

2016–2017

ANNUAL REPORT

Medical Board of California

The mission of the Medical Board of California is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professions and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's licensing and regulatory functions.



Kimberly Kirchmeyer, Executive Director
Christine Lally, Deputy Director

2016–2017 Board Members

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Michael Bishop, M.D.	Ronald H. Lewis, M.D.
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Executive Summary

The Medical Board of California (Board) focused on its mission of consumer protection by enhancing its Outreach Program. In order to educate consumers, the Board continued its efforts on the “Check up on Your Doctor’s License” campaign. This campaign is intended to assist the public in knowing how to lookup a physician’s license on the Board’s website in order to be an informed consumer. For education for physicians, outreach was expanded to address many important issues. The Board concentrated on outreach to combat the opioid abuse epidemic. Board staff actively participated in the Statewide Prescription Opioid Misuse and Overdose Prevention Workgroup. In addition, staff and Board Members increased stakeholder outreach with presentations on appropriate prescribing, with a goal of reducing physician violations. Other presentations focused on the use of the Controlled Substance Utilization Review and Evaluation System (CURES). The Board also provided outreach on other topics including the End of Life Option Act, oversight of outpatient surgery settings, and the new immunization law. Lastly, the Board provided a webinar titled “Demystifying the Medical Board of California’s Licensing Process” in an effort to assist applicants and other interested parties in understanding the Board’s application process.

New laws that passed in 2016 of importance to the Board include [Senate Bill \(SB\) 1174](#) (McGuire, Chapter 840) and [SB 1177](#) (Galgiani, Chapter 591). [SB 1174](#) authorizes

the Board to collect and analyze data submitted by the Department of Health Care Services relating to the prescribing of psychotropic drugs to foster care children. [SB 1177](#) authorizes the Board to establish a Physician and Surgeon Health and Wellness Program for the early identification of, and appropriate interventions, to support a physician and surgeon in his or her rehabilitation from substance abuse, as specified.

The Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee held joint sunset review oversight hearings to review the boards and bureaus under the Department of Consumer Affairs (DCA). The Board had its Sunset Review Hearing on February 27, 2017. The sunset review process provides an opportunity for the DCA, the Legislature, the boards, and interested parties and stakeholders to discuss the performance of the boards, and make recommendations for improvements. The Board included new issues in its 2016 Sunset Review Report to the Legislature, including language to accommodate the continuing evolution of medical training, to improve the efficiencies of the Board’s Licensing and Enforcement Programs, and most importantly, to enhance consumer protection. The Board’s sunset bill, [SB 798](#) (Hill), includes many of the new issues contained in the Board’s Sunset Review Report and extends the Board’s sunset date another four years, until January 1, 2022.

Current Physician and Surgeon Licenses by County¹

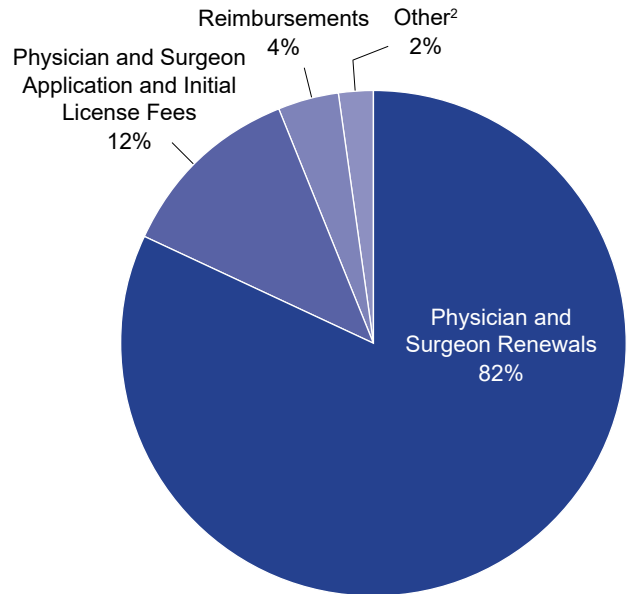
Alameda	5,270	Inyo	52	Monterey	934	San Luis Obispo	806	Trinity	7
Alpine	6	Kern	1,155	Napa	515	San Mateo	3,039	Tulare	539
Amador	65	Kings	149	Nevada	249	Santa Barbara	1,274	Tuolumne	124
Butte	490	Lake	61	Orange	10,241	Santa Clara	8,388	Ventura	1,875
Calaveras	49	Lassen	39	Placer	1,289	Santa Cruz	742	Yolo	519
Colusa	9	Los Angeles	30,659	Plumas	31	Shasta	433	Yuba	48
Contra Costa	3,484	Madera	214	Riverside	3,283	Sierra	1	California Total	113,100
Del Norte	31	Marin	1,529	Sacramento	5,067	Siskiyou	69		
El Dorado	339	Mariposa	14	San Benito	43	Solano	1,001	Out-Of-State Total	24,867
Fresno	2,099	Mendocino	196	San Bernadino	4,169	Sonoma	1,503		
Glenn	10	Merced	244	San Diego	11,016	Stanislaus	990	Current Licenses Total	137,967
Humboldt	277	Modoc	9	San Francisco	6,926	Sutter	181		
Imperial	149	Mono	32	San Joaquin	1,121	Tehama	46		

