MESSAGE TO CALIFORNIA PHYSICIANS
FROM THE PRESIDENT OF THE BMQQA

Dear Colleagues:

I would like to take this opportunity to inform you about some major activities of the Board. Perhaps the most intense activity confronting us presently is to find an equitable approach to ensure that doctors who received their medical education outside the United States or Canada obtained training equivalent to a U.S. medical education. In the past, we have relied on foreign governments and the World Health Organization for information regarding foreign medical schools. Unfortunately, we have learned this is not always a reliable way to proceed. For that reason, the Board developed new procedures to individually assess the credentials of every foreign-trained physician applying for licensure.

From this review, we found a number of applicants with false credentials as well as a number of unauthorized training programs in California. Immediate action was taken to temporarily disapprove several schools, all of which were in the Caribbean. Three of these schools have since signed stipulated agreements with us which resolve our immediate concerns and lay the groundwork for resolution of any future problems. In addition, legislative authorization was given for a special investigative team to identify physicians and applicants with fraudulent credentials. As you can see, all of these activities are directed to ensure that the physicians licensed in California have been adequately trained.

Last year, I was honored by being appointed to a newly organized seven-member Commission on Foreign Medical Education of the Federation of State Medical Boards. The Commission is in the process of being approved by the various state boards to act as a fact finding body in obtaining information about foreign medical schools which will then be forwarded to the various boards on request. To date, 53 of the 54 licensing jurisdictions have approved the role of the Commission.

A number of other Board activities will be of high priority in the coming year. We are making some important improvements in the Diversion Program for physicians who are impaired by alcohol or drug abuse. This program places physicians who are judged to be satisfactory candidates for rehabilitation in a supervised program, rather than to suspend or revoke their licenses. Despite criticisms leveled at it by the Legislative Auditor General for past administrative and recordkeeping flaws, our Diversion Program continues to be one of the best and most innovative in the country. The actions we are taking will maintain its primacy.

On a related matter, a videotape presentation on physician responsibility has been prepared in collaboration with the California Medical Association. This tape is being shown and discussed at MQRc and medical society meetings. It is available for any interested group. The videotape deals in "real life" situations where physicians may have to confront a problem among their colleagues. Comments about the presentation as an educational tool have been quite enthusiastic.

Space does not permit discussion of all the important activities the Board will address in the coming year. The Board would welcome suggestions for improving our functions in maintaining the high standards of medical practice in California.

Lindy F. Kumagi, M.D.

New Residency Training Requirement for Foreign Medical Graduates

A new regulation became effective in December of 1984 which requires that all foreign medical graduates receive four months experience in general medicine during their year of internship or residency.

As discussed in public hearings held over a year ago, the purpose of this regulation is to ensure that all foreign medical graduates obtain experience in general problems of medicine in a U.S. hospital setting before licensure.

In order to alleviate the administrative burden involved in verifying general medicine experience for all residents, the Division of Licensing issued instructions to BMQQA licensing staff in February on how to apply this new regulation. These instructions state that in the absence of some indication to the contrary, standard, ACGME-approved residencies in internal medicine, family practice, pediatrics, obstetrics/gynecology, and surgery will be accepted as meeting the regulatory requirement without further documentation.

All other residencies will require some documentation to show that the applicant received four months worth of general medicine experience. This is an expansion of a previous regulatory requirement which mandated general medicine experience only for categorical residencies in pathology, psychiatry and radiology.
QUESTION:
What are the most common criminal medical activities that result in jail sentences for doctors?

ANSWER: 1) fraud; 2) illicit prescribing of controlled drugs.

Admittedly, it is unusual for a physician to be imprisoned for exhibiting criminal behavior in the practice of medicine. Yet each year, from one to two California physicians find themselves behind bars for exhibiting criminal behavior in the practice of medicine. Several others who are convicted find themselves on probation for similar activities. Indeed, the trend is upward.

