MEDICAL BOARD OF CALIFORNIA

EXECUTIVE COMMITTEE
MEETING AGENDA

MEMBERS OF THE COMMITTEE
Sharon Levine, M.D., President
Reginald Low, M.D.
Janet Salomonson, M.D.,
Barbara Yaroslavsky, Past President

Medical Board of California
Lake Tahoe Room
2005 Evergreen Street
Sacramento, CA 95815
916-263-2389

Action may be taken on any item listed on the agenda.

Wednesday, September 19, 2012
9:00 a.m. – 10:30 a.m.
(or until completion of business)

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE.
If a quorum of the Board is present, members of the Board who are not members of the Committee may attend only as observers.

1. Call to Order / Roll Call

2. Public Comment on Items not on the Agenda
   Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a)]

3. Approval of Minutes from the July 18, 2012 Meeting

4. Committee and Appointments Update – Dr. Levine

5. Discussion of Revised Emergency Contraception (EC) Protocol – Ms. Sodergren, Assistant Executive Officer, Board of Pharmacy

6. Health Care Event Program Update – Mr. Worden

7. Legislative Status Report of 2012 Session – Ms. Simoes

8. Administrative Update – Ms. Kirchmeyer
   A. Funding Reports
   B. BreEZe
   C. Personnel
   D. 2013 Meeting Dates and Locations

9. Strategic Plan Status Update – Ms. Kirchmeyer and Mr. Einer

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, and to promote access to quality medical care through the Board's licensing and regulatory functions.

10. Sunset Review Report Discussion and Guidence – Ms. Kirchmeyer and Ms. Robinson

11. Adjournment

Meetings of the Medical Board of California are open to the public except when specifically noticed otherwise in accordance with the Open Meetings Act. The audience will be given appropriate opportunities to comment on any issue presented in open session before the Board, but the President may apportion available time among those who wish to speak.
For additional information call (916) 263-2389.

NOTICE: The meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications in order to participate in the meeting may make a request by contacting Tim Einer at (916) 263-2389 or Tim.Einer@mbc.ca.gov or sending a written request to Tim Einer. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

MEDICAL BOARD OF CALIFORNIA

Executive Committee

Medical Board of California
Lake Tahoe Room
2005 Evergreen Street
Sacramento, CA 95815

July 18, 2012

MINUTES

DRAFT

Agenda Item 1 Call to Order/Roll Call

The Executive Committee of the Medical Board of California was called to order by the Chair, Barbara Yaroslavsky at 3:30 p.m. A quorum was present and notice had been sent to interested parties.

Committee Members Present:
Barbara Yaroslavsky, President
Janet Salomonson, M.D., Vice President
Hedy Chang
Shelton Duruisseau, Ph.D.
Sharon Levine, M.D.

Members Absent:
Gerrie Schipske, R.N.P., J.D., Secretary

Staff Present:
Nicola Biasi, Investigator
Susan Cady, Enforcement Manager
Dianne Dobbs, Department of Consumer Affairs Legal Counsel
Tim Einer, Administrative Assistant
Kurt Heppler, Staff Counsel
Kimberly Kirchmeyer, Deputy Director
Armando Melendez, Business Services Assistant
Regina Rao, Business Services Analyst
Anthony Salgado, Licensing Manager
Teresa Schaeffer, Enforcement Analyst
Kevin Schunke, Outreach Manager
Jennifer Simoes, Chief of Legislation
See Vang, Business Services Assistant
Linda Whitney, Executive Director
Curt Worden, Chief of Licensing

Members of the Audience:
Yvonne Choong, California Medical Association (CMA)
Julie D'Angelo Fellmeth, Center for Public Interest Law (CPIL)

Randall Hagar, California Psychiatric Association
Tina Minasian, Consumers Union Safe Patient Project
Gary Nye, California Medical Association (CMA)
David Pating, M.D., California Society of Addiction Medicine

Agenda Item 2 Public Comment on Items Not on the Agenda
No public comment was offered.

Agenda Item 3 Approval of Minutes from the May 3, 2012 Meeting
Dr. Levine made a motion to approve the minutes from the May 3, 2012 meeting; s/Duruisseau; motion carried.

Agenda Item 4 Discussion of and Possible Recommendation on SB 1483 Physicians and Surgeons: Physicians Health Program
Ms. Simoes began by discussing that SB 1483 Steinberg, is sponsored by the California Medical Association, the California Hospital Association, the California Psychiatric Association, and the California Society of Addiction Medicine.

Ms. Simoes wished to thank the author's office for addressing many concerns raised by the Board. The previous major issues of concern with this bill, it was located in the Board's Medical Practice Act, that it did not identify a state agency to have oversight of the committee and the Physician Health Program (PHP), and that it did not identify a funding source, have been addressed.

This bill would still establish the PHP, which would be administered by the Physician Health Recovery and Monitoring Oversight Committee (Committee). This bill was amended to place the Committee within the Department of Consumer Affairs (DCA) and would require DCA to select a contractor to implement the PHP and the Committee would service as the evaluation body of the PHP. The PHP would provide for confidential participation by physicians who have a qualifying illness, and are not on probation with the Board. The PHP would refer physicians, also called participants, to monitoring programs through written agreements and monitor the compliance of the participants with that agreement. The bill would require the Committee to report to DCA the outcome of the PHP and the bill would require regular audits.

The bill would still define physician and surgeon as a holder of a valid physician and surgeon certificate. It would also include students enrolled in medical schools approved or recognized by the Board, graduates of medical schools enrolled in medical specialty residency training programs approved or recognized by the Board, or physicians and surgeons seeking reinstatement of a license from the Board. The Board would require applicants to report this information on their licensing application, as this information is already required to be reported, and the sponsors have been informed of this fact.

This bill would require the PHP to have a system in place for immediately reporting physicians who fail to meet program requirements. The system would be required to ensure absolute confidentiality in the communication to the enforcement division of the Medical Board and would not be allowed to provide information to any other individual or entity. Although this bill requires the program to report to the Board participants who fail to meet the requirements of this program, it does not specifically require the reporting to the Board

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of those whose treatment does not substantially alleviate impairment, those who withdraw or terminate prior to completion, or those who, after an assessment, are unable to practice medicine safely. This lack of reporting to the Board appears to be an oversight in how the bill was drafted and should be corrected for consumer protection.

Lastly, this bill would increase the biennial license renewal fee for all physicians and surgeons by $39.50, to fund the cost of the PHP and the Committee. Board staff does have a concern with implementing the fee January 1, 2013. The Board sends renewal notices to physicians 90 days in advance of the expiration date. For licensees with renewal dates in January 2013, the renewal letters go out in October 2012. With the transition to a new computer system set for October 15, 2012, the Board's current computer system is frozen and no new changes can currently be made. The new system will not be able to accept revisions until mid to late November. The programming time in order to accomplish this update and revise all renewal forms, will take approximately three to four months. Board staff would not have time to update the computer system, revise renewal forms, and get out the renewal letters by October 1, 2012. Board staff instead would either have to delay the renewal of those applicants or have to send a letter requesting the additional $39.50 in renewal fees. This additional workload, if the bill stays as written, would result in a fiscal impact to the Board of approximately $20,000. It is not clear that it is actually feasible for the Board to do this implementation.

The Board will be able to implement this bill in a more efficient manner if the increased fee had a delayed implementation date of July 1, 2013. This would give the Board until April 1, 2013 to update the computer system, revise forms, etc. It would allow Board staff the necessary time to do this within its normal workload and would not result in a fiscal impact to the Board. Board staff suggests a neutral if amended position on this bill, with the amendment being to delay implementation of the increased fee to July 1, 2013.

Public comment was provided for this agenda item.

Randall Hagar, Government Affairs Director for the California Psychiatric Association, informed the members that his organization is a co-sponsor of this bill and they have been involved in the development of it for three years. He urged the members to support the bill and was available to answer questions they might have.

Gary Nye, a physician psychiatrist, stated he was very involved in the Board's prior diversion program and its evolution. He has served on a variety of well being committees, and is currently active on a confidential line which is sponsored by the California Medical Association and the California Dental Association. He was available to answer questions the members might have. Dr. Nye urged support for this bill. He believes the Board should make this available or help to make available an alternative to straight discipline to physicians who may be in need of treatment for those conditions indicated in the bill.

Yvonne Choong from the California Medical Association (CMA) thanked the Board for having this item on their agenda. There had been some questions regarding outreach and how physicians will find out about this program. It is envisioned that there would be a lot of outreach forming, essentially a statewide network working with medical groups, hospital well being committees, and malpractice carriers. In addition to monitoring the monitors, there is an education component to educate hospital well being committee members as well

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so that all physicians are aware of what resources are available in this area. The other issue that Ms. Choong wished to address was the amendment requesting the start date. The Board's concerns are understood. However, the reason they would request the January 1, 2013 start date is because the diversion program has not been in existence for several years and they would like to get this program off the ground as soon as possible and delaying it by six months reduces revenue by approximately by $1.1 million. The CMA is actively working with the author's office to find some compromise with the Board on that issue.

David Pating, M.D., from the California Society of Addiction Medicine urged support of this bill. One of the roles that he served was on the Diversion Advisory Committee. The former diversion program has been disbanded and since then there really has not been anything to fill the need to manage and monitor physician heath. Dr. Pating has been doing a series of trainings for county well being committees and organizations throughout the state, some in conjunction with Ms. Cady. He thinks he has found many overlapping interests with the physician, the hospital well-being committees, and the Medical Board in preserving a healthy workforce. Depression and substance abuse is very high in the community but more importantly, hospitals well-being staff are looking for guidance from the Board to manage and promote physician health and wellness. Dr. Pating believes that this program could meet the Board's needs. One, this is voluntary and it is not diversion so there is no safe harbor for physicians that have discipline issues. Two, it is transparent. Three, it was from the origination accountable to the Board. As health reform is approaching, there could be the potential for physician health shortages, bringing new physicians in the field is one way to deal with that. Keeping physicians who are under stress and unhealthy is another way to make sure that there are enough physicians to go around the state to serve all areas.

Julie D'Angelo Fellmeth from the Center for Public Interest law, (CPIL) stated that as she said at the May meeting, there are a lot of things wrong with this bill. First, it creates a new state regulatory Board at a time when the Governor and his administration are trying to constrict government. Secondly, it allows private trade associations, which are the sponsors of this bill, to dictate the membership and control of this new state regulatory board. Third, it requires the Board to fund the new board and its vendor, with physician licensing fees; thus tying the Board, in the eyes of consumers and the media, to this new program over which the Board will have no control. This was a huge problem for the Board back in 2008 when there was an oppose position on a similar bill, Assembly Bill 214.

She added it will cost doctors over twice what they paid to fund the old failed diversion program yet, no one has seen any fiscal analysis to support the new surcharge on physician licensing fees. Nothing has been provided that tells how the surcharge will be split between the new regulatory board controlled by the sponsors of this bill and the vendor that the board will oversee. Finally it is incomplete; it does not even do what it purports to do. The way it was presented is that physicians who have serious substance abuse problems would go to inpatient treatment. Treatment programs are regulated and licensed by the state but, when physicians come out of treatment, these monitoring programs that they might enter, are not regulated by the state. That is what she was told this bill intended to do; however, it does not do that. It purports to create a certification program for private monitoring companies or programs, but there is no mechanism or standards in the bill for a certification process.

Ms. D'Angelo Fellmeth asked the Board to recall some history about their old diversion program. The old diversion program was created as part of the Board back in 1981 and

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shortly after it was created the Board established, at the behest of the California Medical Association, a liaison committee to the diversion program. The Liaison committee existed for 24 years; it was controlled by representatives of three of the four sponsors of this bill, California Medical Association, California Society of Addiction Medicine, and California Psychiatric Association. Because of the existence of the liaison committee, the Board did not have an active oversight role over the diversion program. For most of its existence the Board punted that oversight to the liaison committee. The diversion program failed five performance audits during its 27 year history and as a result of the fifth failed audit, the Board voted unanimously five years ago, to end the program. The Liaison committee was in place during four of the five failed audits and it did nothing to even address, much less resolve, the deficiencies identified by any of those four sets of audits. This bill hands control of this new regulatory board, along with a significant amount of public money to the same organizations that failed to police the old diversion program. The bill requires that the new state board hire and oversee a vendor that will carry out much of the ground work. A very recent analysis dated June 26, 2012 by the Assembly Business and Professions Committee describes the California Public Protection and Physician Health (CPPPH), which is a non-profit organization that the CMA and the other sponsors of this bill created back in 2010. That analysis describes a 37-page business plan of the CPPPH which includes passage of this bill and the eventual conversion of the program back to a true diversion program, the very thing that this Board unanimously voted to abolish just five years ago. That Assembly Committee analysis is public information. The CPPPH website and its business plan are also public information. CPPPH's website reveals that many of the individuals who control it are the exact same individuals who sat on the liaison committee and failed to properly police the diversion program for 24 years. The bill will not only hand control of the new state board to three organizations who controlled the liaison committee, it potentially enables the exact same individuals who sat on the liaison committee and failed to police the diversion program to become the vendor that this new board must hire using public money. The analysis specifically contemplates that result. CPIL has asked Senator Steinberg to significantly amend this bill to, among other things, prevent anybody associated with the old diversion program from obtaining any control over this new program. CPIL has asked for other amendments as well, including giving the Governor complete discretion as who to appoint to the new board, clarifying what the program does and does not do, and requiring a responsible fiscal analysis of what this program will actually cost. For example, the CPPPH's business plan says that the cost will be about $600,000 a year. That requires about a $10 surcharge, not a $40 surcharge. If those amendments do not materialize in the very near future, CPIL will oppose this bill and other consumer groups will do the same, including former Medical Board members who were part of the unanimous vote.

