A Report to Senate Business, Professions and Economic Development Committee

Medical Board of California

Sunset Review Report

Supplemental 2013

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Introduction

Introduction

- General Information
- Licensing Information
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Introduction

The purpose of this Supplemental Sunset Report is to provide pertinent information that was not covered in the initial report. This report also includes additional information on topics not fully addressed in the initial report because they were either new or evolving. It also includes the evaluation of the Vertical Enforcement/Prosecution model (VE/P) of investigating and prosecuting cases. References will be made to the initial report where applicable. The initial report is available on the Board's Web site in the "Forms/Publication" section: http://www.mbc.ca.gov/publications/sunset_report_2012.pdf.

This report is divided into three sections: General Information, Licensing Program, and Enforcement Program. In the General Information section, the Board provides an update on its progress in implementing the new Department of Consumer Affairs (DCA) BreEZe computer system. Information on the Board's recruitment to fill behind its retired annuitant positions is also included. Lastly, this section includes information on the Medical and Pharmacy Boards' Joint Forum to Promote Appropriate Prescribing and Dispensing held on February 21 and 22, 2013 in South San Francisco. This Forum provided education to both physicians and pharmacists on the growing epidemic of prescription drug abuse in California and nationally.

The Licensing Program Section contains an update on the applicant satisfaction survey and the Board's Outpatient Surgery Setting Accreditation Program. The information provided in the original report did not contain a significant number of responses from the applicants, as the Board had just implemented the satisfaction survey. Therefore, the Board is providing additional information in that section. The Board is also providing an update on a section of law, Business and Professions Code section 2135.7, which became effective on January 1, 2013. This section of law allows applicants who have graduated from an unrecognized or disapproved school to apply to the Board if they meet other requirements. Although the Board has not received a large number of applications, the information on those that have been received is provided.

The Board was notified that nine states have pilot programs to begin the process of Maintenance of Licensure (MOL). This supplemental report provides information on these programs. The Board plans to evaluate the outcomes from these pilot programs prior to taking any action in regards to MOL.

Since the initial report, the Board received information regarding changes to postgraduate training programs. This information indicated the Accreditation Council Graduate for Medical Education (ACGME) and the Royal College of Physicians and Surgeons of Canada are beginning to accredit postgraduate training programs outside of the United States and Canada. Information was also obtained that ACGME has begun to accredit postgraduate training programs in hospitals that are accredited by the American Osteopathic Association-Healthcare Facilities Accreditation Program (AOA-HFAP). All of these postgraduate training options will need either legislative or regulatory changes for the Board to accept applicants for licensure from these programs. The Board will be evaluating what legislative or regulatory changes may be required.

In the new issues section of the Midwifery Program's initial Sunset Review Report, three issues were identified. Since this original report, the Board's Midwifery Advisory Council (MAC) identified two other issues for the Midwifery Program. One relates to Certified Nurse-Midwives supervising

midwifery students and the other pertains to the data collected from the licensed midwives. These issues are more fully explained in this supplemental report and the Board agreed at its February 2013 meeting to address these issues.

The Enforcement Program Section covers six topics, including an update on the Expert Reviewer Training, information on how the Board is implementing the Consumer Protection Enforcement Initiative (CPEI) positions, three new concepts, and an evaluation of the Board's VE/P. At the time of the initial report, the Board had only completed one expert reviewer training, in Northern California. This report provides an update on the training that was provided in Southern California.

To provide the Committee with further information on the Board's positions and its efforts to find ways to improve the enforcement timeframes, this supplemental report includes information on how the Board plans to use the CPEI positions. These positions will help the Board in reducing the time it takes to investigate a complaint and take disciplinary action against a licensee.

In the last report, the Board stated that an evaluation of the statistics on the VE/P would be provided in a supplemental report. The Enforcement Program Section includes a review and analysis of the data on the VE/P. This data includes statistics on the time it takes to investigate a complaint, to file an accusation, and to receive disciplinary documents. The Board has analyzed this data and is providing its recommended action in this supplemental report.

Section 1

General Information

- BreEZe
- Retired Annuitants
- Medical and Pharmacy Boards' Joint Forum to Promote Appropriate Prescribing and Dispensing

General Information

BreEZe

The BreEZe information was provided in Section 9 - Current Issues of the original Sunset Review Report. The initial report discussed the Board's efforts on implementing the Department of Consumer Affairs' (DCA) new computer system known as BreEZe. The Board continues to spend a significant amount of hours participating in the efforts to launch the new system.

Board staff is now in the testing, training, and data validation phases of the project. A substantial amount of hours have been spent on performing test scripts. These test scripts are used to confirm the functionality of each portion of the system and provide feedback on any improvements and/or enhancements that may be necessary.

Additionally, staff has been reviewing the data that has been converted into the BreEZe system from the legacy systems to ensure the data from the older system is being placed in the correct areas and that it is all being converted to the new system. This ensures that no data is lost in the conversion.

In January 2013, Board staff began training on the BreEZe system, which is expected to be released for the Board to use in Spring 2013. Each staff member was scheduled to receive at least 4 hours of training, however, most staff required 16-40 hours of training, based upon job duties. The training covered the system's functionality, fields, and terminology associated with the BreEZe system. A significant amount of staff received additional specialized training in their areas of expertise.

The Board has six staff who were trainers not only for the Board staff but also for other staff at the DCA. These staff attended four weeks of required Train the Trainer sessions in order to be familiar with the system and to understand their role as a trainer.

The Board expects to spend in excess of 14,000 hours on its efforts to help develop the BreEZe system. To date, the Board has also spent 3,768 hours training staff. More training hours will be necessary in order for staff to be ready for the implementation of BreEZe. This is a significant workload issue but managers have maintained staff's enthusiasm for the system while ensuring the workload is getting done with minimal overtime.

Retired Annuitants

In June, 2012 the Board was notified that due to side letter agreements with the unions that all mission critical retired annuitants would be terminated on August 31, 2012. In lieu of retired annuitants, the Board was encouraged to hire seasonal or permanent intermittent (temporary) employees. At the time of notification, the Board had 50 retired annuitants working for the Board. The Board identified 19 retired annuitants that it deemed did not meet the mission critical definition and could be easily replaced with temporary employees and were therefore terminated in June 2012. The Board requested 31 retired annuitants be able to remain with the Board as they were mission critical. Of those 31 retired annuitants, the Board was authorized to keep 20 retired annuitants and had to separate 11 that were not deemed mission critical. However, only two (2) of the remaining 20 retired annuitants can remain with the Board after June 20, 2013. All others (18) must be separated by June 30, 2013. The Board was allowed to keep these retired annuitants either to finish a special project or to provide assistance during the time the Board went through the process to hire the temporary staff.

The Board has advertised for several seasonal and permanent intermittent employees and is in the process of interviewing and hiring these individuals. The Board is recruiting permanent intermittent Office Technicians (OT) to replace the retired annuitants in the district offices. These OTs are used to perform the clerical duties in the offices. The Board will begin recruiting permanent intermittent Special Investigators to replace those currently performing background investigations. Although the Board does not know if there are individuals interested in a part-time Special Investigator position, it will go through the recruitment process. The Board is also recruiting for permanent intermittent Staff Services Analysts in the Licensing Program to replace the retired annuitants who process licensing applications. The Board will continue to seek these temporary employees to replace the retired annuitants.

Medical and Pharmacy Boards' Joint Forum to Promote Appropriate Prescribing and Dispensing

As stated in the Executive Summary of the Board's Sunset Review Report, prescription drug abuse and the resulting deaths are something the Board recognizes as an issue that must be given the utmost priority. As a consumer protection agency, the Board wants to address those individuals that prescribe inappropriately and to provide education to its licensees and the public in an effort to prevent prescription drug abuse. To that end, the Board, in collaboration with the Pharmacy Board, held a "Joint Forum to Promote Appropriate Prescribing and Dispensing" for all interested parties on February 21-22, 2013.

The Forum focused on 1) the problem, including inappropriate prescribing, inappropriate security of drugs, etc; 2) the responsible parties, including prescribers, dispensers, patients, and regulators/law enforcement; and 3) the solutions, including education, enforcement, and necessary tools (CURES). The Forum's keynote speaker from the White House Office of National Drug Control Policy discussed the global issues of prescription drug abuse and the roles of the Federal and State Governments. The Drug Enforcement Administration speaker discussed the nature of prescription drug abuse and what the State could be doing to respond. Other speakers and panelists provided a physician's, a pharmacist's, and a prosecutor's perspective to the issue of prescription drug abuse. The Forum provided a discussion on how education, and cooperation between physicians and pharmacists, can address the problem, and what to do when a patient is addicted to prescription drugs.

A presentation was made on the CURES system (California's prescription drug monitoring program) and its significance in battling prescription drug abuse and inappropriate prescribing, as well as an update on its current status. A panel discussion was held on the problems and issues with prosecuting inappropriate prescribing and dispensing cases and areas where more collaboration is needed.

Lastly, the forum looked to the future and identified steps that must be taken in order to make the prevention of prescription drug abuse a reality. The Medical and Pharmacy Boards requested licensees, legislators, regulators, and law enforcement to come together to find ways to significantly impact this problem in an effort to save thousands of lives in the future.

Both the Medical and Pharmacy Board provided free continuing education credits to those licensees in attendance. The Forum was free to all in attendance and was held in the San Francisco Bay Area. A video of the Forum will be on the Board's Web site for individuals to view for reference and education. The Board believes that the Forum was a significant step toward addressing the public health issue of prescription drug abuse, and furthering its mission of consumer protection.

Since the date of the forum was immediately prior to the release of this Supplemental Sunset Report, a summary of the forum recommendations will be produced in a separate standalone report.

Section 2

Licensing Program

- Applicant Satisfaction Survey
- Outpatient Surgery Setting Accreditation Program
- International Medical Graduates (B&P Code section 2135.7)
- Maintenance of Licensure
- International Postgraduate Training Accreditation
- Allopathic and Osteopathic Postgraduate Training Programs
- Midwifery Program

Licensing Program

Applicant Satisfaction Survey

In Section 2 – Performance Measures and Customer Satisfaction Surveys of the Sunset Review Report information was provided on the Board's new Applicant Satisfaction Survey. This report included each question with responses and measurement of satisfaction. The Board has continued to collect data from this survey, which has assisted in creating new and efficient ways to enhance its services to applicants.

The Applicant Satisfaction Survey's previous report contained responses from only 77 applicants between the timeframe of August 22 and October 5, 2012. The Survey's current report includes a total of 242 applicant responses. Since the Survey's inception in August the Board's database of applicant feedback has more than tripled. These additional responses provide the Board a clearer picture of the applicant's experience with the application process.