¹ Data is for physicians with a renewed and current license excluding those in an inactive, retired, or disabled license status. The breakdown of those license statuses is: California – 2,100; Out-of-State – 4,374; Total – 6,474.

Fiscal Summary

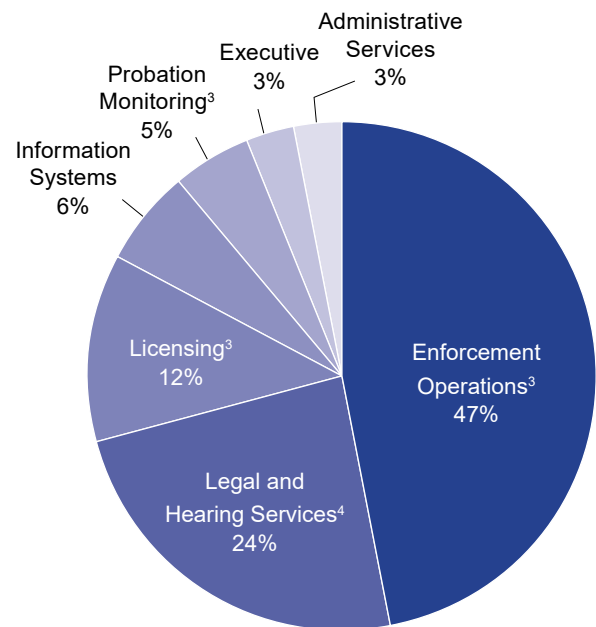
Revenues and Reimbursements¹

Category	Amount	Percentage
Physician and Surgeon Renewals	\$48,537,000	82%
Physician and Surgeon Application and Initial License Fees	\$7,233,000	12%
Reimbursements	\$2,224,000	4%
Other ²	\$1,519,000	2%
Total Receipts	\$59,513,000	100%



Budget Distribution

Category	Amount	Percentage
Enforcement Operations ³	\$30,718,000	47%
Legal and Hearing Services ⁴	\$15,926,000	24%
Licensing ³	\$8,088,000	12%
Information Systems	\$3,658,000	6%
Probation Monitoring ³	\$2,886,000	5%
Administrative Services	\$2,108,000	3%
Executive	\$1,893,000	3%
Total	\$65,277,000	100%



¹ Revenues and Reimbursements does not include repayment of the General Fund loan and corresponding interest.

² Regulatory Fees, Delinquency/Penalty/Reinstatement Fees, Interest on Fund, and Miscellaneous.

³ Budget amounts were adjusted for Attorney General Services, Office of Administrative Hearings, and Court Reporter Services.

⁴ Includes Attorney General Services, Office of Administrative Hearings, and Court Reporter Services.