Ms. D'Angelo Fellmeth further stated there is not another meeting before the end of the legislative session and the Board cannot take a position on a bill that they have never seen. She urged the Board to oppose this bill for the reasons that she had just discussed. It is unclear, it is incomplete, it potentially hands control of a new board and its vendor to the same organizations and the same individuals, which failed to properly police the Board's diversion program for a 24 year period.

Tina Minasian from Consumers Union Safe Patient Project conveyed concerns. Ms. Minasian was a victim of one of the doctors that was in the diversion program. One of her biggest concerns about this bill, is it sounds just like diversion again. There is still a question if the physicians who are in the program would be suspended from practice. The doctor that

injured her and countless others was never suspended from practice. The doctor was able to continue to practice medicine while he was in the previous diversion program and during that time, he hurt many people. The other question that Ms. Minasian has about this program is: how many chances will a physician be given? Her doctor had multiple chances and he entered the diversion program twice.

Ms. Minasian also inquired about what would happen if participants lie on their application with licensing and do not tell the Board that they are a participant in this program? How will the Board know that they are lying, if the Board is not even supposed to know who is in the program? Physicians whose licenses were previously revoked due to their failure in the previous diversion program, will those physicians be able to appeal their license and enter into this new program? The bill does not answer Ms. Minasian's questions. One of the things that her physician did when he was in the diversion program was he lied to the Board multiple times. How will the Board know if participants retain a service of a private monitoring entity. Ms. Minasian believes this program to be another diversion program and she urged the Board to not support this bill.

Dr. Salomonson made a motion to recommend to the full Board, a neutral unless amended position on SB 1483. Furthermore, the amendments being the delayed date, clarifying what is to be reported to the Board, and the clarification that a participant in PHP is required to report on the licensing application; s/Duruisseau; motion carried.

Closed Session
Agenda Item 5
Pursuant to Government Code Section 11126(a)(1), the Executive Committee met in closed session to conduct the Annual Evaluation of the Executive Director.

Return to Open Session

Agenda Item 6 Adjournment
Dr. Salomonson made a motion to adjourn; s/Chang; motion carried. The meeting was adjourned at 6:15 p.m.

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MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: September 13, 2012
ATTENTION: Members, Executive Committee
SUBJECT: Emergency Contraception

RECOMMENDED ACTION:

Review the revised Emergency Contraception (EC) Protocol regulations to ensure amendments requested by the Medical Board of California (Board) were made.

BACKGROUND AND ANALYSIS:

Pharmacists may furnish emergency contraception medications based on a statewide protocol adopted by the California State Board of Pharmacy (BOP) and the Medical Board of California (MBC) (Section 4062.3(a)(2) of the California Business and Professions Code). Pharmacists may use the protocol after they have completed one hour of continuing education credit in emergency contraception.

On January 6, 2012, the BOP initiated a rulemaking to amend the Emergency Contraception Protocol to reflect updates in emergency contraception products. The board received one comment. At its meeting held May 1, 2012, the BOP rejected the one comment received but, in the weeks that followed, received information on a new two-tablet regimen. The BOP decided to propose modifications to the protocol to reflect this new regimen, as well as to clarify the dosing instructions in the table of Dedicated Approved Products for Emergency Contraception. The BOP approved the issuance of modified text at its July 2012 meeting, pending approval by the MBC.

At its July 2012 board meeting, the MBC considered the comment received during the 45-day comment period, as well as the BOP's proposed modifications to the table of Dedicated Approved Products for Emergency Contraception. The MBC concurred with the proposed modifications, and also made additional changes. The additional amendments requested by MBC included striking language regarding insertion of an IUD, telling the patient to consult with a healthcare provider for other options to EC, and to follow-up with a healthcare provider after EC.

The BOP will consider the MBC's amendments at its October 2012 board meeting. If approved, the BOP will issue the modified language for a 15-day public comment period. A copy of the proposed modified text is attached.

The Executive Committee Members should review the attached language to ensure it is compliant with the MBC amendments.

Board of Pharmacy
Modified Language

To Amend § 1746 in Article 5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1746. Emergency Contraception

(a) A pharmacist furnishing emergency contraception pursuant to Section ~~4052(a)(8)~~ 4052.3.(a)(2) of the Business and Professions Code shall follow the protocol specified in subdivision (b) of this section.

(b) Protocol for Pharmacists Furnishing Emergency Contraception (EC).

~~(1) Authority: Section 4052 of the California Business and Professions Code authorizes a pharmacist to furnish emergency contraception pursuant to the protocols specified in Business and Professions Code section 4052.3. Use of the following protocol satisfies that requirement.~~

(1) Authority: Section 4052.3(a)(2) of the California Business and Professions Code authorizes a pharmacist to furnish emergency contraception pursuant to a protocol approved by the California State Board of Pharmacy and the Medical Board of California. Use of the protocol specified in this section satisfies that requirement.

(2) Purpose: To provide timely access to emergency contraceptive medication ~~within required limits~~ and ensure that the patient receives adequate information to successfully complete therapy.

(3) Procedure: When a patient requests emergency contraception, the pharmacist will ask and ~~state~~ communicate the following:

> Are you allergic to any medications?
>
> Timing is an essential element of the product's effectiveness. EC should be taken as soon as possible after unprotected intercourse. Treatment may be initiated up to five days (120 hours) ~~of~~ after unprotected intercourse. ~~EC effectiveness declines gradually over five days and EC use will not interfere with an established pregnancy.~~

Modified language approved by the Board of Pharmacy July 17, 2012, are shown as follows:

Deleted text is shown by double strike-through, thus: ~~deleted language~~

New or added text is shown by double underline, thus: added language

Changes to the Modified Language approved by the Medical Board of California on July 19, 2012, are shown as follows:

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EC use will not interfere with an established or implanted pregnancy.

If more than 72 hours have elapsed since unprotected intercourse, the use of ella™ (ulipristal) may be more effective than levonorgestrel. For ~~O~~other options for EC ~~include~~ consult~~ation~~ with your ***health care provider*** ~~***physician regarding insertion of an IUD.***~~

Please follow up with your health care provider after the use of EC.

(4) The pharmacist shall provide ~~the~~ a fact sheet and review any questions the patient may have regarding EC. In addition, the pharmacist shall collect the information required for a patient medication record required by Section 1707.1 of Title 16 of the California Code of Regulations.

Fact Sheet: The pharmacist will provide the patient with a copy of the current EC fact sheet approved by the Board of Pharmacy as required by Business and Professions Code Section ~~4052(b)(3)~~ 4052.3(e).

(5) Referrals and Supplies: If emergency contraception services are not immediately available at the pharmacy or the pharmacist declines to furnish pursuant to conscience clause, the pharmacist will refer the patient to another emergency contraception provider. The pharmacist shall comply with all state mandatory reporting laws, including sexual abuse laws.

(6) The pharmacist may provide up to 12 non-spermicidal condoms to each Medi-Cal and Family PACT client who obtains emergency contraception.

(7) Advanced provision: The pharmacist may dispense emergency contraception medication for a patient in advance of the need for emergency contraception.

(8) EC Product Selection: The pharmacist will provide emergency contraception medication ~~compatible with product information~~ from the list of products specified in this protocol. This list must be kept current and maintained in the pharmacy. Along with emergency contraception products, the list will include adjunctive medications indicated for nausea and vomiting associated with taking EC containing estrogen. Patients will be provided information concerning dosing and potential adverse effects.

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(9) Documentation: Each prescription authorized by a pharmacist will be documented in a patient medication record as required by law.

(10) Training: Prior to furnishing emergency contraception, pharmacists who participate in ~~the~~ this protocol must have completed a minimum of one hour of continuing education specific to emergency contraception.

~~(11) Brands and Doses of Oral Contraceptive Tablets Used for Emergency Contraception.~~

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~~(11) Brands and Doses of Oral Contraceptive Tablets Used for Emergency Contraception.~~

~~**Dedicated Emergency Contraception**~~

~~Brand~~	~~Manufacturer~~	~~Tablets per Dose~~	~~Ethinyl Estradiol per Dose (mg)~~	~~Levonorgestrel per Dose (mg)**~~
~~**One Dose Regimen**~~				
~~Plan B~~	~~Women's Capital Corporation~~	~~2 tablets~~	~~0~~	~~1.5~~
~~**Two Dose Regimens**~~				
~~Plan B~~	~~Women's Capital Corporation~~	~~1 tablet per dose~~	~~0~~	~~0.75~~
~~Preven~~	~~Gynétics~~	~~2 tablets per dose~~	~~100~~	~~0.50~~
~~**Oral Contraceptive Pills**~~				
~~**Brand**~~	~~**Manufacturer**~~	~~**Tablets per Dose (two doses 12 hours apart*)**~~	~~**Ethinyl Estradiol per Dose (mg)**~~	~~**Levonorgestrel per Dose (mg)****~~
~~Levora~~	~~Watson~~	~~4 white tablets~~	~~120~~	~~0.60~~
~~Ovral~~	~~Wyeth~~	~~2 white tablets~~	~~100~~	~~0.50~~
~~Ogestrel~~	~~Watson~~	~~2 white tablets~~	~~100~~	~~0.50~~
~~Nordette~~	~~Wyeth~~	~~4 light-orange tablets~~	~~120~~	~~0.60~~
~~Tri-Levlen~~	~~Berlex~~	~~4 yellow tablets~~	~~100~~	~~0.50~~
~~Alesse~~	~~Wyeth~~	~~5 pink tablets~~	~~100~~	~~0.50~~
~~Aviane~~	~~Duramed~~	~~5 orange tablets~~	~~100~~	~~0.50~~
~~Triphasil~~	~~Wyeth~~	~~4 yellow tablets~~	~~120~~	~~0.50~~
~~Levlen~~	~~Berlex~~	~~4 light-orange tablets~~	~~120~~	~~0.60~~
~~Trivora~~	~~Watson~~	~~4 pink tablets~~	~~120~~	~~0.50~~
~~Levlite~~	~~Berlex~~	~~5 pink tablets~~	~~100~~	~~0.50~~
~~Lo/Ovral~~	~~Wyeth~~	~~4 white tablets~~	~~120~~	~~0.60~~
~~Low-Ogestrel~~	~~Watson~~	~~4 white tablets~~	~~120~~	~~0.60~~
~~Ovrette~~	~~Wyeth~~	~~20 yellow tablets~~	~~0~~	~~0.75~~

~~* The progestin in Ovral, Lo/Ovral, and Ovrette is norgestrel, which contains two isomers, only one of which (levonorgestrel) is bioactive; the amount of norgestrel in eachdoes is twice the amount of levonorgestrel~~

Modified language approved by the Board of Pharmacy July 17, 2012, are shown as follows:

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(11) Medications Used for Emergency Contraception

Dedicated Approved Products for Emergency Contraception

Brand	Dose	Ethinyl Estradiol per dose (mcg)	
One Tablet ~~Dose~~ Regimen			
Plan B™ One-Step	1 tablet	0	1.5mg levonorgestrel
ella™	1 tablet	0	30mg ulipristal
Levonorgestrel	1 tablet	0	1.5mg levonorgestrel
Two Tablet ~~Dose~~ Regimens			
Next Choice™	2 tablets at once (1.5mg total dose) or 1 tablet (0.75mg) followed by 1 tablet (0.75mg) 12 hours later ~~1 tablet per dose~~	0	*Each tablet is 0.75 mg* ~~1.5mg~~ levonorgestrel
Levonorgestrel	2 tablets at once (1.5mg total dose) or 1 tablet (0.75mg) followed by 1 tablet (0.75mg) 12 hours later	0	*Each tablet is 0.75 mg levonorgestrel*

Oral Contraceptive Pills

Brand	Tablets per Dose (two doses 12 hours apart*)	Ethinyl Estradiol per dose (mcg)	Levonorgestrel per dose (mg)*
Alesse	5 pink tablets	100	0.50
Aviane	5 orange tablets	100	0.50
Levlen	4 light-orange tablets	120	0.60
Levlite	5 pink tablets	100	0.50
Levora	4 white tablets	120	0.60
Lo/Ovral	4 white tablets	120	0.50
Low-Ogestrel	4 white tablets	120	0.60
Nordette	4 light-orange tablets	120	0.60

Modified language approved by the Board of Pharmacy July 17, 2012, are shown as follows:

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Ogestrel	2 white tablets	100	0.50
Ovral	2 white tablets	100	0.50
Tri-Levlen	4 yellow tablets	100	0.50
Triphasil	4 yellow tablets	120	0.50
Trivora	4 pink tablets	120	0.50
Ovrette	20 yellow tablets	0	0.75

*The progestin in Ovral, Lo/Ovral, and Ovrette is norgestrel, which contains two isomers, only one of which (levonorgestrel) is bioactive; the amount of norgestrel in each dose is twice the amount of levonorgestrel.