The 242 responses show the Board is maintaining applicant satisfaction as stated in the initial report. 91% of applicants responded that the Board's instructions clearly state how to complete the application. 86% stated that the Board's Web site clearly indicates the requirements and how to apply for licensure. Among the applicants who visited the Board's Web site with questions concerning their application, 76% indicated that the Web site was comprehensive and informative. In October 2012, the Board released a new, updated version of the physician's and surgeon's license application. This version implemented changes to address common applicant concerns. In the future the Board will continue to assess applicant concerns in order to better serve the applicant population.

In the responses collected since the Board's initial report, applicant satisfaction has remained the same. The data shows only minor fluctuation of one to three percent in response to the questions. 68% of applicants were either very satisfied or somewhat satisfied with the Web Applicant Access System used to track their application progress online. Further, 71% of applicants were either very satisfied or somewhat satisfied with the time it took the Board to process their application. Responses to other questions reveal only minor changes since the initial report.

The Board must ensure that it continues to provide the same level of service identified in the surveys once it begins using the new BreEZe system.

Outpatient Surgery Setting Accreditation Program

In Section 4 – Licensing Program of the original Sunset Review Report, the Board discussed its Outpatient Surgery Setting Accreditation process and action taken to begin implementation of Senate Bill 100 Price (Statutes 2011, Chapter 645). The Board continues to make progress in implementing this bill. Further, more recent legislation Assembly Bill 1548 (Carter, Chapter 140) has been passed that aims to improve patient care in outpatient cosmetic surgery centers. Therefore, the Board provides this update on its efforts to implement these bills.

SB 100 has provided an opportunity for the Board to increase its role in protecting consumers. Under existing law, the Board approved four accreditation agencies. In keeping with the Board's mandate to evaluate the accreditation agencies, the Board intends to schedule presentations by these agencies to enable the Board to assess their process and criteria for accreditation of outpatient surgery centers.

The Board's Licensing Program and Information Systems Branch have been successful in designing the new Outpatient Surgery Settings database. This database is used to store information submitted to the Board from the four, Board-approved, accreditation agencies and is maintained on the Board's Web site. SB 100 amended Health and Safety Code section 1248.2, which now requires the Board to provide the following information on the status of outpatient surgery center settings on its Web site: the name, address, and telephone number of any owners, and their medical license numbers; the name and address of the facility; the name and telephone number of the accreditation agency, the effective and expiration dates of the accreditation, and whether an outpatient setting is accredited or the setting's accreditation has been revoked, suspended, or placed on probation, or the setting has received a reprimand by the accreditation agency.

The information contained in the Outpatient Surgery Setting database is received directly from the accreditation agencies as required by law. These agencies are mandated to inform the Board on any new settings that are accredited, as well as to provide updates on any changes to existing settings. Upon receipt of new and updated information from the agencies, the Board reflects those changes on its database.

Consumers may search for an accredited Outpatient Surgery Setting by setting name or owner name (as available) on the Board's Outpatient Surgery Setting Database. In the future, consumers will be able to search for a surgery center with a single click from the Board's home page. The online database will include copies of the Final Inspection Reports, which are public documents. The Board's staff will work on developing this for the Board's Web site, after the Board's successful implementation of its new computer system (BreEZe) for Licensing and Enforcement. Currently, the Board provides these documents to consumers upon request.

The Board continues to work directly with the accreditation agencies to ensure compliance with the reporting requirements. Since each accreditation agency uses different data collection and reporting methods, the Board created a standardized reporting form. This form must be used by the accreditation agencies to provide the required information to the Board. At this time, three out of the four accreditation agencies are in compliance. One agency has not provided the newly, required information, including ownership information, expiration dates of accreditation, and complete inspection reports. This agency has not provided the Board with a plan to meet the reporting requirements. The Board is preparing to formally notify the non-compliant agency of the Board's expectations for compliance, specifically, advising the agency to provide written documentation identifying a specific time frame that is acceptable by the Board, to submit the required information. Further, the Board will inform the agency that if it fails to response appropriately, the Board will begin the process of seeking revocation of the accreditation.

Changes to Health and Safety Code Section 1248 now require the Board to investigate complaints related to a violation of the law or, upon discovery that an outpatient setting is not in compliance with a specific provision. This section also requires the Board to bring an appropriate action through or in conjunction with a district attorney to enjoin an outpatient setting's operation. The Board has developed procedures to handle complaints regarding outpatient surgery centers and accrediting agencies.

SB 100 required outpatient settings to report adverse events to the California Department of Public Health (CDPH) as currently required for licensed health facilities. The setting can be subject to penalties by CDPH for failing to report adverse events. If the adverse event report/complaint is not

within the jurisdiction of CDPH, CDPH should forward the adverse event report/complaint to the Board in order for the Board to determine if the report of adverse events is within the jurisdiction of the Board. The Board has been in contact with CDPH requesting it to forward any adverse event reports/complaints that it receives that are not within the jurisdiction of CDPH to the Board. The Board is fully prepared to take appropriate action if and when an adverse report/complaint is received from CDPH. As of January 16, 2013, the Board has not received any reports/complaints from CDPH.

One of the provisions of SB 100 requires the Board to adopt regulations on or before January 1, 2013 on the issue of physician availability, specifically regarding the appropriate level of physician availability needed within clinics or other settings using laser or intense pulse light devices for elective cosmetic procedures. The regulations do not apply to FDA approved devices sold over the counter for self-use. On October 26, 2012, the Board held a regulatory hearing and approved the following regulatory language:

> "Whenever an elective cosmetic procedure involving the use of a laser or intense pulse light device is performed by a licensed health care provider acting within the scope of his or her license, a physician with relevant training and expertise shall be immediately available to the provider. For the purposes of this section, "immediately available" means contactable by electronic or telephonic means without delay, interruptible, and able to furnish appropriate assistance and direction throughout the performance of the procedure and to inform the patient of provisions for post procedure care. Such provisions shall be contained in the licensed health care provider's standardized procedures or protocols. "

The Board is finalizing the regulations for submission to the Office of Administrative Law for its consideration and approval.

Assembly Bill 1548 (Carter, Chapter 140) prohibits outpatient cosmetic surgery centers from violating the prohibition of the corporate practice of medicine and enhances Business and Professions Code section 2417 with the addition of section 2417.5. Section 2417.5 creates the following penalty for corporations violating the prohibition of the corporate practice of medicine: a public offense punishable by imprisonment for up to five years and/or by a fine not exceeding $50,000. The purpose of the bill was to elevate the penalties of violating the corporate practice of medicine prohibition in order to prevent further offenses, which will help to ensure consumer protection. The bill also defined "outpatient elective cosmetic medical procedures or treatments" as medical procedures or treatments that are performed to alter or reshape normal structures of the body solely in order to improve appearance. The Board does not foresee any impact to the program as the bill enhanced existing law by creating additional penalties for violating the corporate practice of medicine prohibition.

International Medical Graduates (B&P Code section 2135.7)

Section 1 – Background of the Board's Sunset Review Report discussed legislation affecting the Board, including SB 122 Price (Statutes 2012, Chapter 789). To date, the Board has received two applications pursuant to this new section (B&P Code section 2135.7). One application has been reviewed by the Application Review Committee (ARC) and the individual has been licensed. One application contained deficiencies that need to be resolved prior to processing.

The Board also received two applications in which the applicant does not meet the criteria of B&P Code section 2135.7 at this time. Additionally, one previous applicant had requested an

Administrative Hearing. The hearing was held and the final decision was to have the applicant reviewed by the ARC. The application is now complete and will be reviewed at the next ARC.

At this time, the Board only has only held one ARC, thus it is too early to determine the regulations that are needed until more applications are received pursuant to B&P Code section 2135.7.

Maintenance of Licensure

Section 11 – New Issues in the initial report included a topic on Maintenance of Licensure (MOL). This update includes additional information on the Federation of State Medical Board (FSMB) efforts in developing a MOL program.

MOL is a process by which licensed physicians periodically provide, as a condition of license renewal, evidence that they are actively participating in a program of continuous professional development that is relevant to their areas of practice, measured against objective data sources, and aimed at improving performance over time. MOL encourages and supports lifelong learning by all physicians and creates a system to confirm their practice improvement efforts.

While MOL still is several years away from being adopted by any state medical board, the FSMB currently is working to develop and implement five pilot projects to help states prepare for MOL and to determine the best practices.

While all 70 state medical boards (representing both allopathic physicians and osteopathic physicians) are aware of FSMB's efforts in regards to MOL, and have, in one manner or another, discussed the framework at their meetings, only 12 state boards expressed any interest in participating in the pilot. When it came time for a final decision, only nine boards were able to commit resources to any one of the five pilots: the Osteopathic Medical Board of California, and the medical boards of Colorado, Delaware, Iowa, Massachusetts, Mississippi, Oregon, Virginia, and Wisconsin. The following chart lists the number of physicians licensed by each of these boards:

Osteopathic Medical Board of California	5,763
Colorado Medical Board	18,383
Delaware Board of Medical Licensure and Discipline	4,838
Iowa Board of Medicine	11,202
Massachusetts Board of Registration in Medicine	33,767
Mississippi State Board of Medical Licensure	9,543
Oregon Medical Board	13,992
Virginia Board of Medicine	31,949

All nine volunteer boards participated in the *State Readiness Inventory Pilot.* This pilot, administered during October and November, 2012, used an electronic survey designed to facilitate state medical boards' discussion of the best approach to implementation of MOL. The goal is to identify issues state medical boards need to consider and possibly resolve to ensure the successful implementation of MOL. The data has been collected by FSMB and a summary/data analysis currently is being performed. An article on MOL is planned for publication in the FSMB Journal of Medical Regulation later this year; this article will include a broad, general update on MOL as well as an overview of the results of this pilot.

There are four other pilots that will be part of the larger MOL process; each is expected to begin sometime during 2013. It is not expected that all nine boards will participate in each pilot nor is expected that any single board will participate in every pilot. Further, while FSMB has extended an invitation to all state medical boards to participate in the MOL process, it is doubtful that any new boards will join. The following describe the four additional pilots:

- *Physician Acceptability Survey to Assess MOL Activities Pilot:* Serves to collect opinions from licensed physicians about the potential features of a comprehensive MOL system.

- *State Board License Renewal Process Integration Pilot:* Focuses on identifying how the proposed MOL system can be integrated into existing license renewal policies and procedures.

- *Describing the Attributes of Physician Practices in Support of MOL Pilot:* Begins the work that makes MOL "practice relevant". The first phase of the pilot is to develop models for describing individual physician practices that, in turn, will facilitate identification of relevant and meaningful educational and practice improvement activities.