Why do well established, often specialty-certified physicians with good reputations, risk professional suicide in this way? There is no simple explanation, but couched somewhere within this aberrant behavior are elements of, at best, impaired judgment and, at worst, greed. Let us look at two cases which illustrate these points.

The first case involved a Board Certified psychiatrist with an excellent professional reputation who was summoned before a Federal Court on a Grand Jury indictment for 38 felony counts of illegal prescribing, Medi-Cal fraud and mail fraud. The Jury presented findings that this doctor prescribed clearly excessive amounts of Schedule II, III and IV controlled drugs during a four-year time period:

First year ...... 101,000 dosage units
Second year .... 177,000 dosage units
Third year ...... 184,000 dosage units
Fourth year .... 126,000 dosage units

The drugs included Amphetamines, Tuinal, Seconal, Quaalude, Codeine Compounds, and Valium.

The Grand Jury also found: “This physician provided little or no psychotherapy to many patients to whom he had given prescriptions, but nevertheless he billed the Medi-Cal program for a 45-minute psychotherapeutic session.” Further evidence showed that on ten occasions claims were submitted when the physician was out of state. Over the four year period the Medi-Cal program paid him approximately $300,000.

In the opinion of the physician expert who reviewed the case, “This physician was flagrantly involved in the sale of prescriptions . . . these prescriptions had no therapeutic function, but were simply illegal orders for abusable or marketable drugs provided by a venal doctor to patients involved in drug abuse.”

Moreover, the physician expert reviewer pointed out that this doctor’s records consisted solely of an initial diagnosis and a record of prescribing. There was no patient complaint, no history, not even an elementary diagnostic examination. The expert concluded: “This practitioner made only the slightest and clumsiest efforts to prepare for the day that the police were going to arrive.”

The doctor pled guilty to five felony counts. These included criminal violations for: 1) distribution of controlled substances not for legitimate medical purpose and not in the usual course of professional practice; 2) filing false and fraudulent claims for reimbursement for services not rendered; 3) mail fraud involving false Medi-Cal claims.

COMMENS ON PAGE 3

CHILD ABUSE REPORTING
New Requirements for EMPLOYEES of Agencies Required to Report

Under legislation recently passed by Assemblyman Steve Clute, hospitals and other agencies required to report child abuse must meet a new requirement. The employing agency must provide each new employee a form summarizing child abuse reporting requirements. Prior to commencing employment, the new employee must sign a statement that he or she has knowledge of those provisions.

The Board’s reading of this law indicates that physicians who are self-employed are not required to complete such forms. However, those physicians who are employed, i.e., in medical schools, government facilities, or by professional medical corporations, appear to be affected by this requirement if employment commences on or after January 1, 1985.

The actual language of the new law states:

“Section 11166 of the Penal Code requires any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practicably possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

‘Child care custodian’ includes teachers, administrative officers, supervisors of child welfare and attendance, or certified pupil personnel employees of any public or private school; administrators of a public or private day camp; licensed day care workers; administrators of community care facilities licensed to care for children; headstart teachers; licensing workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.

‘Medical practitioner’ includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

‘Nonmedical practitioner’ includes state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; marriage, family, or child counselors; and religious practitioners who diagnose, examine or treat children.

The signed statements shall be retained by the employer. The cost of printing, distribution and filing of these statements shall be borne by the employer.”

This law does not change the existing requirements for child abuse reporting contained in Section 11166 of the Penal Code.

The provisions of the Penal Code are administered by the Department of Justice, and local law enforcement agencies. For specific guidance as to any responsibilities you may have under this law, we suggest you consult with private legal counsel.
New BMQA Appointments

In March, Governor Deukmejian appointed three new members to BMQA. On June 1st of this year, however, one term on each of our three divisions expired and became vacant August 1.

Richard Andrews

Mr. Andrews has replaced Anne E. Salsbury on the Division of Allied Health Professions. Mr. Andrews received his B.A. degree from Stanford University and his J.D. from the Stanford School of Law. He is currently a partner in a Fresno law firm engaged in general civil practice. In addition to membership in the State Bar of California and the American Bar Association, Mr. Andrews is a member of the National Health Lawyers Association and the California Society for Healthcare Attorneys.