In addition to the products specified in this paragraph, generic equivalent products may be furnished. Estrogen containing regimens are not preferred and should be used only when the other options are not available.

(12) Anti-nausea Treatment Options for use with Emergency Contraception

Anti-Nausea Treatment Options For Use With Emergency Contraception

Drug	Dose	Timing of Administration
Non-prescription Drugs		
Meclizine hydrochloride (Dramamine II, Bonine)	One or two 25 mg tablets	1 hour before first EC dose; Repeat if needed in 24 hours
Diphenhydramine hydrochloride (Benadryl)	One or two 25 mg tablets or capsules.	1 hour before first EC dose; repeat as needed every 4-6 hours
Dimenhydrinate (Dramamine)	One or two 50 mg tablets or 4-8 teaspoons liquid	30 minutes to 1 hour before first ~~ECP~~ EC dose; repeat as needed every 4-6 hours
Cyclizine hydrochloride (Marezine)	One 50 mg tablet	30 minutes before first EC dose; repeat as needed every 4-6 hours

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4052 and 4052.3, Business and Professions Code. Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4052 and 4052.3, Business and Professions Code.

Modified language approved by the Board of Pharmacy July 17, 2012, are shown as follows:

Deleted text is shown by double strike-through, thus: ~~deleted language~~

New or added text is shown by double underline, thus: added language

Changes to the Modified Language approved by the Medical Board of California on July 19, 2012, are shown as follows:

Deleted text is shown by double strike-through, italics/bold, thus: ***~~deleted language~~***

New or added text is shown by double underline, italics/bold, thus: ***added language***

AGENDA ITEM 6

WELCOME TO
THE MEDICAL BOARD OF CALIFORNIA
Department of Consumer Affairs

Home -» Licensee -» **Sponsored Free Health Care Events**

Sponsored Free Health Care Events

NOTE: This page remains under construction and will be updated as the Board rolls out more information. The Board welcomes you to check back often.

The Medical Board of California (Board) is pleased to announce that regulations for physicians and surgeons (M.D.) who volunteer to provide medical services at "Sponsored Free Health Care Events" became effective August 20, 2012.

The following information is meant to serve as a summary of the program and the requirements; however, all interested parties should read the full text of the legislation and the regulations.

ENACTING LEGISLATION:

Click to view AB 2699 (Chapter 270, Statutes of 2010), the legislation that enacted the program.

AB 2699 added California Business and Professions Code Section 901 (B&P Section 901), which provides a framework whereby healing arts boards are authorized to adopt regulations under which a health care practitioner licensed and in good standing in another state, district or territory of the United States may, under specified conditions, provide health care services for a limited time in California without obtaining California licensure. These professional services only can be provided at free health care events sponsored by certain entities.

GOVERNING REGULATIONS:

Although AB 2699 became effective in 2011, the program could not be implemented until regulations were in place. The Board has adopted Sections 1333,1333.1,1333.2, and 1333.3 of Title 16 of the California Code of Regulations to implement the provisions of B&P Section 901. Click on this link to view the regulations. These regulations only apply to out-of-state M.D.s. Other healthcare professionals should check with the appropriate California board for eligibility requirements to participate in free health care events.

SPONSORING ENTITIES:

Under the auspices of this program, free health care events can be sponsored either by a local government entity or a "sponsoring entity."

A "sponsoring entity" is a non-governmental entity that wishes to sponsor a free health care event and must be either a nonprofit organization (organized pursuant to Section 501(c)(3) of the Internal Revenue Code) or a community-based organization, which is defined as a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

A non-government organization sponsoring a free health care event to uninsured and underinsured individuals may include participation by certain healthcare practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. Local government entities that plan to sponsor a free health care event are not required to register.

Registration Form: A sponsoring entity can register by submitting the completed "Registration of Sponsoring Entity under Business & Professions Code Section 901," Form 901-A. The Board has delegated the registration process for sponsoring entities to the Department of Consumer Affairs.

To register, download this form. This form must be completed and submitted by the sponsoring entity at least 90 calendar days prior to the sponsored event.

The form must be submitted to the Department of Consumer Affairs, as indicated on page 3 of the form.

Posting of Notice: Sponsoring entities must post a notice visible to patients at every station where patients are being seen by a M.D. The notice shall be in at least 48-point type in Arial font and include a statement and information as shown in this document. Entities either can print and use this document or have a similar notice printed, so long as it meets the legal requirements.

Fingerprinting of Out-of-State M.D. Volunteers: Sponsoring entities should be aware that all out-of-state M.D.s must be fingerprinted before an authorization will be granted by the Board. (See more information, below.) The sponsoring entity should consider the services of mobile Live Scan operators who can travel to the entities' area; this would be a viable option if a number of healthcare volunteers (not just M.D. volunteers) are coming from a single geographic area.

OUT-OF-STATE M.D. VOLUNTEERS:

A person who is not licensed to practice medicine in California but who holds a current valid M.D. license or certificate in good standing in another state, district, or territory of the United States to practice medicine can volunteer to provide medical services at a sponsored free health care event.

An out-of-state M.D. cannot apply independently; each application must specify the event at which the M.D. wants to volunteer.

Note for California Licensees: A California licensed M.D. may volunteer to provide medical services at a free health care event if your

California license is (1) renewed and current or (2) in a volunteer status. No further action is required before offering/volunteering services.

Application Process and Fees: An out-of-state licensed M.D. may request authorization to participate in a sponsored free health care event by submitting to the Board a completed "Request for Authorization to Practice Without a California License at a Sponsored Free Health Care Event," Form 901-B.

If the application is approved, the Board will notify both the out-of-state M.D. and the sponsoring entity that authorization has been given for the M.D. to participate in a specific free health care event; the authorization period may not be for more than 10 days.

An out-of-state M.D. must submit a new application and processing fee for each health event at which he or she wants to volunteer.

To apply for authorization, download this form. This completed form must be submitted by the out-of-state M.D. at least 20 calendar days prior to the sponsored event. The form must be submitted to:

Medical Board of California
ATTN: Licensing Program - Health Care Events
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

Every application form must be accompanied by payment of a non-refundable, non-transferable processing fee of $25.

Fingerprinting Process and Fees: Before authorization can be granted to an out-of-state M.D., a criminal record check must be performed by the California Department of Justice and the FBI. A one-time, non-refundable fingerprint process fee of $49 must be paid by the out-of-state M.D. Once an out-of-state M.D. has been fingerprinted and authorization has been granted by the Board, this fingerprinting process need not be repeated if the out-of-state M.D. wishes to volunteer at future health care events in California.

An out-of-state M.D. seeking authorization must submit a completed set of fingerprint cards and should do so promptly. The M.D. may contact the Board's Consumer Information Unit at (916) 263-2382 to request paper fingerprint cards. The results of paper fingerprint cards generally are received within twelve (12) weeks after the cards have been submitted to the Board.

In the alternative, out-of-state M.D.s may come to California to use Live Scan, an electronic fingerprinting process; it is expeditious, but it is available only in California. The results of Live Scan generally are received within five (5) days after the prints are scanned. To use Live Scan, please use this form. For a list of Live Scan locations in California, click on this link. (If you are an out-of-state M.D. and want to use Live Scan, you may want to discuss with the event sponsors about the services of mobile Live Scan operators who can travel to your area; this would be a viable option if a number of healthcare volunteers are coming from a single geographic area.)

Posting of Notice: An out-of-state M.D. who receives authorization to practice medicine at an event sponsored by a local government entity shall place a notice visible to patients at every station at which that person will be seeing patients. The notice shall be in at least 48-point type in Arial font and include a statement and information as shown in this document. Volunteers either can print and use this document or have a similar notice printed, so long as it meets the legal requirements. While the posting requirement is not required when a "local government entity" is sponsoring the event, the out-of-state M.D. must receive authorization from the Board before volunteering at the event.

FOR MORE INFORMATION:

Local government and sponsoring entities requiring more information about registration for sponsored free health care events should contact the Department of Consumer Affairs at:

Telephone: (916) 574-7800

Fax: (916) 574-8655

E-mail: lprdivision@dca.ca.gov

M.D. volunteers requiring more information about registration for sponsored free health care events should contact Kevin A. Schunke, the Board's Licensing Outreach Manager, at:

Telephone: (916) 263-2368

E-mail: webmaster@mbc.ca.gov

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Agenda Item 7

Legislative Status Report of 2012 Session

Will be sent under separate cover

0758 - Medical Board
Analysis of Fund Condition
(Dollars in Thousands)

FY 2011-12 Governor's Budget	ACTUAL 2011-12	CURRENT YEAR 2012-13	BY 2013-14	BY+1 2014-15	BY+2 2015-16
BEGINNING BALANCE	$ 30,246	$ 24,612	$ 20,365	$ 14,690	$ 8,415
Prior Year Adjustment	$ 752	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 30,998	$ 24,612	$ 20,365	$ 14,690	$ 8,415
REVENUES AND TRANSFERS					
Revenues:					
125600 Other regulatory fees	$ 355	$ 286	$ 286	$ 286	$ 286
125700 Other regulatory licenses and permits	$ 5,947	$ 5,645	$ 5,645	$ 5,645	$ 5,645
125800 Renewal fees	$ 46,269	$ 45,445	$ 45,039	$ 45,621	$ 46,009
125900 Delinquent fees	$ 120	$ 98	$ 98	$ 98	$ 98
142500 Miscellaneous services to the public	$ 31	$ 30	$ 30	$ 30	$ 30
150300 Income from surplus money investments	$ 115	$ 51	$ 93	$ 51	$ 12
160400 Sale of fixed assets	$ -	$ -	$ -	$ -	$ -
161000 Escheat of unclaimed checks and warrants	$ 16	$ -	$ -	$ -	$ -
161400 Miscellaneous revenues	$ 1	$ 1	$ 1	$ 1	$ 1
164300 Penalty assessments - Probation Monitoring		$ 900	$ 900	$ 900	$ 900
Totals, Revenues	$ 52,854	$ 52,456	$ 52,092	$ 52,632	$ 52,981
Transfers:					
GENERAL FUND LOAN	$ (9,000)				
TOTALS, REVENUES AND TRANSFERS	$ 43,854	$ 52,456	$ 52,092	$ 52,632	$ 52,981
TOTAL RESOURCES	$ 74,852	$ 77,068	$ 72,457	$ 67,321	$ 61,396
EXPENDITURES					
Disbursements:					
0840 State Controller (State Operations)	$ 58	$ 58	$ 53	$ -	$ -
8880 FSCU (State Operations)	$ 126	$ 168	$ 108		
1110 Program Expenditures (State Operations)	$ 50,056	$ 56,477	$ 56,307	$ 57,607	$ 58,759
Anticipated Future Costs					
Antcipated BreEZe Cost			$ 1,300	$ 1,300	$ 1,300
Totals, Disbursements	$ 50,240	$ 56,703	$ 57,768	$ 58,907	$ 60,059
FUND BALANCE					
Reserve for economic uncertainties	$ 24,612	$ 20,365	$ 14,690	$ 8,415	$ 1,337
Months in Reserve	5.2	4.2	3.0	1.7	0.3

NOTES:

A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED FOR 2011-12 AND BEYOND.

B. INTEREST ON FUND ESTIMATED AT .68% in FY 10/11 and beyond.

C. FY 10-11 RENEWAL FEE REVENUE INCLUDES A ONE-TIME CREDIT OF $22 FOR EACH PHYSICIAN RENEWING (ELIMINATION OF THE DIVERSION PROGRAM)

* This $9 million is part of the $15 million total loaned to the General Fund by the Board. $6 million was loaned to the General Fund in FY 08/09.