- *Reporting of Maintenance of Certification Data to State Medical Boards Pilot:* Facilitates successful reporting of MOC participation data to state medical boards for their use in evaluating board certified physicians' compliance with MOL program requirements. State medical boards will be asked to evaluate whether the detail and format of the provided data are adequate to enable decisions regarding board certified physician licensees' compliance with MOL requirements.

The Board looks forward to reviewing the outcomes from these pilots, anticipated during 2014, and then will undertake its own evaluation of the data provided, in order to decide how to best move forward in California to enhance consumer protection.

International Postgraduate Training Accreditation: ACGME and RCPSC (New)

To obtain a California Physician's and Surgeon's License, applicants must have a minimum number of years of satisfactory completion of Accreditation Council Graduate for Medical Education (ACGME) and/or Royal College of Physicians and Surgeons of Canada (RCPSC) accredited postgraduate training in the United States or Canada.

For the past 30 years, ACGME only evaluated postgraduate training residency and/or fellowship programs in the U.S. The RCPSC previously only evaluated postgraduate training residency programs in Canada. ACGME has announced it will be evaluating postgraduate training programs in other countries through the newly created ACGME-International (ACGME-I). The RCPSC has created a new division Royal College Canada International (RCCI) and is currently providing postgraduate training consultation services to other countries.

ACGME-I recently completed the first phase of a partnership with the Ministry of Health in Singapore to restructure the GME accreditations system in that country. ACGME-I has already accredited 39 postgraduate training programs in Singapore at the National University of Singapore. In addition, Duke University School of Medicine has opened a new medical school in Singapore in a joint venture with the National University of Singapore. Meanwhile, the ACGME-I has signed contracts in Qatar and Abu Dhabi in the United Arab Emirates and is in negotiation with officials in Oman.

The ACGME-I standards are not identical to the U.S. standards. ACGME-I has incorporated the different delivery systems between U.S. and international countries in determining requirements for ACGME-I accreditation. The ACGME-I will continue to expand and accredit postgraduate training programs in other countries with standards similar but not identical to the standards in the U.S.

RCCI has recently provided services in the following countries and/or worked with organizations or medical schools/teaching hospitals, within these countries and/or organizations:

- Australia - Royal Australasian College of Physicians and the Royal Australasian College of Surgeons.
- Haiti - RCCI delivered simulation training to health professionals in Haiti to improve front-line care.
- La Francophonie - At the 2011 annual Conference International Des Doyens De Faculte De Medecine D'Expression Francasie, RCCI presented the CanMEDs frame work and provided an overview of the RCPSC accreditation standards.
- Chile - A RCCI team was recently (2011) invited by the Pontifical Catholic University in Santiago, Chile to review up to eight residency training programs utilizing Canadian standards.
- India - RCCI is exploring opportunities with medical organizations in India to help Indian authorities implement national standards for the evaluation and assessment of postgraduate medical trainees.
- Oman - RCCI has signed an agreement with Oman Medical Specialties Board to develop a lasting educational partnership and RCCI reviewed a number of postgraduate training programs;
- Saudi Arabia - RCCI has signed agreements with the Saudi Commission on Health Specialties and medical education organizations in Saudi Arabia to facilitate the transfer of Canadian expertise and standards in postgraduate medical education to Saudi Arabian educators. Saudi Arabia is looking to implement (with modifications that reflect local needs and realities) enhanced standards in medical education and residency training that draw upon Canadian standards, experience and advice.
- China - RCCI is exchanging knowledge with a number of Chinese organizations involved in medical education and postgraduate medical training. They are exploring how RCCI might offer Canadian expertise and standards in postgraduate medical education.

RCCI runs conferences, short courses and workshops for international medical faculty on all aspects of the CanMEDS competencies and standards. This includes physician evaluation and assessment, curriculum development, examiner and surveyor training, accreditation standards for residency programs and the training of clinician educators.

RCCI also provides conferences, short courses and workshops for practitioners that include online bio-ethics modules for physicians and simulation workshops that equip physicians and health care teams with training in difficult critical care situations. RCCI can deliver workshops using high-fidelity simulation platform or "virtual patient" technology- either onsite or remotely.

RCCI uses Canadian standards to perform operational reviews of international specialty residency programs, providing its partners with an assessment of their strengths and opportunities for improvement. In addition, RCCI offers consulting services covering postgraduate medical education standards, systems and tools as well as continuing professional development standards and

programming. RCCI also provides advice on issues involving human resources and health system reform.

Based upon the information available, it appears RCCI may move into the accreditation of postgraduate training residency programs in other countries. The initial programs likely will be in the UK and Australia since the postgraduate training programs in those countries are similar to Canada's. To date, RCCI has not accredited any international postgraduate training programs.

RCCI has already taken the first step of consulting and setting up new international postgraduate training programs to be equivalent to RCPSC accredited postgraduate training programs. It is safe to assume that RCCI accreditation to these new postgraduate training programs will be following in the near future.

These two new programs were presented to the Licensing Committee at its meeting on January 31, 2013. The Board will continue to review and assess these new programs to determine how to address them when considering postgraduate training for purposes of California licensure.

Allopathic and Osteopathic Postgraduate Training Programs (New)
Currently the Board recognizes Accreditation Council Graduate for Medical Education (ACGME) accredited postgraduate training for the purposes of allopathic medical school students' clinical clerkship training and for the required postgraduate training for licensure as a physician and surgeon. ACGME accredited postgraduate training programs are at institutions that are accredited by the Joint Commission. Recently ACGME has accredited postgraduate training programs in hospitals that are accredited by the American Osteopathic Association-Healthcare Facilities Accreditation Program (AOA-HFAP). B&P Code section 2089.5 specifically references the "Joint Commission on Accreditation of Hospitals" as the hospital accreditation agency for ACGME postgraduate training programs.

American Osteopathic Association (AOA) accredits postgraduate training for licensure purposes for osteopathic medical school graduates. AOA accredited postgraduate training programs are usually obtained in hospitals that are accredited by the AOA-HFAP.

ACGME and AOA have reached an agreement for ACGME to approve all postgraduate training programs for both Allopathic medical schools (M.D. degrees awarded) and Osteopathic medical school (D.O. degrees awarded) graduates. This change will require an amendment to B&P Code section 2089.5 to include the AOA-HFAP as an approved accreditation agency for hospitals offering ACGME accredited postgraduate training programs.

The need to amend B&P Code section 2089.5 was presented to and approved by the Licensing Committee and the Full Board at the Board's January 31, 2013meeting.

Midwifery Program (New)
In addition to the new issues listed in Appendix 1 – Midwifery Program of the Sunset Review Report, the Midwifery Advisory Committee (MAC) identified two additional issues at its December 6, 2012 meeting. The MAC determined that Business and Professions Code (B&P) section 2514 does not include certified nurse midwives (CNM) as being able to supervise midwifery students. The MAC supported amending B&P section 2514 to include CNMs, who are licensed by the Board of

Registered Nursing (BRN), as individuals who can supervise midwifery students. The Board will need to seek the BRN's input on this issue too.

Currently both physicians and CNMs are identified as being able to sign off on clinical experience for license midwife students pursuant to B&P section 2513, but supervision of training is not specifically identified in law.

Another issue discussed at the MAC's December 6, 2012 meeting was a proposal to change the current retrospective method of collecting data for the required annual reporting of licensed midwife statistics. These statistics are currently being reported to the Office of Statewide Health Planning and Development (OSHPD). The reporting system that the MAC evaluated is from Midwives Alliance of North America (MANA). MANA is a private organization and the MANA data reporting system is a prospective data collection system. The Board will continue to look at the feasibility and desirability of this change and determine if it should move forward to request a statutory change to Business and Professions Code Section 2516 in order to change the methodology used for collection of data and the mechanism for reporting this to the Legislature.

Section 3

Enforcement Program

- Expert Reviewer Training
- Consumer Protection Enforcement Initiative Positions
- Cease Practice for Failure to Comply with an Order to Compel a Physical/Mental Examination
- Board Review of Public Disclosure
- Board Review of Actions after Effective Date
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- Correction to Enforcement Data

Enforcement Program

Expert Reviewer Training

In Section 5 – Enforcement Program, of the initial Sunset Review Report the Board's enhancements to its Expert Reviewer Training program was discussed. Under the sub-section, "Performance Targets/Expectations" the Board reported 100 expert reviewers attended its first scheduled training using the new interactive components of the training.

Since the initial report was submitted, the Board has conducted a second training session, held in Irvine. This session was held on February 9, 2013 and was attended by 102 expert reviewers. The participants also received continuing medical education credits.

Consumer Protection Enforcement Initiative Positions

In July 2009 there were several negative articles written regarding the length of time it was taking the Board of Registered Nursing to discipline a registered nurse who was in violation of the law. The articles also looked at the length of time it was taking other healing arts boards under the Department of Consumer Affairs (DCA) to complete investigations. It was determined by DCA that the enforcement processes of these boards was lengthy and needed to be improved to provide better consumer protection. In response to these articles, the DCA developed the CPEI. This initiative's main goal was to reduce the enforcement completion timelines by addressing three specific areas. These areas included administrative improvements, staffing and information technology resources, and legislative changes. For the staffing resources, the DCA developed a Budget Change Proposal (BCP) requesting resources for all healing arts boards. This BCP went through the budget process and was approved in 2010. Due to this BCP, the Medical Board of California (Board) received 22.5 positions effective fiscal year (FY) 2010/2011.

The Board began to fill these positions by hiring an additional manager and one Staff Services Analyst in the Central Complaint Unit. The manager would provide the review of the complaints, and the analyst's duties included seeking experts to perform the upfront review, preparing the complaint for mailing to the expert, and conducting the follow-up to ensure timely response by the expert. The Board management knew that the timeframe for the upfront expert review was increasing and these two resources would assist in this area. This left the Board with 20.5 CPEI positions.

Because the Board conducted investigations for the Osteopathic Medical Board of California (OMBC) and the Board of Psychology (BOP), 2.5 of the CPEI positions authorized for the Board were to assist in those boards' investigations. However, these boards determined that they would rather have the positions under their specific authority. Therefore, in FY 2011/2012, those 2.5 positions were taken from the Board and provided to the OMBC and the BOP. This left the Board with 18 CPEI positions.

During FY 2010/2011, the Board was required to decrease its positions due to a requested workforce cap drill. The Board had not moved to fill any of its positions due to the uncertainty of the number of positions it would lose. The final direction on how many positions the Board would lose due to the workforce cap (2.5 positions) was not provided to the Board until June 2011. With the loss of these 2.5 positions, the Board had 15.5 remaining CPEI positions.