Licensing Summary

The Medical Board of California's (Board) Licensing Program continues to achieve its mission of protecting the health care of consumers through proper licensing of physicians and surgeons and certain allied health care professions. The Licensing Program also issues fictitious name permits, and licenses non-nurse midwives, research psychoanalysts, and polysomnographic trainees, technicians and technologists. The Licensing Program also approves agencies that accredit outpatient surgery settings. In addition, the Licensing Program collaborates with graduate medical education coordinators of California residency programs to assist with the application process and ensure that residents are licensed timely.

The Licensing Program has experienced an increase in applications received each year for the last three fiscal years. In fiscal year (FY) 14-15, the Board received 6,850 applications, in FY 15-16 it received 7,763, and in FY 16-17, the Board received and processed an all time high of 7,978 applications. The Licensing Program also issued a record high of 6,802 new physician's and surgeon's licenses during FY 16-17. This was an increase of 485 new licenses from the previous fiscal year. The Licensing Program, by regulation, must conduct an initial review of all physician's and surgeon's applications within 60 working days. The Licensing Program's strategic goal for reviewing applications for a physician's and surgeon's license and a Physician Training Authorization Letter is 45 calendar days. Since May 2016 the Licensing Program has reviewed applications within the 45-day goal and maintained a review time of 30 days or under since November 2016.

The Licensing Program recognized 51 international medical schools pursuant to California Code of Regulations, Title 16, Division 13, (CCR) Section 1314.1(a)(1) and three international medical schools pursuant to CCR Section 1314.1(a)(2).

Three new laws affecting the Board's Licensing Program became effective January 1, 2017. [Assembly Bill \(AB\) 2745](#) (Holden, Chapter 303) clarifies the Board's authority to deny a postgraduate training authorization letter for the same reason as it can deny a physician's and surgeon's license. [AB 2745](#) also allows a physician to change to a limited practice license, and provides the Board the authority to issue a probationary license/registration to allied health care professions.

[Senate Bill \(SB\) 1261](#) (Stone, Chapter 239) allows a California licensee who lives out-of-state to place his or her license in voluntary status and waive the initial license fee and/or subsequent renewals. Finally, [SB 1478](#) (Hill, Chapter 489) eliminates the requirement that a licensee in a retired or inactive status pay an annual fee for the Controlled Substance Utilization Review and Evaluation System (CURES).

Licensing Program Activity		
	FY 15-16	FY 16-17
Total Physician Applications Received	7,763	7,978
Physician Licenses Issues		
FLEX/USMLE ¹	5,121	5,339
NBME ¹	291	324
Reciprocity w/ Other States (B&P Code §2135)	905	1,139
Total New Licenses Issued	6,317	6,802
Renewal Licenses Issued – Fee	61,839	62,260
Renewal Licenses Issued – Fee Exempt ²	5,212	5,072
Total licenses renewed	67,051	67,332
Physician Licenses in Effect³		
California Address	110,991	113,100
Out-of-State address	24,384	24,867
Total	135,375 ⁴	137,967 ⁵
Fictitious Name Permits		
Issued	1,269 ⁶	1,242 ⁷
Renewed	5,058	5,303
Total number of permits in effect	12,529	12,131
Special Faculty Permits		
Permits issued	3	2
Permits renewed	8	14
Total active permits	25	25
Licensing Enforcement Activity		
Licenses Issued w/ Public Letter of Reprimand	0	0
Probationary license granted	14	12
License denied (no hearing requested)	6	3
Statement of Issues to deny license filed	9	3
Statement of Issues granted (license denied)	6	3
Statement of Issues denied (license granted)	3	1
Statement of Issues withdrawn	3	0

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

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

³ Excludes physicians with an inactive, retired, or disabled license status.

⁴ Total Physician Licenses in Effect including inactive, retired or disabled license status – 141,967.

⁵ Total Physician Licenses in Effect including inactive, retired or disabled license status – 144,441.

⁶ Includes 26 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

⁷ Includes 21 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

Verification and Reporting Activity Summary

	FY 15-16	FY 16-17
License Status Verifications		
Telephone verifications	2,520	2,432
Non-verification telephone calls	61,955 ¹	56,306²
Authorized Licensing Verification System (LVS) Internet users	662 ³	799
Web license look-up ⁴	1,271,728	1,166,382
Certification Letters and Letters of Good Standing	10,461	11,016
Reporting Activities		
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	185	160
Adverse Actions reported to the National Practitioner Data Bank (NPDB)	594 ⁵	657⁶
B&P Code §805 & §805.01 reports of health facility discipline received	127/5	91/8

¹ Does not include the 14,247 listed under Consumer Inquiries on page 6.