Audrey Melikian

Mrs. Melikian has replaced Florence Stroud, R.N., on the Division of Licensing. Mrs. Melikian is a long time resident of Fresno. She currently owns a trucking company, handles public relations for a rock company, and is a California realtor. She is a member of numerous business, civic, social, and religious organizations. A few of these include Traffic Clubs International; Fresno Board of Realtors; California Association of Realtors; National Board of Realtors; Transportation Advisory Curriculum Committee, Fresno City College; Fresno County Waterworks; Fresno Council of City and County Governments, Streets and Highways; Airway Women’s Golf Club; and the Pacific Women’s Golf Association.

John W. Simmons

Mr. Simmons has replaced Ben Winters on the Division of Medical Quality. Mr. Simmons received a B.S. degree from Drexel University in 1943. He was Senior Vice President in charge of International Coordination for Atlantic Richfield when he retired in September, 1983. Currently Mr. Simmons is managing partner of a vineyard in Temecula. He is a member of the Boards of Directors of the Los Angeles International Visitors Council, The 25 Year Club of the Petroleum Industry, Verdugo Hills Hospital and Verdugo Hills Hospital Foundation, Western Waste Industry, and the Board of Trustees of Drexel University.

CONSULTANT’S CORNER

(Continued from Page 2)

The Judge sentenced him to three years in federal prison, $36,000 in fines and ordered him to make restitution of $30,000. After spending eight months in jail, he was released on a five-year parole program. In a subsequent administrative action, the BMQA revoked his license.

The second case concerns the criminal activities of another Board certified psychiatrist, who developed an "assembly line" practice of treating patients with drug abuse problems. In addition to other patients, he consistently saw from 20 to 40 Medi-Cal patients daily. This high volume of psychiatric patients aroused the suspicions of Medi-Cal investigators and in the end, resulted in formal charges of fraud.

This doctor confronted a jury on charges that, "he willfully intended to defraud, by presenting to the Medi-Cal program false claims for the purpose of obtaining compensation for which he was not legally entitled."

During the trial the District Attorney hammered away at the one key issue in the case: "How could this psychiatrist justify billing 50-minute psychotherapy sessions on 20 to 40 patients in a 24-hour day?"

The jury returned a 15 count felony conviction for Medi-Cal fraud, grand theft, and prescribing to addicts. Soon after the criminal trial, the BMQA revoked this doctor’s medical license at an administrative hearing. He spent one year in state prison and had to make restitution of $90,000 to the Medi-Cal program.

Several years after his release from prison, this physician successfully regained his medical license. At the reinstatement hearing he explained how he had gotten himself into trouble.

"... I rationalized my behavior on the basis that I had developed a superior method with which to treat these individuals. This whole process happened gradually over many months until I had a large practice made up of patients with drug problems ... As my patient load increased I gradually began seeing patients for shorter periods of time ... Eventually I saw myself as the only physician who could treat this kind of patient in the area and told myself that Medi-Cal should be glad to pay for the help I was giving these patients ... Of course looking back now, there is no question that the pressures and manipulation of these types of patients were enormous and I found myself unable to extricate myself from the situation ..."
DISCIPLINARY ACTIONS
October 1, 1984 to February 28, 1985
Physicians and Surgeons

CHUNG, John K.C., M.D. (G-963) — Costa Mesa
Stipulated Decision. Prescribing controlled drugs without
good faith prior examination and medical indication;
excessive prescribing; violation of laws regulating drugs.
Revoked, stayed, 7 years probation on terms and conditions,
including 6 month actual suspension.
October 19, 1984

COOLS, Sally Marie-Stella, M.D. (G-35389) — Los Angeles
Disobstetric in filing numerous false claims for anesthesia time
and services. Conviction for filing fraudulent claims to
insurance companies.
Revoked.
December 31, 1984