9/7/2012

Steven M. Thompson Loan repayment Program-Mandatory $25 Fee

MONTHLY PROFILE: JULY 2010 - JUNE 2013

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
Fund Transferred to HPEF	151,050	137,645	137,612	122,522	146,450	146,750	140,939	128,875	142,507	86,377	57,740	28,456
FYTD TOTAL	151,050	288,695	426,307	548,829	695,279	842,029	982,968	1,111,843	1,254,350	1,340,727	1,398,467	1,426,923

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Fund Transferred to HPEF	121,725	154,255	153,175	127,595	124,125	136,400	177,500	146,828	149,700	91,300	64,175	320,167
FYTD TOTAL	121,725	275,980	429,155	556,750	680,875	817,275	994,775	1,141,603	1,291,303	1,382,603	1,446,778	1,766,945

	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Fund Transferred to HPEF	131,775	0	0	0	0	0	0	0	0	0	0	0
FYTD TOTAL	131,775	131,775	131,775	131,775	131,775	131,775	131,775	131,775	131,775	131,775	131,775	131,775

revised 9/6/2012

Song Brown Family Physician Training Program-Voluntary Fee
MONTHLY PROFILE: JULY 2010 - JUNE 2013

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
Fund Transferred to OSHPD	6,822	0	6,491	5,622	7,825	6,905	7,343	6,200	7,187	5,323	3,166	1,247
FYTD TOTAL	6,822	6,822	13,313	18,935	26,760	33,665	41,008	47,208	54,395	59,718	62,884	64,131

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Fund Transferred to OSHPD	7,275	8,405	7,527	6,867	5,897	6,550	8,689	7,622	7,527	4,603	3,398	1,575
FYTD TOTAL	7,275	15,680	23,207	30,074	35,971	42,521	51,210	58,832	66,359	70,962	74,360	75,935

	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Fund Transferred to OSHPD	6,876	0	0	0	0	0	0	0	0	0	0	0
FYTD TOTAL	6,876	6,876	6,876	6,876	6,876	6,876	6,876	6,876	6,876	6,876	6,876	6,876

revised 9/6/2012

Asset Forfeiture Fund Activity	2006/07	2007/08	2008/09	2009/10	2010/2011	2011/2012
Beginning Balance	0.00	12,540.56	21,499.65	1,158,866.14	1,094,483.52	1,154,180.29
Receipts:						
Received from Federal Govt*	378,212.12	7,065.04	1,131,504.08	137,264.02	0.00	43,457.05
Returned to Federal Govt	376,934.38	1,277.74				
Net Receipts from Federal Govt	1,277.74	5,787.30	1,131,504.08	137,264.02	0.00	0.00
Interest Received	11,262.82	3,171.79	5,862.41	8,382.69	6,115.51	4,399.06
Total Revenues	12,540.56	8,959.09	1,137,366.49	145,646.71	6,115.51	47,856.11
Expenditures **	0.00	0.00	0.00	210,029.33	-53,581.26	59,054.30
Ending Balance	12,540.56	21,499.65	1,158,866.14	1,094,483.52	1,154,180.29	1,142,982.10

* Due to an appeal, monies were removed from the Board and returned upon final decision

** 9/10-Expenditures used for training, communication equipment, computers, and electronic surveillance
10/11-There were encumbrances in 9/10 that went unspent therefore returned to fund
11/12-Expenditures used for training, communication equipment, computers, and electronic surveillance

MEDICAL BOARD OF CALIFORNIA
Executive Office

PROPOSED BOARD MEETING DATES AND LOCATIONS FOR 2013

January 31-February 1	San Francisco Bay Area
April 25-26	Los Angeles or Ontario Area
July 18-19* **August 1-2****	Sacramento Area
October 24-25	San Diego Area

***Due to holiday on 7/4/13 and licensing deadline of 7/1/13, Board materials will be late, posting of meeting notice will be done on 7/5/13.**

****After 60 day grace period ends, could result in loss of quorum. (Term expires 6/1/13 for Dr. Bishop, Dr. Low, and Dr. Salomonson.)**

AGENDA ITEM 9

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED:	September 19, 2012
ATTENTION:	Members, Executive Committee
SUBJECT:	Strategic Plan Update
STAFF CONTACT:	Kimberly Kirchmeyer, Deputy Director and Tim Einer, Administrative Assistant

RECOMMENDED ACTION:
Review the updates and status on each Objective to determine how the Board is meeting the goals of the Strategic Plan.

BACKGROUND AND ANALYSIS:
Attached is the progress on the Board's Strategic Plan, including a status on each item that has a current or past due date. Updated information will be provided at the meeting.

Please be aware that if the Objective did not have a current or past due date it has not been included in the attached document. These Objectives will be part of the update as their dates become due.

If you have any questions concerning this memorandum, please telephone us at (916) 263-2389.

***Goal 1: Professional Qualifications*: Promote the professional qualifications of medical practitioners by setting requirements for education, experience, and examination.**

Objective 1.1: Examine current continuing medical education (CME) structure, its effectiveness, the current California requirements, and opportunities for improvement.

Activity	Date	Staff	Priority	STATUS
• Provide annual CME audit statistics to the Medical Board members.	Winter 2012	Licensing	A	7/20/12 – Provided to the Licensing Committee at the July 2012 meeting.
• Examine and verify the current CME Audit effectiveness.	Winter 2013	Licensing	A	
• Educate the Board and staff on current CME structure. Invite organizations that accredit CME [such as the Accreditation Council for Continuing Medical Education (ACCME), the Institute for Medical Quality (IMQ), or the American Board of Medical Specialties (ABMS) Boards and their member societies] to educate the members on how requirements have changed, what is required for course accreditation, and what is done to ensure compliance. If needed, revise the paper written in 2009, and distribute.	Spring 2012	Licensing	A	7/20/12 - Presentation made at the July 2012 Licensing Committee meeting. 9/19/12 – Based upon feedback from the Licensing Committee, staff will be identifying presenters on CME that can make presentations at future meetings, beginning Spring 2013.
• Examine current CME environment and California's requirements to determine if they are relevant to keeping physicians current, including elements of the training that promote education in cultural issues that affect medical practice.	Summer 2012	Licensing	A	7/20/12 – Discussion after the above-mentioned presentation at the July 2012 Licensing Committee meeting. 9/19/12 – The Licensing Program will work with the Public Affairs Office to provide information to physicians on requirements for CME, methods of compliance, and opportunities for CME, as instructed by the Licensing Committee.

Objective 1.1 (cont.): Examine current continuing medical education (CME) structure, its effectiveness, the current California requirements, and opportunities for improvement.

• Examine how CME requirements may relate to the Federation of State Medical Board's (FSMB) Maintenance of Licensure (MOL) initiative. (See objective 1.4)	Winter 2012-13	Licensing	B	9/19/12 - The FSMB gave a presentation at the May 2012 Board meeting regarding MOL. There are other States beginning pilot programs for MOL. The Board will await the findings from these programs, but staff will report on progress as appropriate.
• Under the Board's current regulatory authority, determine if the CME regulations are sufficient or need to be amended.	Winter 2013	Licensing	A	
• Develop and promulgate regulations or develop and seek legislation, as appropriate.	Fall 2014	Licensing	A	

Objective 1.3: Define what is necessary to promote safe re-entry into medical practice after extended absences.

Activity	Date	Staff	Priority	Status
• Conduct a review of current data, including the ongoing work of the FSMB, to determine what physicians re-entering practice after long absences need/require prior to resuming clinical practice.	Spring 2012	Licensing	B	9/19/12 - The FSMB gave a presentation at the May 2012 Board meeting regarding physician re-entry and discussion will ensue at future Board meetings. Staff is beginning to look into this issue to determine what steps need to be taken in California. This may be an issue discussed during Sunset Review.
• Determine what the Board's role should be, and how it should be involved in determining the safety of those reentering practice for the purpose of public protection.	Winter 2013	Licensing	B	
• As necessary and appropriate, develop and promulgate regulations or develop and seek legislation.	Spring 2013	Licensing	B	

Objective 1.4: The Licensing Committee (or subcommittee) will examine the FSMB Maintenance of Licensure (MOL) and ABMS Maintenance of Certification (MOC) initiatives and study what should be adopted in California, and determine how it can collaborate with the FSMB and ABMS certifying boards.

Activity	Date*	Staff	Priority	Status
• Appoint a subcommittee to evaluate the FSMB MOL Initiative and determine what is feasible in California.	Fall 2012	Licensing	B	9/19/12 - The FSMB gave a presentation at the May 2012 Board meeting regarding MOL and discussion will ensue at future Board meetings. There are other States beginning pilot programs for MOL. The Board will await the findings from these programs. The due date on these activities will need to change based upon FSMB pilot programs. The Board Manager appointed to the MOL issue will remain in contact with the FSMB and provide updates to the Board as appropriate.
• Invite a participant in the FSMB Working Group to make a presentation to the Full Board/Committee.	Winter 2013	Licensing	B	
• Conduct a study of other states' actions relating to the FSMB MOL Initiative, and examine the experience of states participating in the FSMB pilot program.	Winter 2013-Winter 2014	Licensing	B	
• Identify what should be adopted in California, and examine what is needed for implementation.	Fall 2014	Licensing	B	
• Depending on what is determined to be needed, develop and promulgate regulations or develop and seek legislation.	Winter 2015	Licensing	B	

***The dates of these objectives may need to be reconsidered, as they are dependent upon when the FSMB has concluded and published sufficient data from their MOL pilot programs.**

Objective 1.5: Conduct a comprehensive review of international schools.

Activity	Date*	Staff	Priority	Status
• Establish a working task force including the Chief of Licensing and an experienced Medical Consultant.	Winter 2012	Licensing	A	5/3/12 – Completed. The Chief of Licensing has established a task force.
• An experienced medical consultant should present a history of the issue to the Board so that they may understand the law and history of off-shore medical school evaluation.	Spring 2012	Licensing	A	7/20/12 – Presentation made at the July 2012 Licensing Committee meeting.
• Staff to present a complete overview of the California Code of Regulations and educate the Board on the extent and limits of its legal authority.	Fall 2011	Licensing	A	5/3/12 – Completed. A presentation was conducted at the October 27, 2011 Board Meeting. The presentation can be viewed at http://www.dca.ca.gov/publications/multimedia/mbc_20111027a.wmv
• Identify those schools that may need site visits or additional information.	Summer 2012- Winter 2014	Licensing	A	7/20/12 - The Licensing Program provided a plan to the Licensing Committee at the July 2012 meeting. 9/19/12 – The Licensing Program will provide updates to the Licensing Committee/Board on the status of the plan.
• Research all international medical schools to create a comprehensive database.	Summer 2012 - Summer 2014, ongoing	Licensing	A	9/19/12 – The Licensing Program has begun the research to develop this database now that the staff for this program has been hired and trained.
• Update school names and locations on the Board's database in instances where schools have moved or changed their names.	Summer 2013	Licensing	A	

Objective 1.5 (cont.): Conduct a comprehensive review of international schools.

• Update the schools' application process, including the surveys and evaluations, identify ways to expedite the approval process, and determine if application fees cover the Board's cost.	**Winter 2012-Summer 2012	Licensing	A	5/3/12 - Due to the lack of staff this review and update had been delayed until Summer 2012 – Fall 2012. 7/20/12 - Now that the staff has been hired for this program, they are beginning the process of reviewing the application, surveys, and evaluations. **9/19/12 – Due to the training period for staff and the Sunset review, this will not be completed until Summer 2013.
*The dates of these objectives may need to be reconsidered, as they are dependent upon the hiring and training of AGPA staff in Licensing. Tasks to be conducted in approximate 6 month intervals.				

Goal 2: Regulations and enforcement: Protect the public by effectively enforcing laws and standards.