² Does not include the 14,955 listed under Consumer Inquiries on page 6.

³ SB 396, effective 1/1/16, allowed Medicare-certified ambulatory surgical centers access to 805 reports received by the Medical Board.

⁴ Statistics from Medical Board's 'BreEZe Online License Verification' page.

⁵ Includes 593 MDs, 1 Licensed Midwife.

⁶ Includes 651 MDs, 1 Licensed Midwife, 5 Polysomnographic Technologists.

Enforcement Summary

The Medical Board of California's (Board) Enforcement Program received 9,619 complaints against physicians and surgeons and unlicensed individuals in fiscal year 2016-2017. This was an increase of 940 complaints from the prior fiscal year.

Following the Board's collaboration with the Department of Health Care Services (DHCS) and the Department of Social Services (DSS) on the topic of psychotropic medications being inappropriately prescribed to foster children, 2017 saw the passage of [Senate Bill 1174](#) (McGuire, Chapter 840), which added to the Board's priorities: repeated acts of clearly excessive prescribing, furnishing, or administering of psychotropic medications to children without a good faith prior exam and medical reason. The bill also requires the Board to confidentially collect data submitted by DHCS and DSS related to physicians who prescribe psychotropic medications to foster children, and review this data on a quarterly basis to determine if any potential violations of the law or excessive prescribing of psychotropic medications inconsistent with the standard of care exist and, if warranted, conduct an investigation and take appropriate disciplinary action.

The passage of two other legislative bills increased the Board's authority to investigate allegations of negligence. [Assembly Bill 1244](#) (Gray, Chapter 852) requires the Administrative Director of the Division of Workers' Compensation to notify the Board if a medical provider is

suspended from participating in the workers' compensation system. In addition, [Assembly Bill 2745](#) (Holden, Chapter 303) allows the Board to send a written request for a deceased patient's medical records to a facility where the care occurred, without the approval of the next of kin if the Board was unsuccessful in locating or contacting the next of kin after reasonable efforts.

In October and November 2016, the Expert Reviewer Program held two expert reviewer training events, one in San Francisco and one in Los Angeles. A total of 107 experts attended the training that provided an overview of the Board's enforcement process, instruction on how to write a sound expert opinion and education in how to provide effective courtroom testimony. The Expert Reviewer Program also started recruitment efforts to increase the number of active experts in the program, and as a result of these efforts, 54 physicians and surgeons joined the Board's program.

Pursuant to [Government Code section 11371](#), administrative law judges (ALJ) from the Medical Quality Hearing Panel within the Office of Administrative Hearings are required to receive medical training as recommended by the Board. Three trainings were held in September, October, and November 2016 and the ALJs were educated on emergency room procedures, co-morbid patients, and fitness for duty evaluations.

The Board's Manual Model of Disciplinary Orders and Disciplinary Guidelines were amended and the new changes took effect on January 5, 2017. The 12th edition of the guidelines are used by ALJs, defense attorneys, physician-respondents, trial attorneys from the Office of the Attorney General, and the Board's disciplinary panel members when making final decisions regarding the discipline that should be imposed upon a licensee.

The Board's Probation Unit increased the number of Cease Practice Orders (CPO) issued by 150 percent from the previous fiscal year. A CPO is issued to a licensee on probation for several reasons including, but not limited to failing to either enroll in, participate in, or successfully complete a clinical competence assessment; obtain an approved practice monitor within the designated time period; failing to abstain from alcohol or controlled substances; and violating the no solo practice condition of probation.

The Board continues to make the issuance of interim suspension orders (ISO) a priority to ensure licensees who practice medicine are not engaging in acts that endanger the public health, safety and welfare of California patients. The Board identified strategies to expedite case investigations and the issuance of an ISO.