CURRY, John L., M.D. (G-8797) — Santa Maria
Ability to practice safely markedly impaired due to
tensional or physical illness. No appearance by respondent.
Revoked.
October 26, 1984

DEMONTERICE, Ann, M.D. (G-14647) — Coeur d'Alene
Stipulated Decision. Gross negligence and incompetence in
seeing patient 15 times over 8 month period for
care complaints and not detecting rectal cancer later found
when patient changed doctors. Penalty in prior unrelated discipline
supplemented by this order.
Revoked, stayed, 10 year probation on terms and conditions.
January 9, 1985

FIORELLA, Edward J., M.D. (A-28005) — Oakland
Stipulated Decision. Conviction for filing false Medi-Cal
claims.
Revoked, stayed, 5 years probation on terms and conditions.
December 21, 1984

GIFFORD, Loyd Arden, M.D. (G-44776) — Lompoc
Federal conviction in Texas for mail fraud and for filing false
claims with U.S. Labor Department for medical services to
federal employees.
Revoked.
January 9, 1985

GROSS, Israel, M.D. (G-37409) — La Jolla
Stipulated Decision. Gross negligence and incompetence in
failing to initiate proper evaluation and treatment of his
patient in数据中心, the recovery room.
Revoked, stayed, 5 years probation on terms and conditions.
November 8, 1984

HALL, Winthrop Jr., M.D. (G-28955) — Greenbrae
Stipulated Decision. General unprofessional conduct arising out
of standard record keeping practices and business
policies, including borrowing money from patient.
Revoked, stayed, 5 years probation on terms and conditions.
February 27, 1985

HOLNESS, Herbert, M.D. (G-14785) — San Diego
Stipulated Decision. Federal conviction for unlawful
distribution of a controlled substance and for knowingly
dispenseng a Schedule II controlled substance without a
legitimate purpose.
Revoked, stayed, 5 years probation on terms and conditions.
December 19, 1984

JAWORSKI, Eugene, M.D. (G-47235) — Ann Arbor,
Michigan
Stipulated Decision. General unprofessional conduct arising out
of standard record keeping practices and business
policies, including borrowing money from patient.
Revoked, stayed, 5 years probation on terms and conditions.
February 27, 1985

JULIANG, August B., M.D. (G-25945) — Ridgefield, New
Jersey
Stipulated Decision. Discipline by New Jersey Medical Board
for federal conviction for making false and fraudulent
statements to gain bank lines.
Revoked, stayed, 7 years probation on terms and conditions,
including 90 days actual suspension.
February 19, 1984

KINANE, Thomas Joseph, M.D. (G-41198) — Copperstown,
New York
Stipulated Decision. Unlawful possession of controlled substance
(Cocaine) outside of the practice of medicine.
Revoked, stayed, 5 years probation on terms and conditions.
January 11, 1985

KLAUS, Richard, M.D. (G-12640) — Marietta, Georgia
Stipulated Decision. Voluntary surrender of license;
Accusation dismissed.
February 19, 1985

KRAMER, John Cecil, M.D. (G-3620) — Irvine
Stipulated Decision. Ability to practice safely impaired by mental illness.
No appearance by respondent.
Revoked.
February 28, 1985

LIN, Yeong Ping, M.D. (A-30517) — Oakland
Stipulated Decision. Gross negligence in management of patient later found to have
rectal carcinoma.
Revoked, stayed, 5 years probation on terms and conditions.
November 1, 1984

LOMACIO, Michael J., M.D. (G-34555) — Gardenia
Stipulated Decision. Conviction for prescribing controlled substance
for person not under respondent's treatment for any
pathology or condition.
Revoked, stayed, 5 years probation on terms and conditions.
November 16, 1984

LUND, Anthony J., M.D. (G-19444) — Saratoga
Stipulated Decision. Voluntary Surrender of License.
Accusation dismissed.
November 6, 1984

MARSH, Wallace Stanley, M.D. (G-35901) — Lompoc
Stipulated Decision. Conviction for obtaining Cocaine by misrepresentation
and self-administration.
Revoked.
February 11, 1985