Although the Board began to identify where to establish these 15.5 positions and into which classification, the Board was also under a hiring freeze, which required the Board to request hiring freeze exemptions for any position the Board wanted to fill. The Board had several investigator and

medical consultant positions that required exemptions, as well as several licensing positions that were vacant, and determined that those exemptions were higher priority than the establishment of new positions.

The hiring freeze was lifted in November of 2011 and the Board again began discussion to fill these positions. However, in early 2012, the Board was notified that it would be required to eliminate 18.1 positions due to the 5% salary savings reduction. Rather than eliminate existing staff, the Board used the 15.5 CPEI positions (and 2.6 vacant positions) to meet the reduction.

The Board was notified in September 2012 that it could reestablish these positions in the temporary help blanket as long as the Board always maintains a 5% vacancy rate to meet the required salary reduction level. The Board has determined that it will request the re-establishment of 14.5 positions in the following areas in order to improve the enforcement timeframes as originally planned in the CPEI.

- Six (6) positions will be used to establish a Northern Operation Safe Medicine Unit (OSM), identical to the OSM in the South. The Northern OSM will consist of 1 Supervising Investigator, 4 Investigators, and 1 Office Technician. The establishment of this office will take the unlicensed activity cases from the workload of the investigators in the northern district offices. This will reduce the investigators caseloads in the field offices and will assist in decreasing the investigation time for physicians who violate the law. This basically adds four (4) investigators for general workload.
- Two (2) positions will be used to provide the Tustin and Rancho Cucamonga district offices with the full complement of investigators. All other district offices have six investigators. Due to budget reductions several years ago, these two offices were reduced to five investigators. This increase in investigators will assist in the reduction of the number of cases assigned to each investigator thus reducing the investigation timeframe.
- Two (2) positions will be added to the Board's Expert Reviewer Program. These analyst positions will assist in the recruitment and training of the Board's expert reviewers. The Board needs additional experts and has determined that training experts not only improves the time to provide an opinion, but also improves the quality of the opinion.
- Three (3) positions will be added to the Central Complaint Unit (CCU) and the Discipline Coordination Unit (DCU) to assist in the ever increasing workload in these areas. One analyst will be assigned to the Quality of Care section and will assist with the processing of those complaints, reducing the analysts workload in this section. One analyst will be assigned to the DCU and will process the administrative cases in an effort to reduce the time it takes to prepare the disciplinary documents. Lastly, one position will be used to establish a clerical position to assist with these duties in both the CCU and the DCU. All three of the positions will assist in improving the enforcement timeframes.
- One and a half (1.5) positions will be used to conduct malpractice investigations. It is believed that this workload could be processed beginning with a desk investigation thereby reducing the number of cases referred to the field investigative staff. This will reduce the investigators workload and reduce the time it takes to investigate a complaint.

Board staff is working on preparing the paperwork for the establishment of these positions, which also requires the review and approval by DCA. All of these positions will help the Board in reducing the enforcement timeframe and meeting the original goal of the CPEI. Thus far the following positions have been sent to DCA for approval: the Northern OSM positions; the additional two investigator positions; and the three CCU/DCU positions.

Cease Practice for Failure to Comply with an Order to Compel a Physical/Mental Examination (New)

Business and Profession Code sections 820-822 provides in pertinent part: "Whenever it appears that any person holding a license, certificate or permit under this division…may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency."

The order for the examination is part of the investigative phase and allows the agency to make a substantive determination, following examination of the licentiate, that the licentiate's ability to practice his or her profession actually has or has not become impaired because of mental or physical illness.

Failure of the licentiate to comply with an order issued under section 820 constitutes grounds for the suspension or revocation of the licentiate's certificate or license (section 821). However, failure to comply with an order or delayed compliance poses risks for consumers in that a licentiate who may be mentally or physically ill continues to practice until the examination results allow the agency to move forward with suspension or revocation proceedings. Therefore, public protection will be better served if the agency has the authority to issue a cease practice order in cases where the licentiate delays or fails to comply with an order issued under Section 820 within the specified time frame as set forth in the order. To ensure fairness, a provision should be included to allow the Executive Director to authorize additional time, due to certain circumstances, but not to exceed 30 additional days.

Board Review of Public Disclosure (New)

B&P Code sections 803.1 and 2027 identify information that is available to the public on the Board's Web site and identify the length of time the information will be available on the Web site. Section 2027 specifically states the Board shall post disciplinary actions for ten years.

The Board has determined there may be instances where it is later notified of subsequent court action that may provide additional information as to the events surrounding the disciplinary action. The Board would like the ability to review the matter and if appropriate remove the action from the Web site prior to the ten years. The Board will continue to look at this matter.

Board Review of Actions after Effective Date (New)

Pursuant to the Administrative Procedure Act, once the Board has taken disciplinary action against a physician and the effective date of the decision has passed, the Board loses jurisdiction in the matter. Although the individual can pursue a writ through the Superior Court, the Board itself cannot take further action.

The Board believes that if another court were to provide findings related to unprofessional conduct that are substantially different than the findings in the administrative case, those findings could be brought back to the Board and the matter be reopened for further consideration by the Board. If the Board were to determine new facts have been identified, the Board could rehear the case and determine the appropriate disciplinary action, provided that there is no detriment to consumer protection.

Vertical Enforcement/Prosecution Report

Recommendations to Vertical Enforcement/Prosecution (VE/P)
The Board believes that the benefits of VE/P are significant and does not believe that any legislative amendments need to be made to the Government Code sections of the VE/P statutes. The Board recognizes there have been challenges in the implementation of VE/P but those challenges can be overcome through continued collaboration between the Board and HQES, and revisions to the procedural manuals used by both staffs.

The Board and the HQES will work together to establish best practices and identify other areas where improvements can be made. As issues arise, the Board will meet with the HQES to resolve any issues and will formalize the resolution in the VE/P Manual. In addition to the quarterly supervisor meetings, quarterly meetings with Board and HQES management and a Subcommittee of the Board will be established in order to determine what progress has been made and what amendments or enhancements need to be made to the VE/P model and Manual.

In order to reduce the DAG's workload so they may reallocate resources to high priority items, criminal conviction cases that do not involve quality of care will not require DAG involvement until the matter is ready for the filing of an Accusation. This will enable the DAGs to focus on high priority matters, such as interim suspension orders, enforcement subpoenas, preparing the expert reviewers for hearing, etc.

Interim suspension orders are essential to consumer protection. These orders remove a physician who has a potential to endanger the public from practicing medicine. With the DAG being involved earlier in the case, this allows them to know the case and be able to prepare the necessary documents to petition the court for the suspension. This results in obtaining the suspension order in a more expeditious manner. Continue focus on these cases will result in better consumer protection.

Subpoena enforcement actions for obtaining medical records and a physician interview are critical as the Board is unable to determine whether the physician's actions are egregious until the medical records have been obtained and reviewed and the physician interviewed. The Board adopted a "zero tolerance" policy in 2009 for delays in medical record acquisition and the physician interview. In addition, it sponsored legislation to require a physician's attendance at an interview. The DAG's attention to the process of subpoena enforcement is essential and eliminating the DAGs time on criminal conviction cases will assist in a reduction in the time to process these subpoenas.

The Board through its Expert Reviewer Training Program has determined that the experts need more communication and preparation with the DAGs. It is recommended that the DAG have the expert review the Accusation prior to filing and meet with the expert prior to the hearing. This will prepare the expert for the hearing and ensure the expert understands the hearing process.

The Board realizes the importance of the VE/P model and will continue to strive towards its improvement with the overall goal of meeting the Board's mandate of consumer protection.

VE/P History
In Section 1 – Background and Description of the Board and Regulated Profession, and Section 5 – Enforcement Program, of the Sunset Review Report, the Vertical Enforcement/Prosecution Model (VE/P) and its origination were briefly discussed. The Report stated that additional information, including a review of pertinent data, would be provided in this Supplemental Report. Pursuant to

Government Code section 12529.7 the Board must provide a report to the Legislature regarding the VE/P model. The Board provided a report to the Legislature in March 2012, however, the report did not contain a detailed report with statistical data regarding the program. The Board includes this report including an analysis of the data and recommendations in this supplemental report.

The Board's mission, in part, is to protect consumers through the vigorous, objective enforcement of the Medical Practice Act. The Board has faced criticism because of the time it takes from receipt of a complaint to the conclusion of prosecution. In an attempt to address this concern, legislation was enacted via Senate Bill (SB) 1950 (Figueroa), Chapter 1085, Statutes of 2002, which mandated the appointment of an Enforcement Program Monitor (hereinafter "Monitor") to "monitor and evaluate the disciplinary system and procedures" of the Board for a period of two years. In both the initial and final reports of the *Medical Board of California Enforcement Program Monitor*, the Monitor recommended the vertical prosecution model whereby "the trial attorney and the investigator are assigned as the team to handle a complex case as soon as it is opened as a formal investigation." The Monitor opined that the vertical prosecution model would improve efficiency and reduce case cycle time, and, thereby, ensure the quality and safety of medical care to the people of California. Consequently, SB 231, Chapter 674, Statutes of 2005, was enacted into law, codifying the use of the vertical prosecution model, effective January 1, 2006.

Under SB 231, the Board and the Department of Justice (DOJ) Health Quality Enforcement Section (HQES) were required to implement a vertical prosecution model to conduct its investigations and prosecutions. Under the legislation, each complaint referred to a Board district office for investigation is simultaneously and jointly assigned to a Board investigator and a HQES deputy. The legislative goal of VE/P was to bring Board investigators and HQES Deputies Attorney General (DAG) together from the beginning of an investigation with the goal of increasing public protection by improving coordination and teamwork, increasing efficiency, and reducing investigation and prosecution delays. Additionally, the Board hoped the relationship between Board investigators and HQES would enhance the Board's ability to recruit and retain experienced investigators, particularly if Board investigators were compensated commensurate to DOJ Agents for the complexity of the investigations they undertake.

The Board and HQES agreed that VE/P included three basic elements. First, each complaint of alleged misconduct by a physician referred to a Board office for investigation would be simultaneously and jointly assigned to a Board investigator and a HQES DAG. Second, that joint assignment would exist for the duration of the case. Third, under the direction of a DAG, the assigned Board investigator would be responsible for obtaining the evidence required to permit the DAG to advise the Board on legal matters such as whether a formal accusation should be filed, whether the case should be closed, or whether other action should be taken.