One key strategy is closely monitoring the receipt of peer review reports submitted to the Board pursuant to Business and Professions Code Section 805 to determine if an ISO should be pursued. Subpoenas for records relating to the facts and circumstances of the medical cause or reason that changed a licensee's staff privileges, membership or employment are being drafted, executed, and served within

10 days of the filing of the report. Additionally, entities are being educated about the importance of submitting a peer review report within the required time period since failing to file an 805 report can lead to civil penalties of \$50,000 or \$100,000 for willfully failing to comply with the law.

Enforcement Program Activity Physicians and Surgeons		
	FY 15-16	FY 16-17
Complaints/Investigations¹		
Complaints received	8,679	9,619
Complaints closed by Complaint Unit	9,001	10,202²
Investigations¹		
Cases opened	1,654	1,465
Cases closed	1,158	1,284
Cases referred to the Attorney General (AG)	345	425
Cases referred for criminal action	41	43
Number of probation violation reports referred to the AG	36	58
Consumer Inquiries		
Consumer inquiries	14,247	14,955
Jurisdictional inquiries	7,836	8,225

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

² Includes 8,558 complaints closed, 89 referred to Cite and Fine Program, and 1,555 referred to investigations.

Physicians and Surgeons Complaints Received by Type & Source								Total
	Fraud	Health & Safety¹	Non- Jurisdictional²	Gross Negligence/ Incompetence³	Personal Conduct⁴	Unprofessional Conduct⁵	Unlicensed/ Unregistered	
Public	91	156	739	3,534	47	1,478	116	6,161
B&P Code⁶	3	2	24	805	116	27	1	978
Licensee/Prof. Group⁷	34	29	112	54	18	74	26	347
Government Agency⁸	17	217	6	126	232	472	101	1,171
Misc./Anonymous	16	104	140	227	60	280	135	962
Totals	161	508	1,021	4,746	473	2,331	379	9,619

¹ Health and Safety complaints, e.g., excessive prescribing, sale of dangerous drugs, etc.

² Non-jurisdictional complaints are not under the authority of the Board and are referred to other agencies such as the Department of Health Care Services, Department of Managed Health Care, etc.

³ Gross Negligence/Incompetence complaints are related to the quality of care provided by licensees.

⁴ Personal Conduct complaints, e.g., licensee self-abuse of drugs/alcohol, conviction of a crime, etc.

⁵ Unprofessional Conduct complaints include sexual misconduct with patients, failure to release medical records, etc.

⁶ Reference is to B&P Code §800 and §2240(a) and includes complaints initiated based upon reports submitted to the Board by hospitals, insurance companies and others, as required by law, regarding instances of health facility discipline, malpractice judgments/settlements, or other reportable activities.

⁷ Licensee/Professional Group includes the following complaint sources: other Licensee, Professional Society or Association.

⁸ Governmental Agency includes the following complaint sources: Internal, Law Enforcement Agency, other California State Agency, other State, other Unit of Consumer Affairs, and Federal or other Governmental Agency.

Malpractice Settlement Reports Received Per Business and Professions Code Section 801.01 by Specialty Practice

Specialty/Subspecialty	No. of Reports ¹	No. of Physicians ²
Allergy & Immunology	1	682
Anesthesiology	27	6,770
Cardiology	17	3,343
Colon and Rectal	4	203
Dermatology	7	2,229
Emergency Medicine	52	4,649
Endocrinology	1	998
Gastroenterology	10	1,821
General/Family Practice	56	9,646
General Surgery	66	4,136
Geriatric Medicine	2	721
Gynecology	26	6,210
Internal Medicine	48	23,949
Neonatal/Perinatal	6	715
Nephrology	2	1,298
Neurological Surgery	13	596
Neurology	3	2,291
Obstetrics	56	6,210
Ophthalmology	8	2,910
Orthopedic Surgery	40	3,265
Otolaryngology	6	1,682
Pain Medicine	8	677
Pathology	2	4,214
Pediatrics	16	10,462
Physical Medicine & Rehabilitation	2	1,188
Plastic Surgery	16	1,052
Psychiatry	11	8,238
Pulmonology	3	1,679
Radiology	71	6,661
Sports Medicine	1	574
Thoracic Surgery	4	496
Urology	13	1,330
Vascular Surgery	5	324

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

² California physicians certified in specialty according to the 2015-2016 American Board of Medical Specialties Certification Statistics Report.