MCCOLLY, Francis, M.D. (A-29093) — Reseda
Stipulated Decision. Conviction for obtaining Cocaine by misrepresentation and
for self-administration.
Revoked.
December 10, 1984

MORGAN, Sherard Y., M.D. (A-32981) — Ingelwood
Stipulated Decision. Conviction for obtaining Cocaine by misrepresentation and
for self-administration.
Revoked, stayed, 5 years probation on terms and conditions,
including 90 days actual suspension.
December 20, 1984

MOTAMED, Michael M., M.D. (G-37397) — Los Angeles
Stipulated Decision. Gross negligence and incompetence in
failing to appreciate and act upon the demonstrated symptoms
indicative of a major abdominal catastrophe, post-operative of a
repeat cesarean section. Also, federal conviction for
conspiracy to distribute Heroin.
Revoked, stayed, 5 years probation on terms and conditions.
October 18, 1984

NEWPORT, Robert B., M.D. (A-22211) — Bakersfield
Stipulated Decision. Conviction for Medi-Cal fraud.
Revoked, stayed, 3 years probation on terms and conditions.
December 19, 1984

NICHOLS, Mika, M.D. (G-49792) — Marysville
Repealed similar negligent acts and one finding of gross
negligence in performing sports physical examinations on high
school female students.
Suspension totaling 345 days, stayed, 3 years probation on terms and conditions.
December 20, 1984

REPARE, John R., M.D. (G-25819) — San Diego
Stipulated Decision. Gross negligence and incompetence in the
treatment and care of mother and infant in a home delivery.
Prior discipline involved home delivery.
Revoked, stayed, 3 years probation on terms and conditions.
November 2, 1984

ROBERTS, Howard G., M.D. (A-11448) — Walla Walla
Loss of license with Washington State Board. No appearance
by respondent.
Revoked.
February 28, 1985

SCHWERTFEGGER, Harry Don, M.D. (G-36129) — San Diego
Stipulated Decision. Conviction for obtaining Cocaine by misrepresentation.
Revoked.
November 16, 1984

SHUMATE, Lincoln W., M.D. (A-27812) — Bakersfield
Stipulated Decision. Clearly excessive prescribing of
controlled substances to numerous patients without legitimate
medical indications, and failure to maintain patient records,
consisting gross negligence and incompetency.
Revoked, stayed, 10 years probation on terms and conditions,
including 90 days actual suspension.
October 26, 1984

SOMERS, Lowell M., M.D. (A-28923) — Idaho
Stipulated Decision. Violation of probation under prior
discipline.
Revoked, stayed, 10 years probation on terms and conditions.
November 2, 1984

TUCK, Marshall S., M.D. (G-46456) — Carson
Stipulated Decision. Conviction for obtaining Cocaine by misrepresentation.
Revoked, stayed, 5 years probation on terms and conditions,
including 90 days actual suspension.
November 14, 1984

WYATT, Vel R., M.D. (A-16671) — San Diego
Stipulated Decision. Conviction for conspiracy to distribute controlled
substances, and other counts, resulting in jail term.
Revoked, stayed, 10 years probation on terms and conditions.
October 29, 1984
Podiatrists
WEBER, Bennie B., D.P.M. (E-1441) — Lodi
725, 2234(b), (c) & (d) R&P Code:
Stipulated Decision. Charged with gross negligence, repeated
similar negligent acts, incompetence, and excessive treatment
in the care of many patients with foot problems. Respondent
admits no specific allegations but does stipulate that a factual
basis in part exists for the following order.
Renewed, stayed, 5 years probation on terms and conditions,
including 60 days annual suspension.
March 30, 1985

Agent Orange Reminder
In the January 1985 Action Report
we included an article on military and
civilian victims of agent orange
herbicide exposure in Southeast Asia.
This note is a reminder that the
California Department of Veterans
Affairs provides referrals and assistance
for veterans who may have been
exposed. For information about
medical examinations and other
services veterans may contact:
Department of Veterans Affairs
Veteran Services
P.O. Box 1559
Sacramento, CA 95807
(916) 445-2334

