiple Births (other than Twin Births)	0	0
Breech Births	14	18
VBAC (vaginal births after the performance of a cesarean section)	92	100
Complications resulting in the mortality of the mother	0	1
Complications resulting in the mortality of the infant	6	4
Antepartum		
Primary care transferred to another healthcare practitioner (elective)	301	244
Urgent or emergency transport of expectant mother	44	54
Intrapartum:		
Elective hospital transfer	226	317
Urgent or emergency transfer of an infant or mother	23	33
Postpartum		
Elective hospital transfer	30	51
Urgent or emergency transfer of an infant or mother	17	29

¹This revised aggregate report for 2008 reflects changes resulting from late reports filed after the aggregate Annual Report Summary was originally released June 29, 2009, as well as corrections from original reporters who filed revised reports. This does not reflect data from midwives who failed to report.

Enforcement Program

The Enforcement Program continues to collaborate with the Health Quality Enforcement Section of the Attorney General's Office in the investigation and prosecution of physicians pursuant to the implementation of the Vertical Enforcement model enacted via Senate Bill 231 (Chapter 674, Figueroa, Statutes of 2005). This pilot program requires a deputy attorney general to work with an investigator from the time a complaint is referred for investigation until the case is resolved. This model, or team approach, has been in effect for three and a half years. The legislation that extended the pilot Vertical Enforcement model also required a report to the Legislature regarding its effectiveness, including any necessary recommendations or changes to the program. A report was prepared at the end of fiscal year 2008–2009 and submitted to the Legislature.

The report included the following recommendations:

- Extending the Vertical Enforcement Pilot Program for at least two more years and completing another study of the program to determine its effectiveness
- Engaging an outside consultant to assist with team building and identifying each team member's respective roles

- Ensuring the implementation of the Vertical Enforcement Pilot Program is consistent statewide
- Limiting the Vertical Enforcement model to specific cases only
- Joint statewide training for both investigators and deputy attorneys general
- Implementing an information technology system interoperable with the current system used at the Attorney General's Office

During the next fiscal year, the Enforcement Program will focus on implementation of the recommendations from this report. It is the program's priority to introduce efficiencies that are designed to facilitate the reduction of the enforcement process timeframes.

Although the report revealed an increase in the time it takes for some steps of the enforcement process, it also showed that with the Vertical Enforcement Model, the time it takes to file an Accusation and then the time it takes to impose discipline has significantly decreased. The data reflected in this Annual Report indicates there was a 90-day decrease in the average number of days to achieve discipline after an Accusation has been filed. The Enforcement Program will continue to find methods to improve the time it takes to investigate and prosecute a physician.

Malpractice Settlement Reports Received Per Business and Professions Code Section 801 by Specialty Practice

Specialty/Subspecialty	No. of Reports ¹	No. of Physicians ²
Anesthesiology	27	4,781
Cardiology	13	2,720
Colon and Rectal Surgery	2	150
Dermatology	4	1,623
Emergency Medicine	44	3,333
Gastroenterology	8	1,320
General/Family Practice	74	7,720
General Surgery	49	3,968
Gynecology	24	4,743
Hematology	4	771
Internal Medicine	50	20,926
Neonatal/Perinatal Medicine	8	522
Neurological Surgery	16	541
Neurology	1	1,516
Obstetrics	55	4,743
Oncology	1	1,965
Ophthalmology	14	2,593
Orthopedic Surgery	48	2,981
Otolaryngology	7	1,373
Pain Medicine	3	480
Pathology	8	2,441
Pediatrics	22	8,974
Physical Medicine & Rehabilitation	1	841
Plastic Surgery	22	965
Psychiatry	7	5,055
Pulmonology	2	1,261
Radiology	45	4,475
Thoracic Surgery	7	664
Urology	11	1,220
Vascular Surgery	6	228

¹ The procedure was performed in the practice specialty/subspecialty; however, the physician may or may not have been certified in the specialty/subspecialty area.

² Certified in specialty

Reports Per Business and Professions Code Section 805

Total Reports Received 122

Peer Review Body Type

Healthcare Facility/Clinic	79
Hospital/Clinic	0
Surgical Center	0
Healthcare Service Plan	14
Professional Society	0
Medical Group/Employer	29

Outcomes of Reports Received

Accusation Filed	1
Pending Disposition	88
Cases Closed	33

Licensing Program *(continued from page ii)*

Unfortunately, with the budgetary reductions imposed on state agencies in the current economic climate, the Board has a large backlog of physicians' and surgeons' applications not reviewed within the 60 working days regulatory timeframe. As a result, staff created a detailed plan to eliminate the backlog, streamlined several processes, hired temporary staff, employed a team of consultants to evaluate licensing operations, provided a detailed and comprehensive implementation plan, and submitted a budget change proposal requesting 7.8 additional permanent positions.