Objective 2.1: Develop a plan to conduct a complete review of all laws and regulations relating to licensing to identify those no longer relevant and what needs to be added or eliminated. Identify requirements that are not necessary to the safety of practice but may be serving as barriers for qualified applicants, as well as simply updating requirements to be congruent with current educational environments. (To be done in conjunction with Objective 2.2)

Activity	Date	Staff	Priority	Status
• Staff will develop an outline of priorities and a calendar/timeline for the evaluation of statutes and regulations, taking into account the timing for Sunset Review. (Including the development of an interested parties contact list for inclusion in discussions.)	Spring 2012 – **Fall 2012	Legislative/ Licensing	A	5/3/12 - The Chief of Legislation and Chief of Licensing developed a licensing staff task force and held an introductory meeting to discuss the process for reviewing the laws and regulations. A timeline will be established and presented at future meetings. **9/19/12 – The review of statutes will be part of the Sunset review process. However, due to the inability to move forward with hiring a legal counsel retired annuitant, a revised timeline, including regulatory changes, will need to be developed and presented in Spring 2013.
• Schedule interested parties meetings by legal topic and statute/regulation under analysis.	Summer 2012 - Winter 2015	Legislative/ Licensing	A	
• Work is delegated to the Licensing Committee; updates provided to full Board as actions are needed. As each section of the evaluation concludes, proposals will be taken to the full Board for regulations to be promulgated and legislation sought.	Summer 2012 - Winter 2015	Legislative/ Licensing	A	
• As appropriate, develop and promulgate regulations; develop and seek legislation.	Various 2013-15	Legislative/ Licensing	B	

Objective 2.2: Develop a plan to conduct a complete review of all laws and regulations relating to enforcement. Identify those laws /regulations that are no longer useful and augment those that are needed for public protection. Identify the Board's regulatory authority for promulgating new regulations and also identify those issues that require legislation. (To be done in conjunction with Objective 2.1)

Activity	Date	Staff	Priority	Status
• Staff will develop an outline of priorities and a calendar/timeline for the evaluation of statutes and regulations, taking into account the timing for Sunset Review. (Including the development of an interested parties contact list for inclusion in discussions.)	Spring 2012 – Fall 2012	Legislative/ Enforcement	A	5/3/12 - The Chief of Legislation and Chief of Enforcement developed an enforcement staff task force and held an introductory meeting to discuss the process for reviewing the laws and regulations. A timeline will be established and presented at future meetings. **9/19/12 – The review of statutes will be part of the Sunset review process. However, due to the inability to move forward with hiring a legal counsel retired annuitant, a revised timeline, including regulatory changes, will need to be developed and presented in Spring 2013.
• Schedule interested parties meetings by legal topic and statute/regulation under analysis.	Summer 2012 - Winter 2015	Legislative/ Enforcement	A	
• Work is delegated to the Enforcement Committee; updates provided to full Board as actions are needed. As each section of the evaluation concludes, proposals will be taken to the full Board for regulations to be promulgated and legislation sought.	Summer 2012 - Winter 2015	Legislative/ Enforcement	A	
• As appropriate, develop and promulgate regulations; develop and seek legislation.	Various 2012- 15	Legislative/ Enforcement	B	

Objective 2.3: Conduct a review of the Vertical Enforcement/Prosecution (VEP) model to assure uniform implementation in all offices and identify any aspects of the model that are increasing cost without producing benefits.

Activity	*Date	Staff	Priority	Status
• Initiate a review of the VEP performance data.	Summer 2011	Enforcement	A	5/3/12 –In October 2011 a task force was established to review the Board's enforcement data. This task force, made up of a Board Member, the AG's office, and staff, will provide quarterly reports of their findings to the Enforcement Committee.
• Begin to conduct a statistical analysis of performance in the various geographic areas on number of cases, number of personnel hours, and results, including the time taken in various steps of the process. Identify similar and inconsistent data in various regions.	Summer 2011 - Fall 2012	Enforcement	A	5/3/12 – The review of the enforcement data by the task force has begun. However, the task force is awaiting further data from the Attorney General's Office so a comparative review can be performed. 9/19/12 – The Board continues to work with the Attorney General's office on reconciling the data provided.
• Begin to conduct a statistical analysis of the enforcement timelines to indentify which steps may be delaying the process.	Summer 2011	Enforcement	A	5/3/12 – See notes above – a task force has been established and it has begun to look at the timelines. The task force has identified the length of time it takes for the Central Complaint Unit expert review as an issue and steps are being performed to improve this delay.
• Compare the California process to other states' and other California licensing Boards, including those handled by the Attorney General's (AG) licensing section rather than Health Quality Enforcement Section (HQES). (As an example, how default decisions are handled.)	Summer 2011- Fall 2012	Enforcement	A	5/3/12 – Board staff have begun to look at other states' processes by reviewing information from the FSMB. Staff will also be looking at other California agencies' processes. 9/19/12 – Staff continues to research the information from other states and will provide a report on the data in the future.

*Some of these dates will need to change to coincide with the Sunset Review Report, as a full VEP report will be provided at Sunset Review in Spring 2013.

Objective 2.3 (cont.): Conduct a review of the Vertical Enforcement/Prosecution (VEP) model to assure uniform implementation in all offices and identify any aspects of the model that are increasing cost without producing benefits.

• Draft a report to the Board on the analysis of statistical data, including recommendations for actions by the Board to reduce the timeline, increase efficiency, and obtain better outcomes for public protection.	Fall 2012	Enforcement	A	9/19/12 – This report will need to be completed for the Sunset Review Hearing in Spring 2013, therefore the due date should change to Spring 2013.
• Depending upon findings and within budgetary restraints, amend policies and procedures, promulgate regulations, or seek legislation.	Fall 2012	Enforcement	A	9/19/12 – This report will need to be completed for the Sunset Review Hearing in Spring 2013, therefore the due date should change to Spring 2013.

Objective 2.4: Examine complaint handling priorities. Educate Board members on how complaints are prioritized, as well as the legislatively mandated priorities. Determine if there is a need to change the priorities.

Activity	Date	Staff	Priority	Status
• Educate the Board members on the current policy and legislative priorities in complaint handling.	Winter 2012	Enforcement	A	7/20/12 – Presentation made at the July 2012 Enforcement Committee meeting.
• Review and evaluate the complaints and their relation to physician disciplinary action.	Winter – Summer 2012	Enforcement	A	7/20/12 – The presentation above included information obtained by the Department of Consumer Affairs' Internal Audits Office during their review of the Central Complaint Unit and its processing/complaint prioritization.
• Present a report on review of complaint handling, including whether current priorities are congruent with public safety or what other priorities might better serve public protection.	Summer 2012	Enforcement	A	7/20/12 – Presentation made at the July 2012 Enforcement Committee meeting.
• Depending upon the Board's authority and resources, amend policies, develop and promulgate regulations, or develop and seek legislation.	Summer 2012-Spring 2013	Legislative/ Enforcement	A	7/20/12 – Discussion will ensue after above presentations. 9/19/12 – Discussion for guidance regarding complaint processing will be held at the Executive Committee meeting. Based upon input from Members, some of the recommended changes may be part of the Sunset Review Report.

Objective 2.6: Examine the Expert Reviewer Program and policies to determine how it may be improved, including recruitment, evaluation of experts, opportunities for education, and policies governing the Board's use of experts.

Activity	Date	Staff	Priority	Status
• Evaluate, revise, and update the training program and materials for experts.	Fall 2011	Enforcement	A	5/3/12 – The Enforcement Program has established a new Expert Reviewer Training Program, which will provide CME to the experts attending. At the February 2012 Enforcement Committee meeting a presentation on the components of this new training was provided.
• Educate the Board as to the current policies, laws, and regulations governing the Expert Reviewer program.	Winter 2012	Enforcement	A	5/3/12 - At the February and May 2012 Enforcement Committee meetings a presentation on the components of the new Expert Reviewer Training Program was provided.
• Examine the training and evaluation measures, as well as policies to identify problem areas and those that should be amended.	Spring 2012	Enforcement	A	7/20/12 - Board staff provided the new training to the Northern California Expert Reviewers on May 19, 2012. An update on the training was provided at the July 2012 Enforcement Committee meeting.
• Examine the use of experts by other states and by other California boards and commissions.	Spring – Fall 2012	Enforcement	A	5/3/12 – The Board will offer the Board's Expert Reviewer Training Program to other states and will be obtaining any information regarding differences in the programs at that time.
• Examine which policies and regulations (under the Board's authority) should be amended to further the program's efficiency.	Fall 2012	Enforcement	A	9/19/12 – An evaluation will be performed after the roll out of this new program to identify where changes, if any, need to be made. After the first training provided in May, it was identified that more feedback needs to be provided to the experts after their review, testimony, and examinations. Enforcement staff is working on the implementation of this feedback process. A Southern California training is being planned and more input will be available after that training.
• Based on the study and review of the current program, as appropriate to the Board's authority and resources, revise policies and procedures, promulgate regulations, or seek legislation.	Fall 2012	Legislative/ Enforcement	A	9/19/12 – Awaiting further training with more input from attendees.

Objective 2.7: Identify opportunities to better educate judges/hearing officers.

Activity	Date*	Staff	Priority	Status
• Evaluate the current training and information furnished to the Office of Administrative Hearing judges/hearing officers.	Winter 2012	Enforcement	B	5/3/12 – Completed. The Executive Director, Chief of Enforcement and a Board Member have reviewed the training being provided to the Administrative Law Judges (ALJ). Based upon this review, they have been working with the Presiding ALJs to identify training that would be appropriate for the ALJs. 9/19/12 – The Board and OAH performed training for the ALJs on June 22, 2012. An update was provided at the July 2012 Enforcement Committee meeting.
• Conduct OAH training semiannually.	Spring 2012-Ongoing	Enforcement	B	7/20/12 – On June 22, 2012 the training was held and staff will continue this in the future, although it has been suggested that a full day of training may not be the best format on a semi-annual basis. Quarterly lunch presentations or half day sessions may work better for ALJ schedules. 9/19/12 – In accordance with the request to have shorter training sessions, lunchtime training sessions are going to be provided on September 21, 2012 and October 19, 2012.
• Examine disciplinary decisions to determine if they meet the Board's mission to protect the public.	Winter 2012-Spring 2012	Enforcement	B	9/19/12 – Due to staffing vacancies and Sunset Review this item has deferred; however, it will begin during Spring 2013.
• Identify any inconsistent outcomes in disciplinary cases and present the findings to the Board.	Spring 2012	Enforcement	B	9/19/12 – Due to staffing vacancies and Sunset Review this item has deferred; however, it will begin during Spring 2013.
• Determine if the disciplinary guidelines are being utilized consistently or if the guidelines need amending to create greater consistency in decisions.	Spring 2012 -Fall 2012	Enforcement/ Research Program Specialist/ Legislative	B	9/19/12 – Due to staffing vacancies and Sunset Review this item has deferred; it will begin after the above studies are completed.

***The dates of implementation and completion of these tasks may need to be reconsidered, as they are dependent upon the hiring of the Supervisor I in the Standards & Training Unit in the Enforcement Program.**

Objective 2.8: Work to clarify the Board's responsibility to regulate outpatient surgery centers, and obtain the resources to be effective.

Activity	Date *	Staff	Priority	Status
• Evaluate the impact of SB 100. Begin developing goals and timelines for SB 100 implementation.	Fall 2011	Licensing/ Enforcement	A	5/3/12 – Completed. The Chief of Legislation has worked with both the Chief of Licensing and the Chief of Enforcement on the implementation of SB 100. A presentation was provided at the Licensing Committee Meeting in February 2012 on the implementation of SB 100.
• Examine the current Board responsibility and authority to regulate outpatient surgery facilities. Identify what can be done under current authority. Begin implementation of SB 100.	Fall 2011-Fall 2012	Licensing/ Enforcement	A	5/3/12 – Completed initial review and will continue to evaluate the Board's role with outpatient surgery facilities. 9/19/12 – Implementation has begun and will continue throughout the year.
• Identify the resources needed to implement an effective program.	Spring 2012	Licensing/ Enforcement	A	5/3/12 – Board staff will review the need for more investigators based upon this new legislation. If necessary, more staff will be requested. 9/19/12 – SB 100 must be fully implemented before the need for additional staff can be fully realized.
• Communicate to all interested parties what is within the Board's authority in regards to outpatient surgery centers and what is outside of the Board's authority	Spring 2012	Licensing/ Enforcement	A	9/19/12 – A presentation was made to the Licensing Committee in February 2012. Additionally, a presentation will be made at the July 2012 Enforcement Committee meeting. Both Committees will receive quarterly updates on this program.
• Work with the Legislature to enact legislation or gain resources and procure what is necessary for California to have an effective program, ensuring a minimum standard of safety in outpatient settings.	Fall 2012	Licensing/ Enforcement / Legislative	A	9/19/12 – The Executive Committee will be discussing and providing guidance on possible amendments to existing statute. From the guidance, information will be placed in the Sunset Review Report.

***Dates for these tasks are pending the hiring of staff for the outpatient surgery regulation program.**

Objective 2.9: Examine Board responsibilities that could be eliminated or moved to a more appropriate board, bureau, or program. (Midwives, Registered Dispensing Opticians, Spectacle Lens Dispensers, Research Psychoanalysts, approval of non-ABMS specialty boards, etc.)