BMQA Will No Longer Require CPR for Physician License Renewal
On January 25, 1985, the BMQA Division of Licensing voted to repeal the regulation
requiring physicians to possess a current cardiopulmonary resuscitation (CPR) card to
renew their licenses.
CPR has been a controversial issue since it first was mandated in 1980. Opponents of the
requirement argued there were not enough training programs available; that performing
CPR could be dangerous for certain less-than-robust doctors; that some specialties virtually
never encounter cardiac emergencies; and, that physicians who need to know CPR will
acquire considerably more training than is offered in the basic courses given to
the general public.
However, there was considerable public concern that doctors should be able to perform
this critical emergency procedure. The original regulation was later amended to
provide exemptions for health problems, and to approve additional providers of training.

New State Directory Issued on Health Impacts of Toxics
The State Department of Health Services
has released a new publication entitled
"Health Effects of Toxic Substances in the Environment, a Directory of References and Resources."
The publication is designed to help the public, health professionals and government
agencies locate health information and assistance on toxic substances such as
chemical contaminants in air and water, hazardous wastes and harmful chemicals
in the workplace.
The directory lists books, articles and computerized data bases, as well as
government and private agencies that deal in
some way with toxic substances, listing their
addresses, phone numbers and descriptions.
For more information, contact:
Department of Health Services
Community Toxicology Unit (COMTU)
3360 (toll-free in California), or 415-821-5338
San Francisco Bay Area), which can help with any questions regarding acute
effects of toxic substances.
Copies of the 83-page directory may be purchased for $4.35 each from the California
Department of General Services, Publications
Section, P.O. Box 1015, North Highlands,
CA 95660. (Request publication 7540-958­
1300-3.) (The $4.35 price includes postage and
handling.)

Resolution on Physician Assistants
Following a special meeting on Physician Assistant issues in April of this year, the Board's Division of Allied Health Professions
adopted the following resolution:
I. The Division of Allied Health Professions appreciates the considerable amount of testimony it received concerning the current and future training and role of the Physician Assistant;
II. The Division, in reviewing the testimony and considering policy options affecting PAs will confer with the Physician Assistant Examining
Committee and will advise interested Legislator;
III. The Division will, as we have done in the past, cooperate with the PA Committee in order to work jointly to maintain and improve the quality of care in the health delivery system; and also reaffirms its support of the PA as a valuable and permanent participant in the health care of Californians.

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Health Facilities Disciplinary Reports—A Reminder

Section 805 of the Business and Professions Code mandates that the chief administrator or executive officer and the chief of the medical staff of any hospital, nursing facility, health care service plan, or medical care foundation are required to report to the appropriate licensing board when any licensed physician and surgeon, clinical psychologist, dentist, or podiatrist is denied staff privileges, removed from the medical staff, or has staff privileges restricted for a cumulative total of 45 days in any calendar year, for any medical disciplinary cause or reason.

Examples of medical cause or reason include any of the following: 1) negligent or incompetent care, 2) practicing while mentally impaired or under the influence of alcohol and/or drugs, 3) acts of commission or omission by physicians which endanger patients, 4) sexual misconduct toward patients.

Staff privileges are restricted when the restriction is imposed by formal action of the hospital executive committee. Examples of these are: 1) mandatory consultations, 2) mandatory proctoring, 3) elimination of previously performed procedures, 4) prohibition from previous privileges to admit patients to intensive care or coronary units.

The law requires the report to contain the signatures of both the Chief Executive Officer and the Chief of the Medical Staff. BMQA is required to provide notice of the action, including all the reasons for and circumstances surrounding the action and must be filed with the BMQA within 20 working days.² Providing this information does not constitute a waiver of confidentiality of medical records and committee reports.