Enforcement Program Action Summary

Physicians & Surgeons

	FY 07-08	FY 08-09
Complaints/Investigations¹		
Complaints received	6,839	6,437 ²
Complaints closed by Complaint Unit	5,608	5,303 ²
Investigations		
Cases opened	1,133	1,123
Cases closed	1,216	1,100
Cases referred to the Attorney General (AG)	443	450
Cases referred for criminal action	29	27
Number of probation violation reports referred to the AG	17	27
Consumer Inquiries		
Consumer inquiries		15,699
Jurisdictional inquiries		8,634

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 07-08		FY 08-09	
	AVG	MED	AVG	MED
Complaint Unit processing	61	49	75 ²	63 ²
Investigation	324	272	349	309
AG processing to preparation of an Accusation	121	58	103	63
Other stages of the legal process (e.g., after charges filed)	471	324	381	311

Enforcement Field Operations Caseload

	Statewide	Per Investigator
Active investigations	1,211	17
AG assigned cases ³	508	7
Probation Unit Caseload		
Monitoring Cases ⁴	434	33

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

² Due to a policy change within the Central Complaint Unit, complaints deemed non-jurisdictional upon initial review were referred to the appropriate entity for action and are not included in the Enforcement Program's statistics. This resulted in fewer complaints received and closed. As these complaints require less time to process, the average and median days to process a complaint have increased.

³ 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.

⁴ 109 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2009.

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	136	77	833	2,117	0	42	746	74	4,025
B&P Code⁶	0	0	0	900	0	97	41	0	1,038
Licensee/ Prof. Group⁷	14	10	44	32	0	62	99	11	272
Govt. Agency⁸	44	21	13	105	66	224	443	28	944
Misc./Anonymous	11	15	21	24	0	15	39	33	158
Totals	205	123	911	3,178	66	440	1,368	146	6,437

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 §§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 07-08	FY 08-09
Medical Malpractice		
Insurers: B&P Code §801.01	597	605
Attorneys or Self-Reported or Employers B&P Code §801.01	150	204
Courts: B&P Code §803	6	2
Total Malpractice Reports	753	811
Coroners' Reports		
B&P Code §802.5	16	16
Criminal Charges & Convictions		
B&P Code §§802.1 & 803.5	76	91
Health Facility Discipline		
Medical Cause or Reason: B&P Code §805	138	122
Outpatient Surgery Settings Reports		
Patient Death: B&P Code §2240(a)	7	6

Enforcement Program Action Summary

	FY 07-08	FY 08-09		FY 07-08	FY 08-09
Administrative Actions			Petition Activity		
Accusation	240	238	Petition for Reinstatement of license filed	9	18
Petition to Revoke Probation	13	25	Petition for Reinstatement of license granted	2	5
Number of completed investigations referred to the AG awaiting the filing of an Accusation as of June 30, 2009	126	149	Petition for Reinstatement of license denied	13	5
Number of cases over 6 months old that resulted in the filing of an Accusation	198	160	Petition for Penalty Relief ² granted	25	16
Administrative Outcomes			Petition for Penalty Relief ² denied	15	5
Revocation	32	45	Petition to Compel Exam filed	6	11
Surrender (in lieu of Accusation or with Accusation pending)	70	35	Petition to Compel Exam granted	8	9
Suspension Only	0	0	Petition to Compel Exam denied	0	0
Probation with Suspension	14	13	License Restrictions/Suspensions Imposed While Administrative Action is Pending		
Probation	91	78	Interim Suspension Orders	15	16 ³
Probationary License Issued	6	10	Temporary Restraining Orders	0	0
Public Reprimand	87	81	Other Suspension Orders	18	38 ⁴
Other action (e.g., exam required, education course, etc.)	14	10	License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type in FY 08-09		
Accusation Withdrawn ¹	30	15		Orders Sought	Orders Granted
Accusation Dismissed	10	11	Criminal Charges/Conviction of a Crime	8	2
Dispositions of Probation Filings			Drug Prescribing Violations	3	7
Probation Revoked or License Surrendered	11	9	Fraud	1	4
Additional Suspension and Probation	1	1	Gross Negligence/Incompetence	2	11
Additional Suspension or Probation	8	2	Mental/Physical Illness	1	6
Other	0	1	Self-Abuse of Drugs or Alcohol	10	12
Petition Withdrawn/Dismissed	2	2	Sexual Misconduct	8	8
Referral and Compliance Actions			Unlicensed Activity	0	0
Citation and Administrative Fines Issued	248	185	Unprofessional Conduct	3	4
			Total	36	54