Reports Received Based Upon Legal Requirements

Physicians and Surgeons	FY 15-16	FY 16-17
Medical Malpractice		
Insurers: B&P Code §801.01	498	533
Attorneys or Self-Reported or Employers: B&P Code §801.01	146	107
Courts: B&P Code §803	1	0
Total Malpractice Reports	645	640
Coroners' Reports: B&P Code §802.5	4	12
Criminal Charges & Convictions: B&P Code §802.1 & §803.5	97	96
Health Facility Discipline Reports Medical Cause or Reason: B&P Code §805	127	91
Health Facility Reports: B&P Code §805.01	5	8
Outpatient Surgery Settings Reports Patient Death: B&P Code §2240(a)	10	13

Reports Per Business and Professions Code Sections 805 and 805.01

	805	805.01
Total Reports Received	91	8
Peer Review Body Type		
Health Care Facility/Clinic	60	3
Surgical Center	0	0
Health Care Service Plan	19	2
Professional Society	0	0
Medical Group/Employer	12	3
Outcomes of Reports Received		
License Surrender	1	0
Suspension Order Issued and Accusation Filed	1	0
Accusation Filed	0	0
Pending Disposition	58	5
Cases Closed	31	3

Enforcement Program Activity Physicians and Surgeons

	FY 15-16	FY 16-17
Administrative Actions		
Accusation	299	314
Petition to Revoke Probation/ Accusation and Petition to Revoke	27	55
Amended Accusation/Petition to Revoke	57	44
Number of completed investigations referred to the AG awaiting the filing of an Accusation as of June 30, 2017	61	89
Number of cases over 6 months old that resulted in the filing of an Accusation	316	344
Administrative Outcomes		
Revocation	39	42
Surrender (in lieu of Accusation or with Accusation pending)	80	101
Suspension	0	0
Probation with Suspension	3	6
Probation	117	171
Probationary License Issued	14	12
Public Reprimand	106	86
Other Actions (e.g., exam required, educational course, etc.)	2	2
Accusation Withdrawn ¹	7	4
Accusation Dismissed	7	16
Dispositions of Probation Filings		
Probation Revoked	10	15
Probation Surrendered	7	10
Additional Suspension	0	0
Additional Suspension and Probation	0	1
Additional Probation	9	19
Public Reprimand	1	0
Other Actions	0	1
Petition Withdrawn	0	0
Petition Dismissed	1	1

	FY 15-16	FY 16-17
Referral and Compliance Actions		
Citation and Administrative Fines Issued	55	137
Petition Activity		
Petition for Reinstatement of License Filed	28	18
Petition for Reinstatement of License Granted	8	4
Petition for Reinstatement of License Denied	5	10
Petition for Penalty Relief Granted ²	16	21
Petition for Penalty Relief Denied ²	6	2
Petition to Compel Exam Filed	20	27
Petition to Compel Exam Granted	18	27
Petition to Compel Exam Denied	0	0
License Restrictions/Suspensions Imposed While Administrative Action Pending		
Interim Suspension Orders	37	36 ³
Temporary Restraining Orders	0	0 ³
Other Suspension Orders	48	68 ⁴
License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type		
NOTE: <i>Some orders granted were sought in prior FY.</i>	Sought	Granted
Gross Negligence/Incompetence	2	6
Inappropriate Prescribing	9	9
Unlicensed Activity	4	2
Sexual Misconduct	11	11
Mental/Physical Illness	23	24
Self-Abuse of Drugs or Alcohol	21	22
Fraud	6	4
Criminal Charges/Conviction of a Crime	6	1
Unprofessional Conduct	26	25
Total	108	104

¹ Accusations withdrawn for the following reasons: physician passed a competency exam; physician met stipulated terms and conditions; physician was issued a citation/fine instead; physician died, etc.

² Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation.

³ Pursuant to B&P Code §2220.05 (c), ISOs and TROs were granted in the following priority categories: 1 – gross negligence/incompetence resulting in death or serious bodily injury, 0 – drug or alcohol abuse involving death or serious bodily injury, 3 – excessive prescribing, 0 – excessive recommending of medical cannabis, 1 – sexual misconduct with a patient, and 2 – practicing under the influence of drugs/alcohol.

⁴ Includes 2 – Automatic Suspension Orders per B&P Code §2236, 15 – license restrictions per Penal Code §23, 6 – license restrictions pursuant to court order, 11 – out-of-state suspension orders per B&P Code §2310, 0 – stipulated agreement to suspend or restrict the practice of medicine, and 34 – cease practice orders issued for violation of probation condition.

Administrative Outcomes by Case Type ¹									
	Revocation	Surrender	Suspension Only	Probation with Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions
Gross Negligence/Incompetence	10	37	0	0	85	0	49	2	183
Inappropriate Prescribing	7	12	0	1	29	0	10	0	59
Unlicensed Activity	1	2	0	0	2	0	3	0	8
Sexual Misconduct	7	8	0	0	6	0	0	0	21
Mental/Physical Illness	7	23	0	1	7	0	0	0	38
Self-Abuse of Drugs/Alcohol	6	10	0	2	39	0	11	0	68
Fraud	4	4	0	3	0	0	0	0	11
Conviction of a Crime	2	2	0	0	6	0	3	1	14
Unprofessional Conduct	13	13	0	0	16	12	10	0	64
Miscellaneous Violations	0	0	0	0	0	0	0	0	0
Totals by Discipline Type	57	111	0	7	190	12	86	3	466

¹ Pursuant to B&P Code §2220.05(c), disciplinary actions were taken in the following priority categories: 5 – gross negligence/incompetence resulting in death or serious bodily injury, 0 – practicing under the influence resulting in death or serious bodily injury, 38 – excessive prescribing, 1 – excessive recommending of cannabis, 14 – sexual misconduct with a patient, 5 – practicing under the influence of drugs/alcohol, and 0 – excessive prescribing to a minor.

Enforcement Processing Time Frames		
	FY 16-17	
Health Quality Investigation Unit Caseload¹	Statewide	Per Investigator
Active Investigations	1744	18 ²
AG Cases Assigned ³	540	5 ²
Probation Unit Caseload⁴	Statewide	Per Inspector
Monitoring Cases ⁵	549	37

¹ Includes physicians and surgeons, licensed midwives, research psychoanalysts, dispensing opticians program, outpatient surgery settings, polysomnographic program, doctors of podiatric medicine, physician assistants, psychologists, and osteopathic physicians and surgeons.

² Average is determined by using the total number of authorized positions, including vacant positions. Taking into account the 30 vacant positions, the average active investigations per investigator is 37; the average AG assigned cases per investigator is 11. Taking into account the 17 limited term non-sworn special investigator positions added as a pilot program, the average active investigations per investigator is 27; the average AG assigned cases per investigator is 8.

³ These cases are at various stages of AG processing and may require supplemental investigative work, such as subpoena services, interviewing new victims or witnesses, testifying at hearings, etc.

⁴ Includes physicians and surgeons and licensed midwives.

⁵ 93 additional monitoring cases were inactive because the probationer was out of state as of 6/30/17.

Enforcement Processing Time Frames				
Average and median time (calendar days) in processing complaints during the fiscal year, for all cases, from date of original receipt of the complaint, for each stage of discipline, through completion of judicial review:				
	FY 15-16		FY 16-17	
	AVG	MED	AVG	MED
Complaint Process	146	119	123	89
Investigation Process (Non-Sworn)	124	52	258	203
Investigation Process (Sworn)	426	367	467	431
AG Process (time to file accusation)	93	67	77	62
Other stages of the legal process (e.g., after charges filed)	453	378	455	368

Allied Health Care Professions

Allied Health Care Professions Licenses/Registrations		
	Issued	Current
Licensed Midwife	30	390
Research Psychoanalyst	6	94
Polysomnographic Trainee	29	64
Polysomnographic Technician	29	106
Polysomnographic Technologist	63	580
Accreditation Agencies for Outpatient Settings	0	4