As mandated, the Board and the HQES implemented the vertical prosecution model on January 1, 2006. Since not all of the Board's cases lead to prosecution (approximately 60% of the cases result in closure with no need for prosecution), the name of the new model was changed from the Vertical Prosecution Model to the Vertical Enforcement/Prosecution model, (although statute still refers to a vertical prosecution model). Due to staffing limitations, the VE/P model was also changed from pairing a DAG with a Board investigator from the outset of an investigation until the matter was resolved to instead assigning a "lead" DAG to a district office to provide legal support and direction to investigators until a "primary" DAG was assigned. Sexual misconduct cases, or cases where there is a potential imminent threat to the consumer, were immediately assigned to a "primary" DAG.

Initial statistical data from the implementation pilot (January 2006 – April 2007) identified trends which suggested that VE/P could more quickly identify cases for closure, expedite complaints of egregious behavior, and reduce the time to complete investigations. The pilot did not, however, provide sufficient time to address concerns regarding the time to complete a prosecution because some Board investigations take more than 18 months to complete. The available statistics at that time only covered a 16-month period. The analysis of the initial pilot showed promise in reducing the time frames to: obtain medical records, obtain a physician interview, obtain a medical expert opinion, close a case without prosecution, file an Interim Suspension Order and file an Accusation. Therefore, VE/P was continued.

In August 2010, a program evaluation summary report resulting from a study of VE/P was prepared by Benjamin Frank, LLC. Mr. Frank's conclusions were that the insertion of DAGs into the investigative process did not translate into more positive disciplinary outcomes or a decrease in investigation completion times. Mr. Frank recommended scaling back and optimizing DAG involvement in investigations. His report identified that the best practices and most fiscally sound use of DAG hours were found to occur in Northern California, where DAGs did not typically attend complainant/witness and subject interviews unless the case facts supported their attendance. Northern California disciplinary timelines statistics were superior to those of the Los Angeles area, where DAGs were significantly more involved in every aspect of the investigation. According to Mr. Frank's assessment, this translated into unnecessary costs. He also identified in his report significant Board investigator frustration. This was due to both how the VE/P was implemented in the legislation and how it impacted the initial investigation time. Mr. Frank, identified these two factors as contributors to staff attrition.

Sunset Review and VE/P Evaluation

On November 1, 2012, the Board submitted its *Sunset Review Report 2012* to the Senate Business, Professional and Economic Development (B&P) Committee. Section 5 provided a review and summary of the Board's "Enforcement Program." While VE/P was discussed narratively within Section 5, statistical data to depict the timelines of cases was not included. The Board explained it was conducting a thorough review of statistics related to VE/P, to be relayed to the B&P Committee in a Spring 2013 report. The report would include a review of factors to assess the efficacy of VE/P and any recommendations from the Board regarding its continuation.

The following chart reflects the investigation timeframe averages prior to and continuing into VE/P implementation (FY 04/05 through FY 11/12).

INVESTIGATION TIME FRAMES

	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases
Fiscal Year	**04/05**		**05/06**		**06/07**		**07/08**		**08/09**		**09/10**		**10/11**		**11/12**	
All Investigation Closures	**296**	***1,204***	**312**	***1,062***	**336**	***941***	**374**	***961***	**401**	***847***	**382**	***1,003***	**356**	***1,089***	**298**	***1,132***
Closed - No Further Action	269	*860*	290	*749*	324	*645*	354	*701*	384	*568*	355	*635*	330	*701*	272	***749***
Referred for Disciplinary Action	362	*344*	365	*313*	364	*296*	426	*260*	437	*279*	427	*368*	404	*388*	350	***383***

Discussion of Attached Statistical Charts

Attachment A provides the overall and subcategorized data. The statistical data is displayed to show each of the main case types investigated by the Board and to identify where VE/P has produced efficiencies. The case types examined were gross negligence/incompetence, inappropriate prescribing,

unlicensed activity, sexual misconduct, mental/physical illness, self-abuse of drugs/alcohol, fraud, conviction, unprofessional conduct, and internet prescribing. (The case types examined are basically the same in Attachments A-F.)

What Attachment A indicates, is that when VE/P was first implemented there were significant increases in the overall average and median days to process investigations. The averages are now back to and lower than the pre VE/P. The anticipation is that the overall averages would continue at the current level or decrease. The data clearly indicates that there must have been many factors that needed to be overcome in the integration of the VE/P into the investigative process.

Attachment B provides the overall and subcategorized data for investigation initiated to suspension issued, and investigation completed to suspension issued. What Attachment B indicates is that there has been a significant decrease in the time it takes to obtain a suspension in the all case types, and in most subcategories. Overall, investigation to suspension has decreased by almost 100 days.

Having the DAGs working on the physical or mental illness and sexual misconduct cases from inception ensures that they are familiar with the details of the case in order to draft the necessary documents in an expeditious manner.

Attachment C provides the overall and subcategorized data for investigation initiated to accusation filed and investigation completed to accusation filed. The data indicates that VE/P has made an improvement in the average time it takes to investigate all case types and file an accusation. The average time was 551 days in FY 04/05 and 519 day in FY 11/12, a decrease of 32 days.

Attachment D provides the overall and subcategorized data for investigation initiated to stipulated decision received and investigation completed to stipulated decision received. Because of the DAGs' involvement, in certain types of cases, the time from investigation to stipulation received went down. More focused DAG time on those cases where the time went up, such as sexual misconduct, mental/physical illness, and inappropriate prescribing might bring those averages down.

Attachment E provides the overall and subcategorized data for investigation initiated to submittal of the matter to an ALJ and investigation completed to submittal of the matter to an ALJ. What Attachment E indicates is that the overall time from the initiation of an investigation until the matter was submitted to an ALJ had a decrease of 77 days. The significance of this chart is that the time from investigation closed until the matter is heard by the ALJ has significantly decreased in almost every category. This is an indication that having the DAG involved in the case that goes to hearing and knowing the underlying circumstances has had a positive impact on getting the case heard.

Attachment F provides the overall and subcategorized data for investigation initiated to default decision received and investigation completed to default decision received. The cases that resulted in a default decision did not see any improvement.

Attachment G represents the cases declined by the Attorney General's office and those cases needing supplemental investigation after referral to the AG's office.

The chart below provides a synopsis of the charts discussed above and provided in the attachments. The chart below provides the timeframes for all case types. It also shows the average time in calendar days.

TIME TO FILE AN ACCUSATION	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	**164**	**166**	**171**	**173**	**154**	**206**	**198**	**232**
From Investigation Initiated to Accusation	551	564	533	566	608	575	580	519
From Investigation Completed to Accusation	149	169	166	146	132	124	126	121
TIME TO ISSUE A SUSPENSION	**04/05**	**05/06**	**06/07**	**07/08**	**08/09**	**09/10**	**10/11**	**11/12**
All Case Types - (Number of cases)	**30**	**28**	**26**	**20**	**25**	**18**	**27**	**31**
From Investigation Initiated to Suspension Issued	392	307	315	471	358	228	451	297
From Investigation Completed to Suspension Issued	168	120	93	215	105	66	191	109
TIME TO STIPULATED DECISION RECEIVED	**04/05**	**05/06**	**06/07**	**07/08**	**08/09**	**09/10**	**10/11**	**11/12**
All Case Types - (Number of cases)	**156**	**141**	**143**	**145**	**118**	**135**	**120**	**160**
From Investigation Initiated to Stipulation Received	922	1,039	923	940	818	916	912	914
From Investigation Completed to Stipulation Received	528	636	542	518	410	431	477	459
TIME TO MATTER SUBMITTED TO ALJ OR PROPOSED DECISION RECEIVED	**04/05**	**05/06**	**06/07**	**07/08**	**08/09**	**09/10**	**10/11**	**11/12**
All Case Types - (Number of cases)	**42**	**30**	**37**	**39**	**33**	**27**	**37**	**38**
From Investigation Initiated to Proposed Decision	1,115	1,161	926	1,161	1,102	850	973	1,038
From Investigation Completed to Proposed Decision	713	747	604	751	700	437	513	565
TIME TO DEFAULT DECISION RECEIVED	**04/05**	**05/06**	**06/07**	**07/08**	**08/09**	**09/10**	**10/11**	**11/12**
All Case Types - (Number of cases)	**12**	**7**	**11**	**8**	**12**	**7**	**11**	**8**
From Investigation Initiated to Default Decision Received	477	554	673	591	732	771	690	678
From Investigation Completed to Default Decision Received	190	211	411	304	441	374	322	282

With the decrease in investigative time in the last two years, decreases should be reflected in the overall disciplinary timeframes in FY 13/14 and ongoing.

Correction to Enforcement Data

Upon further review of Table 10 data, the Board discovered that some information was reported erroneously. For the Attorney General Cases (Average %), the FY 2008/09 statistics have been adjusted. This resulted in the 'Cases Closed' and the 'Average %' requiring adjustments as well. The corrected Table 10 is presented below.

Table 10. Enforcement Aging

	FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year	47	60	58	60	225	22%
2 Years	56	62	60	59	237	23%
3 Years	65	52	48	76	241	24%
4 Years	37	50	42	72	201	20%
Over 4 Years	27	29	24	31	111	11%
Total Cases Closed	232	253	232	298	1,015	100%
Investigations (Average %)						
Closed Within:						
90 Days	3,456	3,447	3,987	3,621	14,511	53%
180 Days	1,759	1,789	1,715	1,905	7,168	26%
1 Year	620	640	632	996	2,888	11%
2 Years	408	510	584	595	2,097	8%
3 Years	153	154	163	89	559	2%
Over 3 Years	3	4	0	0	7	0%
Total Cases Closed	6,399	6,544	7,081	7,206	27,230	100%

The original report makes several references to 112 'Cases Referred for Criminal Action' in FY 2011/2012. This amount includes physicians and surgeons and other allied health professions combined. There were 89 cases referred for criminal action for physicians and surgeons.

Investigation Initiated to Investigation Closure Timeframes - Average Calendar Days

The chart below illustrates the average calendar days for all case types and then a breakdown by each individual type. This chart captures the average calendar days from the time the district office initiated the investigation to the time the investigation was closed for all closures. Further, it breaks down the closure timeframes between those cases closed with no further action and those referred for disciplinary action.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, and petitions for reinstatement. It also excludes all cases that were referred solely to the District/City Attorney for criminal action as they are not in VE/P.