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

Administrative Outcomes by Case Type in FY 08-09⁵

	Revocation	Surrender	Suspension Only	Probation with Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	15	6	0	4	40	0	54	5	124
Inappropriate Prescribing	6	5	0	4	6	0	5	2	28
Unlicensed Activity	2	2	0	0	1	0	2	0	7
Sexual Misconduct	2	2	0	2	2	0	4	0	12
Mental Illness	5	1	0	0	5	0	0	0	11
Self-Use of Drugs or Alcohol	8	11	0	2	9	0	1	1	32
Fraud	4	3	0	1	4	0	6	1	19
Conviction of a Crime	2	4	0	0	1	0	0	0	7
Unprofessional Conduct	1	1	0	0	5	10	9	1	27
Miscellaneous Violations	0	0	0	0	5	0	0	0	5
Totals by Discipline Type	45	35	0	13	78	10	81	10	272

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

³ Pursuant to B&P Code §2220.05(c), ISOs were granted in the following priority categories: 3-gross negligence/incompetence resulting in death or serious bodily injury, 0-drug or alcohol abuse involving death or serious bodily injury, 2-excessive prescribing, 0-sexual misconduct with a patient, and 2-practicing under the influence of drugs or alcohol.

⁴ Includes 2-Automatic Suspension Orders per B&P Code §2236, 13-license restrictions per Penal Code §23, 18-out-of-state suspension orders per B&P Code §2310, 3-stipulated agreements to suspend or restrict the practice of medicine, and 2-suspension orders issued by the chief of enforcement for violation of probation condition.

⁵ Pursuant to B&P Code §2220.05(c), disciplinary actions were taken in the following priority categories: 69-gross negligence/incompetence resulting in serious bodily injury or death, 0-practicing under the influence resulting in serious bodily injury or death, 14-excessive prescribing, 6-sexual misconduct with a patient, and 2-practicing under the influence of drugs or alcohol.

Enforcement Action Summary for Allied Health Care Professionals

Reports Received Based Upon Legal Requirements

	FY 07-08	FY 08-09
Complaints/Investigations¹		
Complaints Received	319	363
Complaints Closed by Complaint Unit	221	261
Investigations		
Cases Opened	145	179
Cases Closed	143	144
Cases referred to the Attorney General's Office (AG)	73	68
Cases referred for criminal action	7	8
Number of Probation Violation Reports referred to AG	2	3
License Restrictions/Suspensions Imposed While Administrative Action is Pending		
Interim Suspension Orders	1	5
Other Suspension Orders	1	3 ²
Administrative Actions		
Accusation	21	19
Petition to Revoke Probation	0	1
Statement of Issues to deny application	6	4
Number of completed investigations referred to AG awaiting the filing of an Accusation as of June 30, 2009	14	16
Administrative Outcomes		
Revocation	4	4
Surrender (in lieu of Accusation or with Accusation pending)	5	5
Probation with Suspension	2	2
Probation	9	17
Probationary License Issued	7	10
Public Reprimand	1	0
Other Action (e.g., exam required, education course, etc.)	0	1
Statement of Issues granted (license denied)	1	2
Statement of Issues denied (license granted)	2	1
Accusation/Statement of Issues withdrawn	3	0
Accusation Dismissed	0	0
Dispositions of Probation Filings		
Additional Probation or Suspension	1	1
Probation Revoked or License Surrendered	3	0
Petition Withdrawn or Dismissed	1	0
Referral and Compliance Actions		
Citation and Administrative Fines Issued	5	10
Office Conferences Conducted	1	2
Petition Activity		
Petition for Reinstatement of license filed	0	2
Petition for Reinstatement of license granted	0	0
Petition for Reinstatement of license denied	2	3
Petition for Penalty Relief ³ granted	0	1
Petition for Penalty Relief ³ denied	0	0
Petition to Compel Exam granted	0	0
Petition to Compel Exam denied	0	0

	FY 07-08	FY 08-09
Medical Malpractice		
Insurers: B&P Code §§801 and 801.01	14	16
Attorneys or Self-Reported or Employers:		
B&P Code §§801 and 801.01	1	2
Courts: B&P Code §803	0	0
Total Malpractice Reports	15	18
Coroners' Reports		
B&P Code §802.5	0	0
Criminal Charges & Convictions		
B&P Code §§802.1 & 803.5	1	1
Health Facility Discipline		
Medical Cause or Reason:		
B&P Code §805	2	3
Outpatient Surgery Settings Reports		
Patient Death: B&P Code §2240(a)	1	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 per B&P Code §2236, and 2-license restrictions per Penal Code §23.

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

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