Activity	Date	Staff	Priority	Status
• Educate the membership about the Board's authority over allied health professions. Staff should make a presentation at a Board meeting.	Summer 2012	Executive	B	7/20/12 – A presentation was made at the July 2012 Licensing Committee meeting on the other allied health professions within the Board's authority. 9/19/12 – The Licensing Committee asked for more information on these programs, which will be presented at the October 2012 meeting.
• Identify those areas where the Board may not have sufficient expertise or resources to adequately provide consumer protection.	Fall 2012 through Spring 2013	Executive	B	9/19/12 – This discussion will be part of the Executive Committee and the Sunset Review Report.
• Depending upon areas identified by the membership, seek legislation to move or eliminate responsibilities of the Board that appear to be inappropriate. (To be completed to coincide with Sunset Review.)	Summer 2013	Executive	B	9/19/12 – This discussion will be part of the Executive Committee and the Sunset Review Report.

Objective 2.10: Examine the decline of the number of reports received pursuant to Business and Professions Code section 805 (reporting peer review actions).

Activity	Date	Staff	Priority	Status
• Review the history of Business and Professions Code (BPC) section 805 reports, the history of the law, statistical data, and how they relate to the Board's disciplinary actions.	Spring 2012	Research Program Specialist	C	5/3/12 – Board staff have begun an internal study of 805 reporting and will provide a report to the Board at its October 2012 Board meeting. Based upon the study, this information may be provided to the legislature during the Sunset Review Hearings. 9/19/12 – Preliminary review has begun on this issue. Based upon that information, this item will be discussed for guidance at the Executive Committee as a possible item for the Sunset Review Report. Due to Sunset Review, a report will not be provided until Summer 2013.
• Obtain information from those required to file BPC section 805 reports (individual hospitals, medical groups, societies and associations) and the reasons the reports have declined over the years.	Spring – Fall 2012	Research Program Specialist	C	5/3/12 – Board staff have begun an internal study of 805 reporting and will provide a report to the Board at its October 2012 Board meeting. 9/19/12 – Preliminary review has begun on this issue. Based upon that information, this item will be discussed for guidance at the Executive Committee as a possible item for the Sunset Review Report. Due to Sunset Review, a report will not be provided until Summer 2013.
• Evaluate Peer review – what it does, how it impacts what the Board does, what institutions file BPC section 805 reports.	Fall 2012	Research Program Specialist	C	9/19/12 – Due to Sunset Review preparation, this will not be completed until Summer 2013.
• Study practices not subject to peer review to determine if quality of care can be monitored.	Fall 2012	Research Program Specialist	C	9/19/12 – Due to Sunset Review preparation, this will not be completed until Summer 2013.
• Invite the CDPH to share information on how they determine violations and how they may relate to compliance with B&P 805.	Summer 2013	Research Program Specialist	C	

Objective 2.10 (cont.): Examine the decline of the number of reports received pursuant to Business and Professions Code section 805 (reporting peer review actions).

• Review how other states handle peer review and mandatory reporting, and how, or if, they correlate with disciplinary action.	Summer 2013	Research Program Specialist	C	
• Determine if there are problems with the reporting system. Is there anything that could and should be done by the Board to improve patient protection by legislation, regulation, greater enforcement, greater investigatory authority, etc. Seek legislation, if needed.	Winter 2013	Research Program Specialist/ Legal/ Legislative	C	

Goal 3: Consumer and Licensee Education: Increase Public and Licensee awareness of the Board, its mission, activities and services.

Objective 3.1: Improve and expand professional educational outreach, including outreach to students and new graduates, about the laws and regulations that govern medical practice.

Activity	Date	Staff	Priority	Status
• Review the Board Web site to determine what can be improved.	Winter 2012	Public Affairs	B	5/3/12 – In January 2012, the new Public Information Officer (PIO) began looking at the Board's Web site layout and identified improvements that are needed. The Board also has developed a Web Design Committee that meets to review the Web Site for improvements. 7/20/12 - The PIO has developed a plan to implement the Objectives of Goal 3.1. This information was provided to the Education & Wellness Committee at its July 2012 Meeting. 9/19/12 – A new format is expected from the Governor's office that will be implemented in the new Board Web site.
• Utilize the Board Web site and newsletters to inform licensees of issues relating to legal responsibilities, changes in law and regulations, practice patterns and tools (telemedicine, translation methods and opportunities, etc.), issues of public health, and cultural and linguistic literacy.	Fall 2012	Public Affairs		7/20/12 – Feature articles and sections are a part of the Newsletter, keeping licensees informed via News 2 Use, Tech Corner, and World Pulse. New sections are being developed for future issues. 9/19/12 – The Board continues to see cooperative opportunities with other agencies, Boards and Associations to identify issues that impact heath care.

Objective 3.1 (cont.): Improve and expand professional educational outreach, including outreach to students and new graduates, about the laws and regulations that govern medical practice.

• Work with state, county and federal agencies to inform licensees.	Fall 2012	Public Affairs	B	7/20/12 - The PIO has developed a plan to implement the Objectives of Goal 3. This information was provided to the Education & Wellness Committee at its July 2012 Meeting. 9/19/12 – The Board continues to work with state county and federal agencies to inform licensees about changes in the law. Articles about other agency's programs have been written for publication in the MBC Newsletter.
• Educate physicians about complying with the law. Initiate programs to promote the Board's information and programs to its licensees. If resources permit, send every physician a new handbook with license renewals.	Fall 2012	Public Affairs	B	9/19/12 – The Guide to the Laws Governing the Practice of Medicine has now been updated and will be posted on the Board's Web site by September 28, 2012.
• Re-establish a speakers' bureau, and reinstitute the "teams of 2" consisting of one staff person and one board member to talk to professional meetings. (This can only begin after hire, resources, and travel restrictions are lifted.)	Winter 2012	Public Affairs	B	9/19/12 – After the Education & Wellness Committee in July 2012 the Public Affairs Unit is working to implement the MBC speakers' bureau "Teams of 2" in Northern California. Once Teams of 2 are established, the Board will offer a catalog of speaking topics. This catalog will be made available to educational institutions and professional organizations that have a stake in the work of the MBC. Such groups will be asked to book a "Team of 2" presentation at a minimum of six months in advance. Teams and the catalog are projected to be available in late Spring 2013.

36.1

Objective 3.1(cont.): Improve and expand professional educational outreach, including outreach to students and new graduates, about the laws and regulations that govern medical practice.

• Conduct outreach to various organizations such as hospitals and group practices through providing speakers or articles for their publications.	Spring – Fall 2012	Public Affairs	B	7/20/12 – Specific outreach was identified in the PIO's plan provided to the Education & Wellness Committee at the July 2012 meeting. 9/19/12 – Outreach continues on a local basis. The Public Affairs Office continues to accept opportunities for outreach, the most recent occurring in August as the PIO participated in a Senior Scam Stopper program in Sun City, California.

36.2

Objective 3.2: Improve public education by expanding current outreach efforts and initiating more outreach programs to educate the public on the board's programs, the rights of patients, and how to file complaints.

Activity	Date	Staff	Priority	Status
• Review the Board Web site to determine what can be improved.	Winter 2012	Public Affairs	C	5/3/12 – In January 2012, the new PIO began looking at the Board's Web site layout and identified improvements that are needed. The Board also has developed a Web Design Committee that meets to review the Web Site for improvements. 7/20/12 - The PIO has developed a plan to implement the Objectives of Goal 3.2. This information was provided to the Education & Wellness Committee at its July 2012 Meeting. 9/19/12 - A new format is expected from the Governor's office that will be implemented in the new Board Web site.
• Identify consumer education groups and publications to distribute Board material.	Various 2012-13	Public Affairs	C	9/19/12 – The Board of Pharmacy, the EDD, the California Medical Association, the California Department of Public Health, and MRMIB has agreed to distribute Board materials. Each of these groups will be adding a link to the Medical Board's Website and reprinting articles from our Newsletter in their own publications.
• Schedule meetings with editorial boards of major media at least once a year; more, when necessary.	Various 2012-13	Public Affairs	C	7/20/12 – Phone discussions have occurred with KOVR 13, News10, Fox40, and KCRA3. 9/19/12 – Meetings with editorial boards of major media organizations will be identified and will be scheduled to begin in November 2012. Due to the travel restrictions, phone and video conferencing will need to be utilized.

36.3

Objective 3.2 (cont.): Improve public education by expanding current outreach efforts and initiating more outreach programs to educate the public on the board's programs, the rights of patients, and how to file complaints.

• Update the content of brochures to reflect the current practice environment.	Various 2012-13	Public Affairs	C	7/20/12 – Brochures are being updated on a priority basis; working on the older ones or those requiring immediate updating first. 9/20.12 – Most recently updated are the, "How Complaints are Handled" brochure, and "Guide to Laws Governing the Practice of Medicine."
• Work with other state agencies to provide Board materials to consumers	Various 2012-13	Public Affairs	C	7/20/12 – Relationships have been established with the California Medical Association, Los Angeles County Medical Association, Employment Development Department, Managed Risk Medical Insurance Board, and others will be identified. 9/12/12 – Relationships have been established with Contractors State Licensing Board and Board of Pharmacy, others will also be identified to provide Board materials for distribution.
• Work with the Department of Consumer Affairs (DCA) and State and Consumer Services Agency (SCSA) to develop an integrated communications plan that would promote the Board and its services.	Various 2012-15	Public Affairs	C	9/19/12 – The DCA and SCSA work together on a regular basis to updated communications efforts. The Board will use DCA video production facilities for the purpose of public service announcements designed to promote public participation in the events of the Board and awareness of the Board and its programs.

36.4

Objective 3.2 (cont.): Improve public education by expanding current outreach efforts and initiating more outreach programs to educate the public on the board's programs, the rights of patients, and how to file complaints.

• Explore the use of social media in outreach to the public.	Summer 2012	Public Affairs	C	7/20/12 – This process has begun and the Board staff is exploring social media as a conduit to the public. This information was provided to the Education & Wellness Committee at its July 2012 Meeting. 9/19/12 – The Education & Wellness Committee requested more information. Background information for the evaluation of the need will be presented at the next Committee meeting.
• Add Board information to the California Healthcare Insurance Exchange Web site, with timing to be established after discussion with California Health Benefit Exchange (HBEX) Executive Director and the Board.	Fall 2013	Public Affairs	C	

Objective 3.3: Identify more effective methods to promote the Expert Review Program to recruit qualified physicians.

Activity	Date	Staff	Priority	Status
• Establish a committee to work with staff and professional associations to promote the Expert Reviewer program through various methods, including articles in Board newsletters and other professional publications, speakers at facilities and professional societies, etc. (See Objective 3.1)	Fall 2011 Ongoing	Enforcement/ Public Affairs	A	5/3/12 - An article regarding this program was placed in the Spring 2012 Newsletter; and the Chief of Enforcement contacted a society that agreed to post an advertisement on its Web site educating members about the Program and seeking experts. 9/19/12 – The Newsletter and the Web site are being utilized to achieve this objective. With the launch of the social media campaign and the Teams of 2 speaker's program, this effort will be expanded with a focus on the recruiting and educating physicians about the program and how to be involved. The Fall 2012 MBC Newsletter will contain an article seeking to recruit additional experts for the program.

36.5

Objective 3.4: Establish a more proactive approach in communicating with the media to educate consumers and publicize disciplinary cases and criminal investigations, including those done in cooperation with other agencies.

Activity	Date	Staff	Priority	Status
• Build relationships with major media so that all disciplinary cases are provided to the appropriate outlets.	Winter 2012	Public Affairs	C	5/3/12 – The PIO is reaching out to major media outlets to ensure that all disciplinary cases are provided to the appropriate individuals. News releases are sent to local media in close proximity to the disciplined physician's practice location or the areas where the violation(s) occurred. Subscriber blasts also report disciplinary actions to media and interested partied. 9/19/12 – The Public Affairs Unit uses every opportunity to educate media representatives on how to use the Board's Web site and how to research information on physicians. The Public Affairs Unit will also continue to generate story ideas for journalists and producers and provide media outlets with video for use in news stories and broadcasts on the Web.
• Work with the DCA and the District Attorney's office to establish joint news release procedures to use on joint investigations or actions.	Winter 2012	Public Affairs	C	5/3/12 – The PIO has begun to communicate with the DCA's Public Affairs Office and will establish a procedure on joint actions. Relationships with the San Francisco and Los Angeles District Attorney's Offices have been established. 9/19/12 – News releases are distributed to DCA, and DCA is notified of any on camera or recorded interviews. The Board provides a week ahead report to DCA, informing them of any actions or anticipated events that would generate publicity to the positive or the negative.
• When the budget allows, provide press kits about the Board to all media outlets.	Winter 2013	Public Affairs	C	9/19/12 – Press kits were distributed at the May and July Board Meetings and will be updated and distributed at all upcoming Board meetings. An electronic Press Kit is being designed for email distribution.