Fiscal Years	04/05		05/06		06/07		07/08		08/09		09/10		10/11		11/12	
	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases	Avg. Days	# Cases
All Case Types																
All Investigation Closures	**296**	**1,204**	**312**	**1,062**	**336**	**941**	**374**	**961**	**401**	**847**	**382**	**1,003**	**356**	**1,089**	**298**	**1,132**
Closed - No Further Action	269	860	290	749	324	645	354	701	384	568	355	635	330	701	272	**749**
Referred for Disciplinary Action	362	344	365	313	364	296	426	260	437	279	427	368	404	388	350	**383**
Gross Negligence/Incompetence																
All Investigation Closures	**329**	**756**	**343**	**650**	**380**	**516**	**395**	**546**	**451**	**454**	**427**	**538**	**396**	**632**	**342**	**515**
Closed - No Further Action	295	545	316	464	358	341	363	410	403	328	388	379	357	430	321	366
Referred for Disciplinary Action	416	211	412	186	422	175	490	136	577	126	519	159	478	202	395	149
Inappropriate Prescribing																
All Investigation Closures	**367**	**76**	**373**	**59**	**382**	**51**	**490**	**41**	**439**	**49**	**497**	**67**	**427**	**69**	**422**	**90**
Closed - No Further Action	335	51	335	43	364	35	438	19	420	26	375	36	357	32	308	41
Referred for Disciplinary Action	431	25	477	16	422	16	534	22	462	23	638	31	488	37	518	49
Unlicensed Activity																
All Investigation Closures	**197**	**74**	**258**	**54**	**326**	**66**	**324**	**68**	**414**	**54**	**376**	**41**	**274**	**37**	**220**	**58**
Closed - No Further Action	186	66	231	47	323	62	312	63	430	49	359	36	258	33	213	51
Referred for Disciplinary Action	280	8	437	7	367	4	480	5	258	5	495	5	409	4	276	7
Sexual Misconduct																
All Investigation Closures	**266**	**58**	**245**	**84**	**282**	**68**	**333**	**53**	**420**	**54**	**400**	**55**	**317**	**65**	**273**	**75**
Closed - No Further Action	283	30	227	51	300	49	316	41	364	33	318	32	300	45	244	49
Referred for Disciplinary Action	247	28	274	33	235	19	393	12	508	21	515	23	355	20	329	26
Mental/Physical Illness																
All Investigation Closures	**221**	**37**	**188**	**23**	**288**	**42**	**357**	**29**	**221**	**27**	**353**	**31**	**340**	**34**	**187**	**41**
Closed - No Further Action	220	24	176	14	296	26	335	16	227	20	270	18	370	20	151	23
Referred for Disciplinary Action	223	13	208	9	275	16	384	13	202	7	468	13	296	14	233	18
Self-abuse of Drugs/Alcohol																
All Investigation Closures	**177**	**52**	**250**	**48**	**221**	**47**	**323**	**58**	**229**	**42**	**323**	**36**	**241**	**41**	**276**	**64**
Closed - No Further Action	164	34	256	26	213	24	369	30	256	15	330	23	216	21	263	33
Referred for Disciplinary Action	202	18	243	22	229	23	274	28	214	27	312	13	267	20	290	31
Fraud																
All Investigation Closures	**244**	**30**	**290**	**30**	**288**	**41**	**373**	**50**	**426**	**32**	**412**	**18**	**361**	**23**	**425**	**24**
Closed - No Further Action	248	22	298	19	251	25	403	32	432	22	263	8	397	15	390	13
Referred for Disciplinary Action	235	8	275	11	346	16	318	18	412	10	530	10	294	8	467	11
Conviction of Crime																
All Investigation Closures	**173**	**51**	**191**	**47**	**217**	**43**	**235**	**34**	**250**	**58**	**194**	**125**	**239**	**101**	**161**	**157**
Closed - No Further Action	158	35	200	27	229	28	270	23	277	29	175	54	205	56	142	108
Referred for Disciplinary Action	206	16	180	20	196	15	162	11	224	29	208	71	281	45	205	49
Unprofessional Conduct																
All Investigation Closures	**242**	**61**	**260**	**62**	**256**	**56**	**350**	**76**	**321**	**69**	**310**	**87**	**273**	**85**	**262**	**104**
Closed - No Further Action	217	45	234	54	256	45	356	62	366	41	357	48	305	47	279	63
Referred for Disciplinary Action	311	16	434	8	254	11	321	14	255	28	251	39	234	38	237	41
Internet Prescribing																
All Investigation Closures	**127**	**8**	**220**	**4**	**245**	**8**	**253**	**5**	**307**	**7**	**425**	**2**	**115**	**2**	**554**	**3**
Closed - No Further Action	140	7	220	4	245	8	155	4	146	4	681	1	115	2	494	1
Referred for Disciplinary Action	38	1	0	0	0	0	645	1	523	3	169	1	0	0	584	2

Investigation Initiated to Investigation Closure Timeframes - Median Calendar Days

The chart below illustrates the median calendar days for all case types and then a breakdown by each individual type. This chart captures the median calendar days from the time the district office initiated the investigation to the time the investigation was closed for all closures. Further, it breaks down the closure timeframes between those cases closed with no further action and those referred for disciplinary action.

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Fiscal Years	04/05		05/06		06/07		07/08		08/09		09/10		10/11		11/12	
	Med. Days	# Cases	Med. Days	# Cases	Med. Days	# Cases	Med. Days	# Cases	Med. Days	# Cases	Med. Days	# Cases	Med. Days	# Cases	Med. Days	# Cases
All Case Types																
All Investigation Closures	**271**	**1,204**	**290**	**1,062**	**301**	**941**	**339**	**961**	**353**	**847**	**360**	**1,003**	**327**	**1,089**	**263**	**1,132**
Closed - No Further Action	243	860	271	749	301	645	318	701	335	568	324	635	298	701	236	**749**
Referred for Disciplinary Action	347	344	351	313	346	296	408	260	406	279	412	368	403	388	331	**383**
Gross Negligence/Incompetence																
All Investigation Closures	**303**	**756**	**326**	**650**	**354**	**516**	**364**	**546**	**423**	**454**	**405**	**538**	**369**	**632**	**315**	**515**
Closed - No Further Action	274	545	299	464	337	341	329	410	365	328	376	379	325	430	289	366
Referred for Disciplinary Action	395	211	385	186	382	175	476	136	545	126	504	159	472	202	387	149
Inappropriate Prescribing																
All Investigation Closures	**308**	**76**	**299**	**59**	**308**	**51**	**457**	**41**	**441**	**49**	**499**	**67**	**422**	**69**	**426**	**90**
Closed - No Further Action	274	51	282	43	316	35	412	19	316	26	378	36	351	32	289	41
Referred for Disciplinary Action	401	25	413	16	292	16	491	22	533	23	610	31	463	37	486	49
Unlicensed Activity																
All Investigation Closures	**149**	**74**	**221**	**54**	**301**	**66**	**276**	**68**	**325**	**54**	**408**	**41**	**222**	**37**	**203**	**58**
Closed - No Further Action	142	66	213	47	303	62	265	63	325	49	408	36	208	33	203	51
Referred for Disciplinary Action	284	8	450	7	407	4	365	5	167	5	591	5	473	4	138	7
Sexual Misconduct																
All Investigation Closures	**247**	**58**	**233**	**84**	**231**	**68**	**240**	**53**	**319**	**54**	**358**	**55**	**303**	**65**	**246**	**75**
Closed - No Further Action	265	30	228	51	268	49	214	41	284	33	277	32	277	45	194	49
Referred for Disciplinary Action	236	28	251	33	208	19	329	12	421	21	513	23	393	20	325	26
Mental/Physical Illness																
All Investigation Closures	**183**	**37**	**166**	**23**	**225**	**42**	**350**	**29**	**187**	**27**	**330**	**31**	**319**	**34**	**103**	**41**
Closed - No Further Action	199	24	120	14	236	26	333	16	184	20	226	18	335	20	93	23
Referred for Disciplinary Action	174	13	218	9	251	16	359	13	220	7	363	13	305	14	228	18
Self-abuse of Drugs/Alcohol																
All Investigation Closures	**131**	**52**	**224**	**48**	**183**	**47**	**211**	**58**	**171**	**42**	**248**	**36**	**183**	**41**	**199**	**64**
Closed - No Further Action	123	34	209	26	169	24	211	30	174	15	259	23	187	21	219	33
Referred for Disciplinary Action	149	18	252	22	197	23	193	28	144	27	128	13	169	20	170	31
Fraud																
All Investigation Closures	**177**	**30**	**223**	**30**	**285**	**41**	**372**	**50**	**334**	**32**	**365**	**18**	**363**	**23**	**390**	**24**
Closed - No Further Action	177	22	213	19	274	25	395	32	328	22	197	8	363	15	328	13
Referred for Disciplinary Action	210	8	257	11	332	16	254	18	447	10	424	10	295	8	434	11
Conviction of Crime																
All Investigation Closures	**156**	**51**	**142**	**47**	**157**	**43**	**198**	**34**	**240**	**58**	**141**	**125**	**185**	**101**	**111**	**157**
Closed - No Further Action	153	35	142	27	181	28	274	23	234	29	125	54	174	56	100	108
Referred for Disciplinary Action	179	16	139	20	150	15	166	11	240	29	148	71	203	45	170	49
Unprofessional Conduct																
All Investigation Closures	**183**	**61**	**232**	**62**	**165**	**56**	**321**	**76**	**279**	**69**	**227**	**87**	**176**	**85**	**243**	**104**
Closed - No Further Action	176	45	213	54	215	45	329	62	322	41	315	48	218	47	269	63
Referred for Disciplinary Action	300	16	424	8	97	11	277	14	108	28	59	39	17	38	206	41
Internet Prescribing																
All Investigation Closures	**144**	**8**	**231**	**4**	**204**	**8**	**134**	**5**	**196**	**7**	**425**	**2**	**115**	**2**	**533**	**3**
Closed - No Further Action	148	7	231	4	204	8	134	4	120	4	681	1	115	2	494	1
Referred for Disciplinary Action	38	1	0	0	0	0	645	1	520	3	169	1	0	0	584	2

Investigation Initiated to Investigation Closure Timeframes - Average/Median Calendar Days
The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show three different measurements. One line shows the average/median calendar days from the time the district office initiated the investigation to the time the investigation was closed for all closures. The two other lines breakdown the closure timeframes between those cases closed with no further action and those referred for disciplinary action.