Under the law, hospitals and other health facilities are required to ask BMQA if a Health Facilities Reporting Form has been filed prior to granting or renewing staff privileges of physicians, podiatrists or clinical psychologists. BMQA is required to provide the requesting institution with a copy of a report if it has been made for any reason other than incomplete medical records. However, the 805 report is not a public record. It is only available to requesting hospitals. If BMQA does not respond within 30 working days, the hospital may grant or renew staff privileges.

Decisions regarding staff privileges remain entirely at the discretion of the institution. The law only requires that information from BMQA regarding reports from other facilities be obtained before a final decision is made. Failure by a health facility to request such information is a misdemeanor.

Some chiefs of staff have asked us if this law applies when physicians are put on various types of proctoring restrictions under hospital medical staff by-laws provisions which do not arise out of any specific patient care problem or medical disciplinary cause. An example would be a by-law which requires that a physician be proctored in a type of surgery if he has not performed a minimum number of those surgeries during the prior year. These types of proctoring requirements which do not arise out of any specific medical disciplinary cause or reason are exempt from reporting under the law.

CHILD ABUSE AND A PHYSICIAN'S RESPONSIBILITY


WHAT CONSTITUTES CHILD ABUSE?

Physical Abuse—Willful infliction upon any child of a cruel and inhuman corporal punishment or injury. Examples might be head injuries, burns, fractures, bruises from whippings or pummelings, injuries unexplained or inconsistent with explanation.

Sexual Abuse—Such as sexual assault by rape, incest, sodomy, lewd or lascivious acts upon a child under 14 years of age, oral copulation, penetration of a genital or anal opening by a foreign object, child molestation, or exploitation by employing a minor to perform obscene acts. Be suspicious if there are signs of pregnancy or venereal diseases of the eyes, mouth or genitals of a child, or evidence of semen.

Physical Neglect—Failure to provide adequate food, clothing, shelter or medical care. This may result in conditions of severe malnutrition or medically diagnosed nonorganic failure to thrive.

Institutional Abuse—Any type of abuse which occurs in out-of-home care.

Severe Emotional Abuse—Any abuse which takes the form of willful cruelty where health is endangered.

WHO MUST REPORT CHILD ABUSE?

Penal Code Section 11166(a) provides, in part:

"... any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident."

The Child Abuse Reporting Law overrides the physician-patient privileges and the psychotherapist-patient privileges. Physicians may also take skeletal x-rays of a child for the

(Continued on Page 7)
Podiatrists Also Subject To New Competency Exam Law

The January Action Report outlined a new law which allows the Board to administer competency examinations to physicians suspected of unsafe or incompetent practice. That article neglected to point out that licensed podiatrists also are subject to SB 109.

In brief, if the Podiatry Examining Committee finds there is reasonable cause to doubt a podiatrist's competence to practice, the committee can file a petition to compel an examination.

Copies of the January article, the law itself, and additional information are available from the Podiatry Examining Committee, 1430 Howe Avenue, Sacramento, CA 95825. Phone (916) 920-6347.

Colonic Irrigation (Continued from Page 6)

Attorney General opinion, contending that colonic irrigation has always been a traditional part of chiropractic practice from the very beginning.

"We accepted the challenge and filed suit against Dr. Luly to enjoin the breaking of the law," said Ken Wagstaff, Executive Director for BMQA.

The Chiropractic Board immediately intervened into the litigation in support of the traditional part of chiropractic practice from the Attorney General opinion, contending that colonic irrigation does not intervene into the litigation in support of the traditional part of chiropractic practice from the Sacramento, CA 95825. Phone (916) 920-6347.

WHAT IS THE LIABILITY OF PERSONSREQUIRED TO REPORT?

Penal Code Section 11172(b) states, in pertinent part:

"Any (person required to report) who fails to report an instance of child abuse which he or she knows to exist or reasonably should know to exist, ... is guilty of a misdemeanor and is punishable by confinement in jail for a term not to exceed six months or by a fine of not more than one thousand dollars ($1,000) or by both."

Failure to report suspected child abuse may result in civil liability as well. A person required to report suspected abuse who fails to do so may be held liable in civil damages for any subsequent injury to the child. (Ladero v. Flood (1976) 17 Ca1d 390.)