36.6

Objective 3.4(cont.): Establish a more proactive approach in communicating with the media to educate consumers and publicize disciplinary cases and criminal investigations, including those done in cooperation with other agencies.

• Participate in professional/public outreach programs (see Objective 3.2)	Various 2012-15	Public Affairs	C	7/20/12 – The PIO participated in a class at Sacramento State University discussing medical ethics 9/19/12 – The PIO participated in a Senior Scam Stopper outreach program in Sun City, California in August.

Objective 3.5: Expand the Newsletter to better inform physicians, medical students, and the public.

Activity	Date	Staff	Priority	Status
• Using focus groups, surveys, etc., evaluate how the current Newsletter is being utilized by licensees, what is useful and what is not.	Spring 2012	Public Affairs	C	7/20/12 – This item was addressed in the plan developed by the PIO and discussed with the Education & Wellness Committee at the July 2012 meeting. 9/19/12 – The Fall MBC Newsletter will contain an online survey asking participants their opinions about content of the Newsletter and suggestions for expanded articles of interest. The extensive survey can be taken online and electronically tabulated, allowing the Board to have metrics to determine what sections of the Newsletter are of most interest to readers and how best to expand the Newsletter to meet the expectation of the readers. Once this information is gathered and analyzed, changes will be proposed to better reflect the needs of readers. This information will be provided to the Education & Wellness Committee.
• Allow applicants to receive the Newsletter by email or social media, as well as licensees.	Various 2011-13	Public Affairs	C	5/3/12 – Completed via email, social media pending. Currently, approximately 6,000 applicants and 89,000 licensees and interested parties receive an email alert each quarter when the Newsletter is posted online. The PIO is working on developing social media (Facebook, Twitter, etc.) for the Board and these will be used to inform readers that the most recent Newsletter is available online.

36.7

Objective 3.5 (cont.): Expand the Newsletter to better inform physicians, medical students, and the public.

• Establish some kind of feedback for the Newsletters' content to determine who is reading it, and for what information.	Various 2012-13	Public Affairs	C	7/20/12 – Each Newsletter contains information that encourages feedback. Additionally, the Fall Newsletter will have a feature where the reader can "click" to provide a comment directly to the Board. 9/19/12 – When the new Board Web site goes live in late December, a direct link to the editor will be provided to make it easier to provide this feedback.
• Examine ways of promoting the Newsletter to encourage more readers.	Winter 2012	Public Affairs	C	7/20/12 – This item was addressed in the plan developed by the PIO and discussed with the Education & Wellness Committee. The Board currently sends out an email blast to subscribers and licensees notifying them of the Newsletter to encourage review/readership. 9/19/12 – Each edition promotes articles that are coming up in the next edition. Also, by creating reciprocal agreements with other boards, agencies, and associations, readership is expected to flourish, as these groups provide links to the Board's Newsletter and the Board's Web site.
• Reach out to other agencies and foundations to contribute to the Newsletter.	Various 2012-13	Public Affairs	C	7/20/12 – Articles from the Employment Development Department, Board of Pharmacy, and Managed Risk Medical Insurance Board are included in the Summer Newsletter. 9/19/12 – The Fall Newsletter will contain a special section dedicated to Electronic Health Records from outside authors. Articles have been published from the Federation of State Medical Boards, the California Department of Public Health, the Center for Disease Control, and many others. Video and audio links have also been created in the Newsletter.

36.8

Objective 3.5 (cont.): Expand the Newsletter to better inform physicians, medical students, and the public.

• Incorporate into the Newsletter more information about Board activities, including encouraging attendance of Board meetings, topics discussed at meetings, and so forth.	Various 2011-15	Public Affairs	C	5/3/12 – Completed and ongoing. The two most recent Newsletters included information about both Board activities and topics at the Board Meeting, including pictures of presenters.
• Encourage professional associations and societies to include a link to the Newsletter.	Various 2011-13	Public Affairs	C	7/20/12 – This item was addressed in the plan developed by the PIO and discussed with the Education & Wellness Committee at its July 2012 meeting. 9/19/12 – As relations have been established with other groups, associations, and societies, requests are made to provide links to the Newsletter in their publications.

Objective 3.9: Conduct outreach to ethnic and other language publications and groups.

Activity	Date	Staff	Priority	Status
• Identify the ethnic and cultural groups to be targeted.	Summer 2012	Public Affairs	C	7/20/12 – This item was addressed in the plan developed by the PIO and discussed with the Education & Wellness Committee at its July 2012 meeting. 9/19/12 – A list of media opportunities is being compiled and expected to be completed in the Winter of 2013. The Executive Director provided a presentation to the National Hispanic Medical Association in August.
• Identify the media outlets for various ethnic groups and other-than-English publications, including community newspapers, radio, television stations, and web groups.	Summer 2012	Public Affairs	C	7/20/12 – This item was addressed in the plan developed by the PIO and discussed with the Education & Wellness Committee at its July 2012 meeting. 9/19/12 – As these outlets are identified, the Board will provide materials to the entity in the language that represents their audience.

36.9

Objective 3.9(cont.): Conduct outreach to ethnic and other language publications and groups.

• Identify those in staff or on the Board who may be able to communicate with the targeted groups, either through language fluency, or cultural sensitivity.	Summer 2012	Public Affairs	C	7/20/12 – This item was addressed in the plan developed by the PIO and discussed with the Education & Wellness Committee at its July 2012 meeting. 9/19/12 – At the January 2013 Board Meeting, a plan to address these groups and expand the Board's communication efforts will be presented.
• Establish a plan to coincide with the outreach to English language and general audience.	Summer 2012	Public Affairs	C	7/20/12 – This item was addressed in the plan developed by the PIO and discussed with the Education & Wellness Committee at its July 2012 meeting. 9/19/12 – This activity will incorporate the Teams of 2 speakers program, giving the Board a greater opportunity to reach ethnic groups to explain what the Medical Board does and the services it provides for healthcare consumers.

36.10

Goal 4: Organizational Relationships: Improve effectiveness of relationships with related organizations to further the Board's mission and goals.

Objective 4.1: Improve relationships with elected officials and their staffs. Build and strengthen collaborative relationships to work toward common goals – create partnerships on areas of common interests.

Activity	Date	Staff	Priority	Status
• Develop a plan to visit legislators and their staffs with Board members, at the Capitol and field offices.	Fall 2011	Legislative	B	9/19/12 – Completed and ongoing. The Chief of Legislation will report quarterly during the Legislative Report at the Board meetings on the status of any legislator visits.
• Provide training and briefing to the Board members about the Board's legislative initiatives, and who is contacted and why.	Winter 2012	Legislative	B	9/19/12 – The Chief of Legislation will provide a briefing at each quarterly Board meeting regarding any legislative initiatives and discuss any interested party contacts.
• Prepare Board members to be effective when communicating with legislators and their staff.	Various 2012-13	Legislative	B	
• Invite legislative field staff to board meetings, and visit field offices.	Winter 2012	Legislative	B	9/19/12 – Completed and ongoing. The Chief of Legislation has continued to invite legislative field staff, in the area of the Board meeting, to attend the meeting. The Chief will report on the invitations at the quarterly Board meetings.

Objective 4.3: Work to establish better relationships with the accreditation agencies, associations representing hospitals and medical groups, professional associations and societies, the Federation of State Medical Boards, Federal government agencies, and other state agencies, including Department of Consumer Affairs and State and Consumer Services Agency.

Activity	Date	Staff	Priority	Status
• Identify areas of concern that may be of common interest among various organizations.	Fall 2012	Executive	C	9/19/12 – After completion of the Sunset Review Report, the Executive Staff will develop a plan to meet with these interested parties to discuss common concerns/issues.
• Schedule meetings with organizations to establish better relationships as needed, and driven by emerging issues of common interest.	Fall 2012	Executive	C	9/19/12 – After completion of the Sunset Review Report, the Executive Staff will develop a plan to meet with these interested parties to discuss common concerns/issues.
• Develop a communication plan for California agencies.	2013	Executive	C	
• Develop a communication plan for categories of agenda items for various groups.	2013	Executive	C	
• Utilize the "Teams of 2" or others in speaking to various professional groups.	After lifting of travel restrict-tions.	Executive	C	

Objective 4.4: Improve educational outreach to hospitals, health systems, and similar organizations about the Board and its programs. Educate the health care profession not only about the Medical Board, but all of the health boards in the Department of Consumer Affairs. Re-establish a speakers' bureau or some other outreach for this purpose.

Activity	Date	Staff	Priority	Status
• Identify and create a database of those organizations and groups that the Board wants to target.	**2012	Public Affairs	C	**9/19/12 – Due to the Sunset Review, this will not be completed until Spring 2013.
• Contact all appropriate practice groups, and associations and offer to provide speakers and contribute articles about the board for their newsletters or email broadcasts.	**2012	Public Affairs	C	**9/19/12 – Due to the Sunset Review, this will not be completed until Spring 2013.
• Utilize the speakers' bureau, or "Teams of two" to speak at lunch meetings, dinners, etc., annual meetings, or conferences.	2013	Public Affairs	C	
• Work with various foundations and groups, such as the Hospital association, to provide information to their membership.	Upon lifting of travel restrict-tions.	Public Affairs	C	

***Goal 5: Organizational Effectiveness*: Evaluate and enhance organizational effectiveness and systems to improve service.**

Objective 5.1: Licensing applications to be reviewed within 45 days.

Activity	Date	Staff	Priority	Status
• Goal communicated to staff	Fall 2011	Licensing	A	5/3/12 – Completed and ongoing. The Chief of Licensing has communicated this goal to all of his staff and provides weekly statistics to each of the staff to indicate where they are in meeting this goal.
• Monitor reports to be automatically sent to managers, and report when review has not been conducted in a specified amount of days.	2011 Ongoing	Licensing	A	5/3/12 – Completed and ongoing. The Chief of Licensing sends out weekly reports to the Licensing Managers.
• Report to the Board at every quarter on the time taken to review licensing applications.	2011 Ongoing	Licensing	A	5/3/12 – Completed and ongoing. The Chief of Licensing sends out weekly reports to the Board Members regarding the Licensing statistics. In addition, the Chief of Licensing will report at the quarterly Board meeting where the Licensing Program is with meeting this goal.

Objective 5.2: Reduce discipline, complaint processing, and investigation timelines by 10-20%; reduce complaint processing average to less than 70 days, with 50-60% less than 50 days.

Activity	Date	Staff	Priority	Status
• Analyze current process, including breaking down types of cases by time taken for each element of the process.	Winter 2012	Enforcement	A	5/3/12 – Completed. The Chief of Enforcement has put together reports to review the complaint process by each element by the type of case. Additionally, the Chief of Enforcement will report at the quarterly Board meeting where the Enforcement Program is with reaching the goal stated in the Objective title.
• Identify reasons for delays in the Board's processes from complaint handling through disposition.	Various 2012-13	Enforcement	A	5/3/12 – This is an ongoing process for the task force within the Enforcement Committee. The task force and staff have already identified delays and have worked towards resolutions to the delays. The first delay was the time for obtaining certified medical records in the district offices; legislation amended current statutes to require certified medical records from the onset of the complaint. Time frames for interviewing the respondent were also identified as an issue; legislation was implemented which strengthened the requirement for the respondent to attend the interview. Lastly, the task force has identified the time frames for the initial expert review to be a problem; staff is working on streamlining the process and asking for the reviews to be done more timely.
• Research and identify best practices from other states' processing of complaints and disciplinary actions. Identify areas in California's system that may be unnecessary and slowing the process.	Various 2012-13	Enforcement	A	

Objective 5.2 (cont.): Reduce discipline, complaint processing, and investigation timelines by 10-20%; reduce complaint processing average to less than 70 days, with 50-60% less than 50 days.

• Research and identify best practices from other California boards' processing of complaints and disciplinary actions. Identify areas in the Board's system that may be unnecessary and slowing the process (including the use of the AG's Licensing Section in comparison to HQES).	Various 2012-13	Enforcement	A	
• Survey regional deputies and supervising investigators on management tools needed to better monitor investigation handling.	Various 2012	Enforcement	A	5/3/12 – This will be done during the research and analysis for the Sunset Report.
• In conjunction with Objective 2.3, identify how VEP model may be amended if it is slowing the process.	Various 2012	Enforcement	A	
• After analyzing all of the data collected, as appropriate, establish or amend policies and procedures, develop and promulgate regulations, or develop and seek legislation.	Winter 2013	Enforcement	A	

Objective 5.3: Conduct a review of all outside agencies' billing (Department of Consumer Affairs, Attorney General, Office of Administrative Hearings, etc.) to identify redundancies, cost savings, and promote efficiency.