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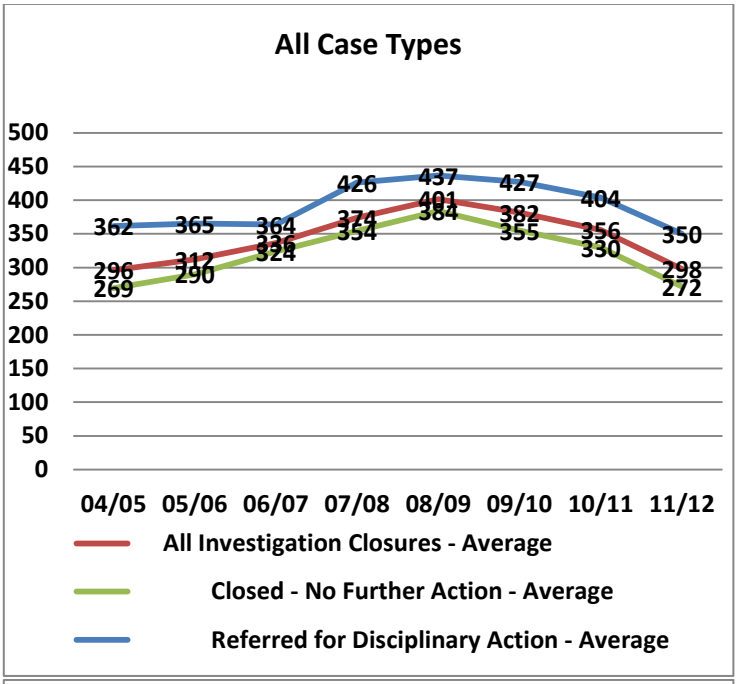

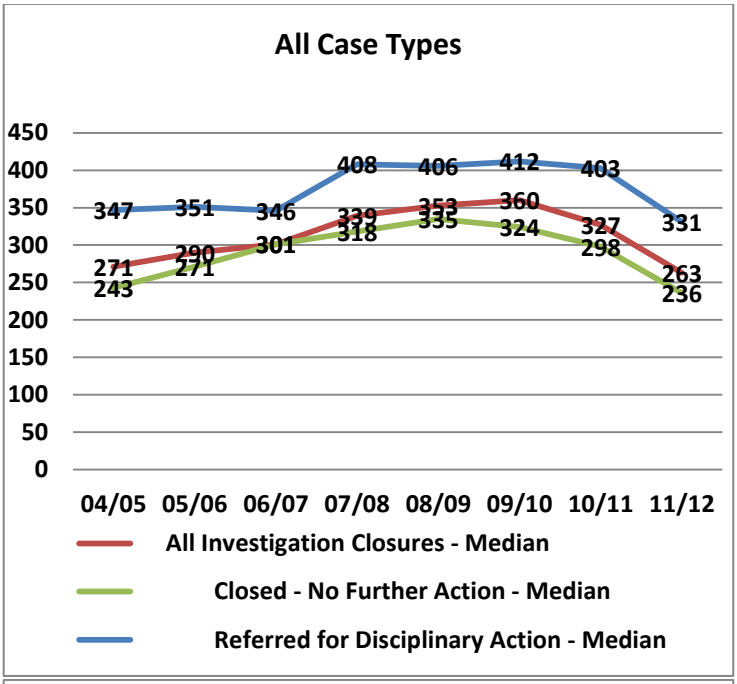

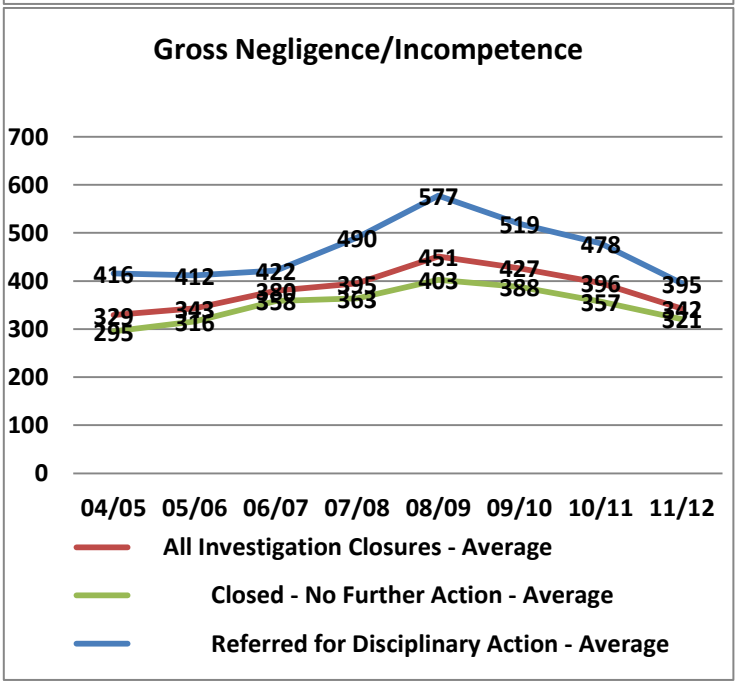

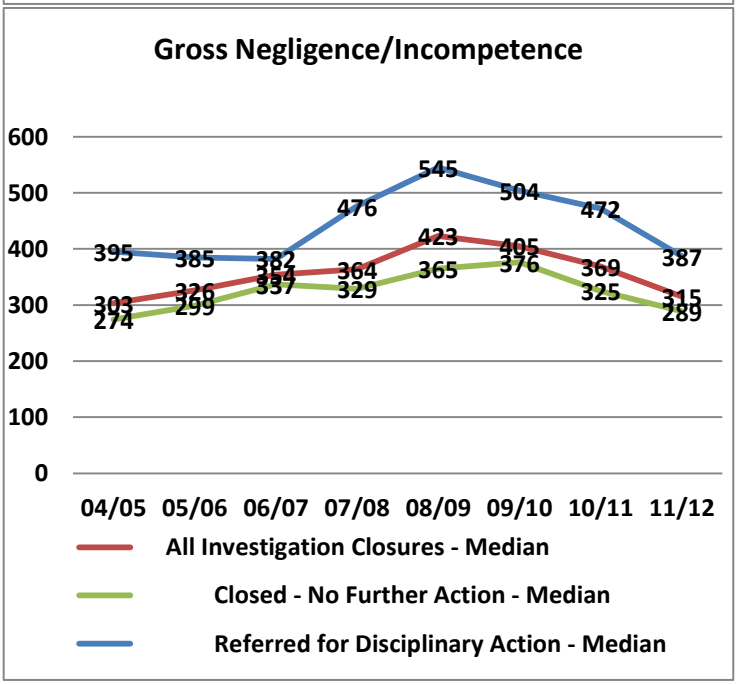

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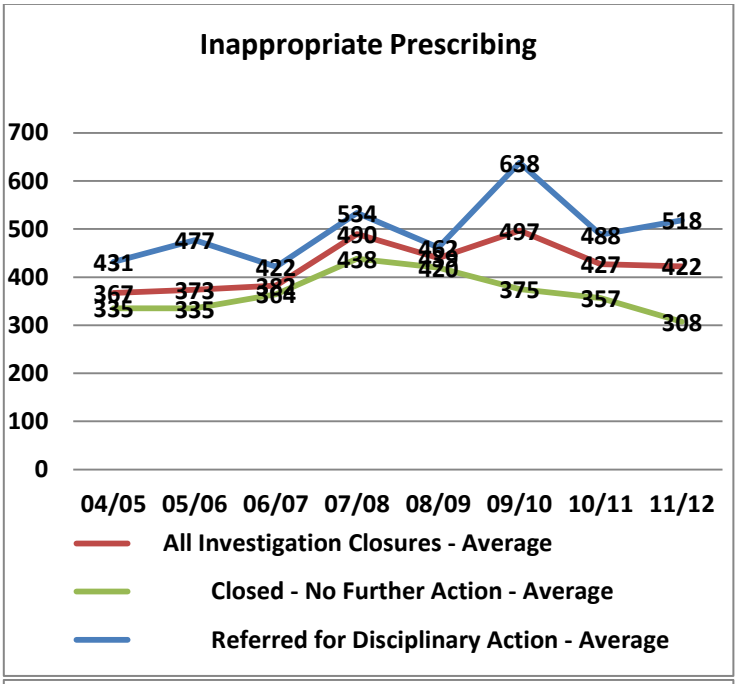