	FY 15-16	FY 16-17
Complaints		
Complaints received	22	37
Complaints closed by Complaint Unit	22	53
Investigations		
Cases opened	7	20
Cases closed	10	17
Cases referred to the AG	4	1
Cases referred for criminal action	0	0
Number of Probation Violation Reports referred to AG	0	1
License Restrictions/Suspensions Imposed While Administrative Action is Pending		
Interim Suspension Orders	0	0
Other Suspension Orders	0	1 ¹
Administrative Actions		
Accusation	1	2
Petition to Revoke Probation	0	1
Amended Accusation/Petition to Revoke Probation	0	0
Statement of Issues to deny application	2	1
Number of completed investigations referred to AG's Office awaiting the filing of an Accusation as of June 30, 2017	1	0
Reports Received Based Upon Legal Requirements		
Midwife Hospital Transfer Forms: B&P Code §2510	148	208
Outpatient Adverse Event Reports: B&P Code §2216.3	111	118

	FY 15-16	FY 16-17
Administrative Outcomes		
Revocation	0	1
Surrender (in lieu of Accusation or with Accusation pending)	1	1
Probation with Suspension	0	0
Probation	0	1
Probationary License Issued	0	0
Public Reprimand	0	0
Other Actions (e.g., exam required, Education course, etc.)	0	0
Statement of Issues Granted (License Denied)	0	0
Statement of Issues Denied (License Granted)	0	1
Accusation/Statement of Issues Withdrawn	1	0
Accusation Dismissed	0	0
Dispositions of Probation Filings		
Additional Probation or Suspension	0	0
Probation Revoked or License Surrendered	0	1
Petition Withdrawn or Dismissed	0	0
Referral and Compliance Actions		
Citation and Administrative Fines Issued	0	0
Office Conferences Conducted	0	0
Petition Activity		
Petition for Reinstatement of License filed	0	0
Petition for Reinstatement of License granted	1	0
Petition for Reinstatement of License denied	0	0
Petition for Penalty Relief granted ²	0	0
Petition for Penalty Relief denied ²	0	0
Petition to Compel Exam granted	0	0
Petition to Compel Exam denied	0	0

¹ Includes 1 cease practice order for the Polysomnographic Program.

² Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation.

Licensed Midwife Annual Report Summary¹

	2015	2016
Clients served as primary caregiver at the onset of care	5,528	5,420
Clients served with collaborative care available through or given by a licensed physician and surgeon	2,562	2,480
Clients served under the supervision of a licensed physician and surgeon	112	171
Planned out-of-hospital births at the onset of labor	3,616	3,664
Planned out-of-hospital births completed in an out-of-hospital setting:	3,082	3,018
Twin Births	0	1
Multiple Births (other than Twin Births)	0	6
Breech Births	12	11
VBAC (vaginal births after the performance of a Cesarean section)	172	159
Complications - Resulting in the mortality of the mother prior to transfer	0	0
Complications - Resulting in the mortality of the mother after transfer	1	0
Complications - Resulting in the mortality of the infant prior to transfer	0	3
Complications - Resulting in the mortality of the infant after transfer	2	5
Antepartum - Primary care transferred to another health care practitioner (elective)	406	407
Antepartum - Urgent or emergency transport of expectant mother	114	117
Intrapartum - Elective hospital transfer	433	467
Intrapartum - Urgent or emergency transfer of an infant or mother	45	78
Postpartum - Elective hospital transfer of mother	65	63
Postpartum - Elective hospital transfer of infant	25	39
Postpartum - Urgent or emergency transfer of a mother	56	34
Postpartum - Urgent or emergency transfer of an infant	54	48

¹ Conclusions should not be drawn from this summary as data does not specify whether the death is fetal, intrapartum or neonatal; whether the affected perinate had congenital anomalies incompatible with life; or whether the perinate was born in or out of a hospital. Births are attended by the licensed midwife as the primary caregiver.



Medical Board of California
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