Activity	Date	Staff	Priority	Status
• Staff to prepare a report on all spending for past 4 years to all regularly used agencies (DCA pro-rata, Attorney General's HQES, and Office of Administrative Hearings)	Spring-Fall 2012	Administra-tion/Budget	B	7/20/12 – A new report was provided to the Board at the July 2012 Board meeting and ongoing.
• Conduct an analysis of spending through the years, broken down by function and region, to identify trends, and possible inconsistencies, if any.	Spring-Fall 2012	Administra-tion/Budget	B	9/19/12 – This activity is intended to relate to the VEP. Staff is preparing reports that look at the spending for the prosecution of cases by the Attorney General's Office and the Office of Administrative Hearings. This information will be provided as part of the sunset report.
• Identify areas that require discussion and examination by reviewing what areas have improved efficiency and those that have declined. (Incorporate data and analysis on VEP – see Objective 2.3)	Spring-Fall 2012	Administra-tion/Budget	B	9/19/12 – Staff is awaiting information from the Attorney General's Office on spending due to VEP and will compare to the reports prepared above. Additionally, staff will look into the spending at the Office of Administrative Hearings.
• Establish a procedure to regularly evaluate the value of spending to outside areas.	Spring-Fall 2012	Administra-tion/Budget	B	9/19/12 – Staff has begun reviewing the billing to determine the value of VEP and also determining if the spending is commensurate to the activities of the Board (e.g. when more stipulations are occurring the spending at the Office of Administrative Hearings is decreasing). Staff will continue tracking the spending data and verifying that when reductions occur the Board sees the decreases in the billing provided by the outside agencies.
• Establish a reporting method that will keep the Board updated, and also will be helpful in providing information at Sunset evaluation.	Spring-Fall 2012	Administra-tion/Budget	B	7/20/12 – A new report was provided to the Board at the July 2012 Board meeting and ongoing. Any findings will be reported to the Board during the quarterly meetings.

Objective 5.4: Conduct a review every two years of all of the Committees established by the Board to determine if they are still needed, if they are fulfilling the purpose of which they were established, and determine if they should continued, be eliminated, or be merged with other committees.

Activity	Date	Staff	Priority	Status
• Prior to new committee appointments by the Board President, the Board should conduct a review of all committees/subcommittees/task forces.	Every Other Fall Board Meeting	Deputy Director	A	5/3/12 – Completed. At the February 2012 Board meeting a full evaluation was completed. The next evaluation will be Fall 2013.

Objective 5.5 Establish and conduct an annual self evaluation.

Activity	Date	Staff	Priority	Status
• Staff will provide a report on the progress of the Strategic Plan, highlighting successes, failures, and those areas that should be eliminated, expanded, or amended.	Fall 2012	Deputy Director	A	9/19/12 – An update on the Strategic Plan has been provided at each Board meeting since its adoption.

Objective 5.6: Establish a means of better educating staff about the Board's activities and priorities set by the membership, including encouraging staff to attend meetings.

Activity	Date	Staff	Priority	Status
• Executive Director to provide e-mail updates approximately every two months to inform staff of board activities and positions.	2011 ongoing	Executive Director	C	5/3/12 – Completed and ongoing. The Executive Director has and will continue to send an email to all staff prior to each meeting.
• At the time of the Agenda mailing, Division Chiefs will contact appropriate staff about the meeting, what will be on the agenda, and encourage attendance, where appropriate.	Begin 2012	Division Chiefs	C	5/3/12 – Completed and ongoing. The Chiefs have begun to discuss the Board meetings with staff, and when meeting locations are nearby, staff will be encouraged to attend.

Objective 5.7: Establish a means of better educating the Board membership about operational activities by providing tours of headquarters, district or regional offices when they are at or near the location for Board meetings.

Activity	Date	Staff	Priority	Status
• A report of these visits will be part of the Executive Directors/Enforcement Chiefs' report at the quarterly Board meetings.	2011 ongoing	Executive Director	C	5/3/12 – As appropriate, the Executive Director will provide an update. 9/19/12 – As time allows, a visit to the San Diego office may occur during the October 2012 Board meeting.
• At the time of agenda mailing, Division Chiefs will arrange for a tour of facilities where appropriate. (Chiefs to arrange for a tour of district offices in areas outside of Sacramento, and a tour of headquarters when in Sacramento.)	Begin 2012	Division Chiefs	C	5/3/12 – These tours will be conducted when the meeting locations are near the district offices, but may also need to be completed on an individual basis rather than during the full Board meeting.

Objective 5.8: Establish a method of obtaining feedback from our users about services.

Activity	Date	Staff	Priority	Status
• Continue the complaint survey and evaluate how it might be improved.	Winter 2012 Ongoing	Research Program Specialist	B	9/19/12 – The Board will continue to send out the complaint survey form and will include information from it in the Sunset Review.
• Establish a survey for newly licensed physicians about the application/licensing process	Spring 2012 Ongoing	Research Program Specialist	B	9/19/12 – The Research Program Specialist has established a survey for newly licensed physicians using survey monkey. The results will be presented in the Sunset Review Report and will be presented to the Licensing Committee on an ongoing basis.
• Establish a survey on the Web site on other areas, including the usefulness of the Web site	Summer 2012 Ongoing	Research Program Specialist	B	9/19/12 – The Research Program Specialist has developed a survey for Web users and is working with the Public Affairs Office to finalize. A survey is also being developed for readers of the Board's Newsletter.
• Provide a report to the Board on the results at the time of the Annual report.	Fall 2012 Ongoing	Research Program Specialist	B	9/19/12 – A report will be provided at the October 2012 meeting to the appropriate Committees.

***Goal 6: Access to Care, Workforce, and Public Health:* Understanding the implications of Health Care Reform and evaluating how it may impact access to care and issues surrounding healthcare delivery, as well as promoting public health, as appropriate to the Board's mission in exercising its licensing, disciplinary and regulatory functions.**

Objective 6.1: Educate the Board on the new healthcare reform law and how it may impact physicians' practice, workforce (possible shortages), and utilization of allied healthcare professionals.

Activity	Date	Staff	Priority	Status
• Invite appropriate speakers to address the Board about implementation of the Affordable Care Act in the State, and how it will impact care delivery in California.	2011 Ongoing	Legislative	D	5/3/12 – Completed and ongoing. At the February Board meeting, a presentation was given by Catherine Dower, J.D. entitled "California's Health Care Workforce – Are We Ready for the Affordable Health Care Act?" Future presentations will also be provided.
• Ask appropriate associations to share their view of the changing practice environment due to healthcare reform (California Medical Association, California Hospital Association, California Association of Physician Groups, etc.)	Summer 2012	Legislative	D	5/3/12 – Completed and ongoing. The California Medical Association provided a presentation at the July 2011 Board meeting entitled "Five Issues Facing California's Physician Workforce". Future presentations will also be provided.
• Direct the Access to Care Committee to study the impact of healthcare reform and identify areas in which the Board can help, such as addressing shortages through telemedicine or publicizing programs to help those in underserved populations, etc.	Spring 2013	Legislative	D	
• Take appropriate action based on the remedies identified by the committee.	Winter 2013	Legislative	D	

MEDICAL BOARD 2012 - 2013 SUNSET REVIEW

NEW ISSUES

Review For Guidance

ISSUE (GENERAL)

Mandatory email address for physicians

- Going Green Initiative
- Assist in providing urgent information quickly
- Cost savings on mailing information/renewal to physical address

ISSUE (GENERAL)

Postgraduate training – posting on the Board's Web site

- Statute requires Board to post physician's approved postgraduate training on Web site
- Current postgraduates (new licensees) have not completed postgraduate training at the time the information is gathered (multiple programs – sometimes up to four)
- Information cannot be easily obtained
- Consumer protection value of this information
- Currently, Board posts number of years completed (from self-reporting)

ISSUE (GENERAL)

Clarify Exemption from the Corporate Bar for Postgraduate (PG) training in hospitals

- Clarify statutes to conform to practice
- Some training hospitals work with postgraduates in various ways (employees/contractors as part of their training)

ISSUE (GENERAL)

SB 100 required the Board to promulgate regulations regarding physician availability in facilities and settings using lasers or intense pulse light devices for elective cosmetic procedures

- Should the Board have the authority to define physician availability, knowledge, and training for other procedures in these settings?

ISSUE (LICENSING)

Fast Track Program –medical education and postgraduate training

- To lessen time and fiscal burdens on students, there is a movement toward an accelerated three year curriculum
- It remains unknown how many weeks of clinical training in each of the core subjects and the total number clinical training weeks are required for graduation.
- May require legislative changes to benefit from these accelerated programs

ISSUE (LICENSING)

USMLE Step 3: two parts

- Changing structure of USMLE starting with Step 3 to "occur no earlier than 2014"
- Step 3 dividing into two separate exams, each one day in length, and will focus on different sets of competencies
- Laws and regulations may need to be updated to conform to these changes

ISSUE (LICENSING)

Physician Re-Entry

- Current law cancelation of license after five years
- Disciplinary guidelines require clinical competency examination after 18 months of no practice
- Should these be consistent

ISSUE (LICENSING)

Clarify Medical Assistant (MA) scope

- Currently MAs are not registered or licensed
- The Board approves certifying agencies
- Board continues to receive a high number of inquiries regarding what technical supportive services a medical assistant may or may not legally perform

ISSUE (LICENSING)

Board Certification: continue approval process?

- The law allows the Board to determine if a specialty board has equivalent requirements to those required by ABMS
- The Board does not have expertise on staff to perform this function
- Is there another option to provide equivalent consumer protection?

ISSUE (LICENSING)

Hospital Based Outpatient Surgery Center

- Re-examine reporting requirements for hospital based outpatient surgery centers

ISSUE (LICENSING)

Midwives: supervision

- Law requires physicians to supervise midwives
- Midwives cannot obtain physician supervision because the physician's medical malpractice insurance carrier will not insure physician's who supervise midwives
- Examine legislative options for dealing with this problem

ISSUE (LICENSING)

Midwives: annual report

- Several of the categories listed in statute for the midwife annual report need clarifying
- Examine other options for collecting statistics

ISSUE (LICENSING)

Midwives: Lab tests and limited medication dispensing

- Examine and seek authority for ordering lab tests and limited dispensing of medication within midwives scope of practice

ISSUE (LICENSING)

Registered Dispensing Optician(RDO) Program: continue to regulate?

- Does this profession still need regulating?
- Is the Medical Board the correct agency to regulate this profession?
- State Board of Optometry (SBO) is considering regulation of the RDO Program

ISSUE (ENFORCEMENT)

805 Reporting

- To ensure the Board receives all mandated 805 reports –require CDPH to send reportable peer review to the Board after its inspection of the facility

ISSUE (ENFORCEMENT)

Establish consistency in medical record procurement requirements

- Statute requires physicians to submit medical records to the Board within 15 days after receipt of request
- Statute requires hospitals to submit medical records to the Board within 30 days after receipt of request (hospitals are more likely to have electronic health records)

ISSUE (ENFORCEMENT)

Notification to patients of physician's discipline (disciplinary guidelines)

- Should physicians be required to notify their patients that they have been disciplined by the Board
- Some boards require posting a notice stating the licensee is on probation

ISSUE (ENFORCEMENT)

CURES

- CURES computer system needs improvement and enhancements to reduce controlled substance abuse
- Is the Department of Justice the appropriate entity to administer the CURES computer system (DCA, Board of Pharmacy, etc.)?
- Increase license fees (by approximately $10) for all prescribers/dispensers to fund the CURES computer system

ISSUE (ENFORCEMENT)

Ten year posting requirement for physician public record actions

- Beginning January 1, 2013, with the exception of felony convictions and hospital actions that result in a termination or revocation of privileges, all other actions taken against a physician must be removed from the Board's Web site ten years from the date of the action
- Is this in line with the consumer protection mandate?

ISSUE (ENFORCEMENT)

Medical Malpractice Reports (801s) – exemption from upfront review

- Before a quality of care complaint is referred for investigation it must be reviewed by a medical expert with the expertise necessary to evaluate the specific standard of care issue raised in the complaint.
- Records for 801 cases sometimes need to be subpoenaed in order to obtain medical records. Due to this legal upfront review, the case gets sent to the field, but then has to come back to the Central Complaint Unit for the upfront review.

ISSUE (ENFORCEMENT)

Expert Testimony: requiring written expert report from the Respondent and/or the Attorney

- Precedential decision requires limited information
- Clarify law for expanding discovery

OTHER ISSUES?

Any other issues you would like staff to include

THANK YOU !!!