A conviction may expose a physician to licensure discipline for unprofessional conduct.

WHERE DO I REPORT CHILD ABUSE?

The reporting person must immediately telephone the report to a child protective agency of his or her choice (i.e., police or sheriff's department, a county probation department or a county welfare department), and then send a written report within 36 clock hours to the agency selected. Telephone reports must include the name of the person making the report, the present location of the child, the nature and extent of the injury, and any other information requested by the child protective agency, including the information that led the reporter to suspect child abuse. Confidentiality regarding the identity of the reporter is strictly maintained.

CHILD ABUSE (Continued from Page 6)

Purpose of diagnosing possible child abuse without the consent of the child's parent or guardian.

WHAT ABOUT REPORTING CONSENSUAL SEX?

On June 1, 1984, the Attorney General issued an opinion interpreting the Child Abuse Reporting Law. This opinion was written in response to the following question:

Is a medical practitioner, as defined in the Child Abuse Reporting Law, required by that law to make a report to a child protective agency when a minor child receives medical attention for a sexually transmitted disease, for birth control, for pregnancy or for abortion?

The opinion states that cases involving minors fourteen or older must be reported only if there is a reasonable suspicion that the sexual contact was the result of child abuse; that is, that the girl or boy has been the victim of non-consensual, abusive sexual assault or molestation.

However, a girl or boy under fourteen years of age is presumed unable to consent to sexual activity. Therefore, all sexual contact involving a person under fourteen years of age violates the law. The Child Abuse Reporting Law requires the reporting of all instances in which there is reasonable suspicion that a girl or boy under fourteen has been involved in sexual conduct, or has a sexually transmitted disease. This includes all girls who become pregnant or are aborted. Requests for birth control pills or devices does not necessarily indicate sexual activity and therefore need not be reported.

Reports must be made on Department of Justice Form SS8572 (Suspected Child Abuse). For medical practitioners, Department of Justice Form 900 (Medical Report—Suspected Child Abuse) must be completed as well. If these forms are needed for your hospital or office, they can be obtained from a child protective agency.

Opticians Must Refer Contact Lens Patients Back to Prescriber

Under a 1984 law, registered dispensing opticians who fit contact lenses are required to refer each patient back to the prescribing doctor within 60 days of completing a fitting. Existing law prohibits RDOs from fitting or dispensing CLs without a current prescription which specifies or "OK's" contact lenses, issued by a licensed physician or optometrist. The 1984 amendments also require RDOs who fit CLs to pass a national examination and obtain a separate Contact Lens Dispenser license from the Board.

For the well-being of your patients the Board urges you remind CL patients of the importance of professional follow-up after fitting by an optician. For additional information contact:

Registered Dispensing Optician Program
1430 Howe Avenue, Sacramento, CA 95825
(916) 924-2612
BOARD OF MEDICAL QUALITY ASSURANCE
1430 HOWE AVENUE
SACRAMENTO, CA 95825

Executive Office (916) 920-6393

Physicians and Surgeons:
Applications and Examinations (916) 920-6411
Chief Medical Consultant (916) 920-6393
Complaints—Call nearest Regional Office:
Los Angeles (213) 412-6363
Sacramento (916) 920-6013
San Mateo (415) 573-3888
Santa Ana (714) 558-4452
Continuing Education (916) 920-6943
Disciplinary Information (916) 920-6343
Fictitious Names (916) 920-6074
Verification of Licenses (916) 920-6343

Allied Health Professions:
Complaints (916) 920-6341
Licensing:
Acupuncture (916) 924-2642
Hearing Aid Dispensers (916) 920-6377
Physical Therapy (916) 920-6373
Physician's Assistant (916) 924-2626
Podiatry (916) 920-6347
Psychology (916) 920-6383
Registered Dispensing Opticians (916) 924-2612
Respiratory Therapy (916) 924-2314
Speech Pathology/Audiology (916) 920-6388