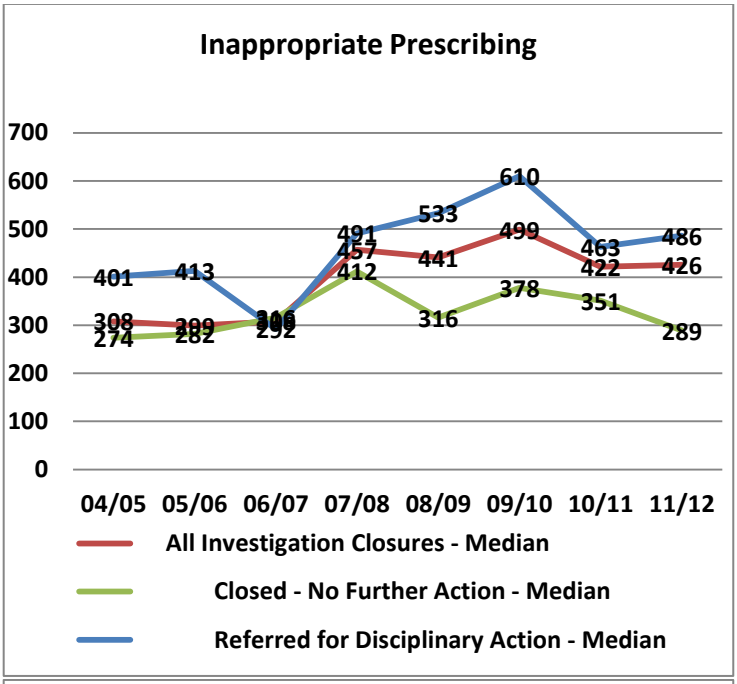

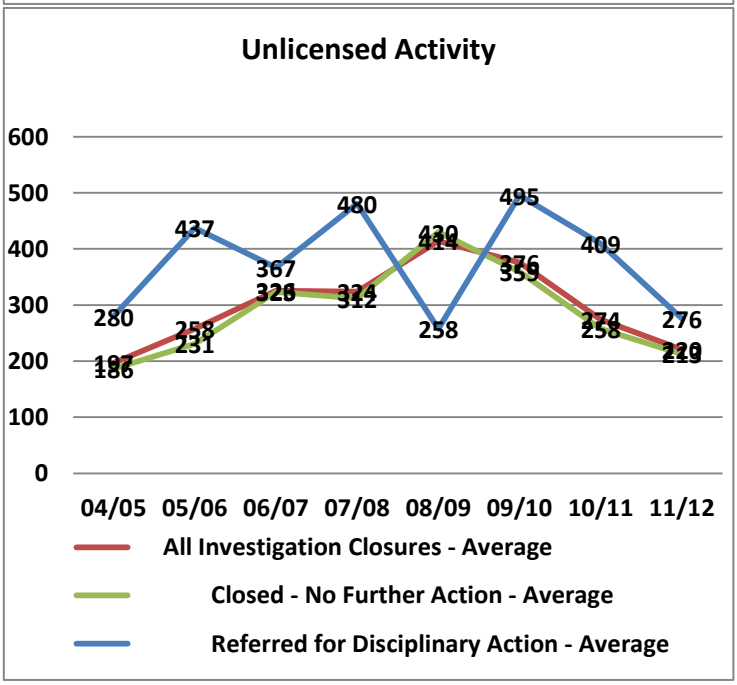

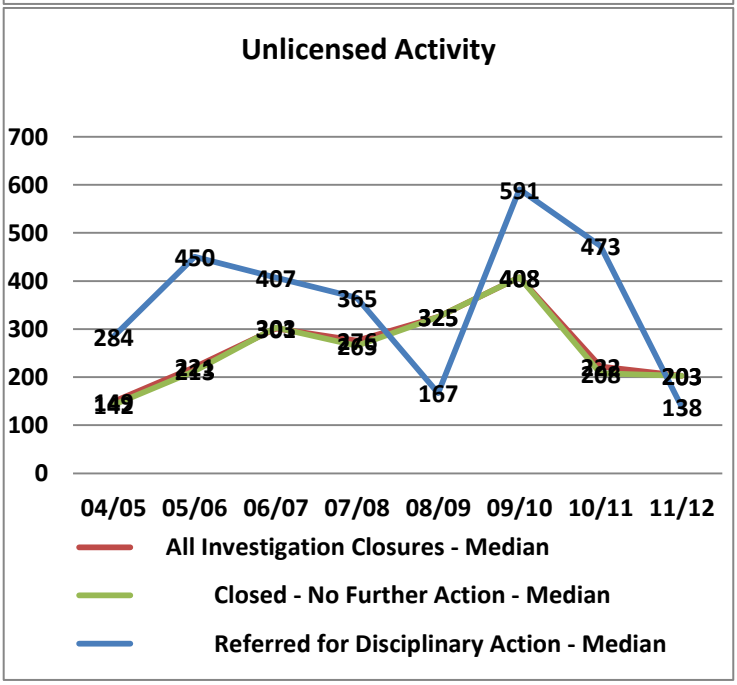

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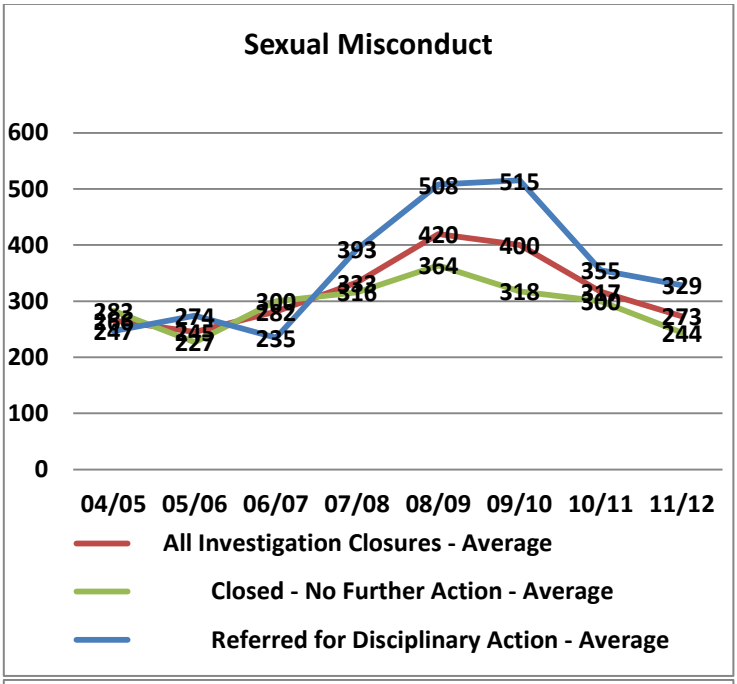

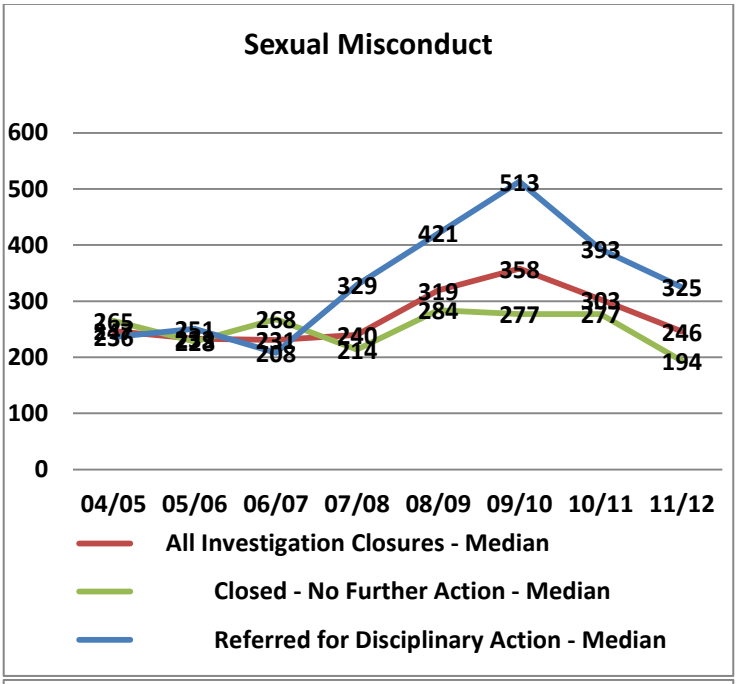

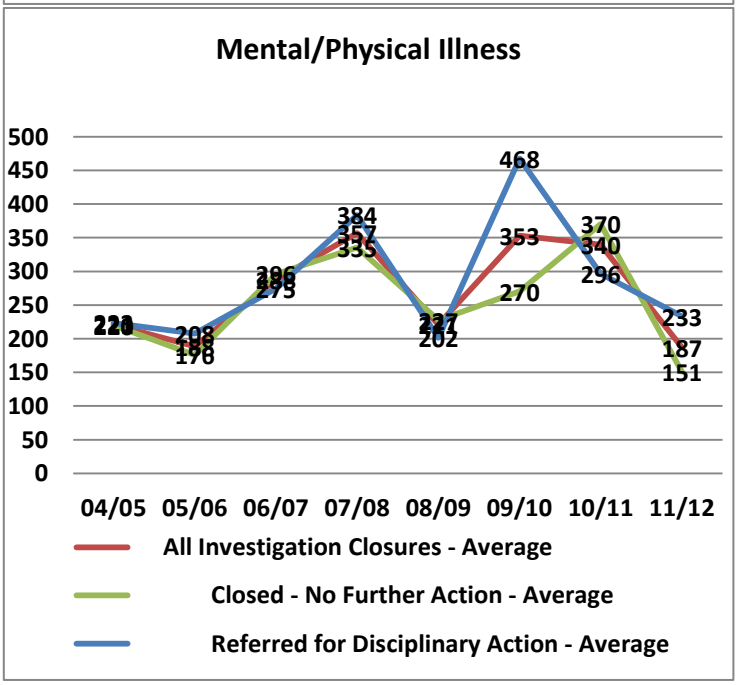

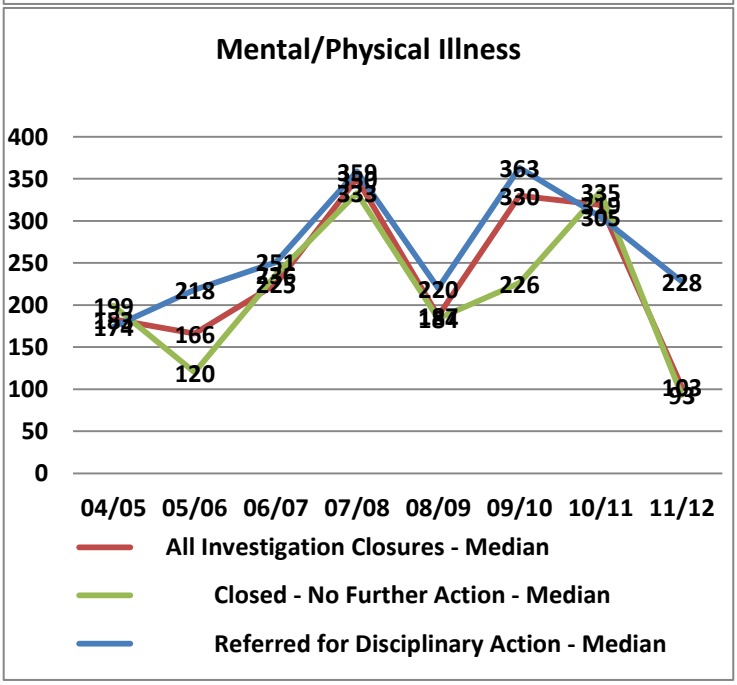

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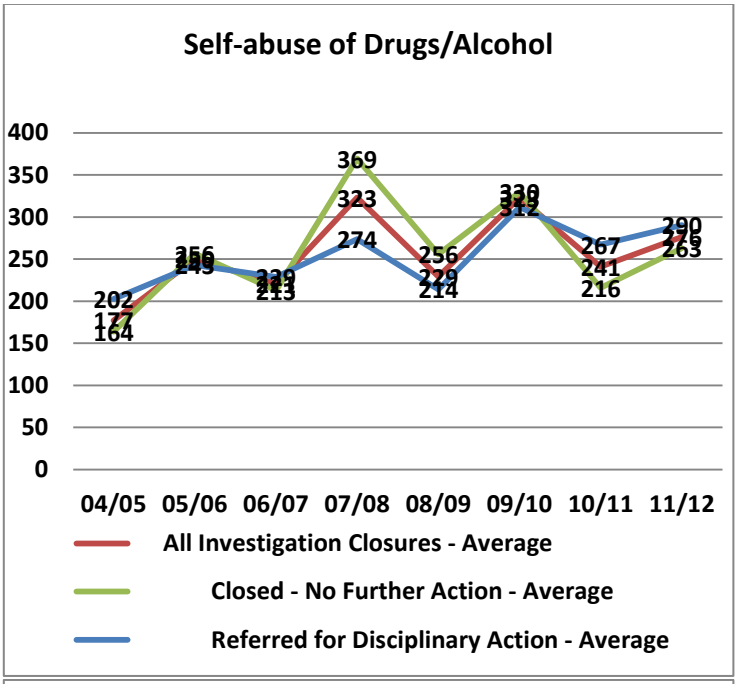

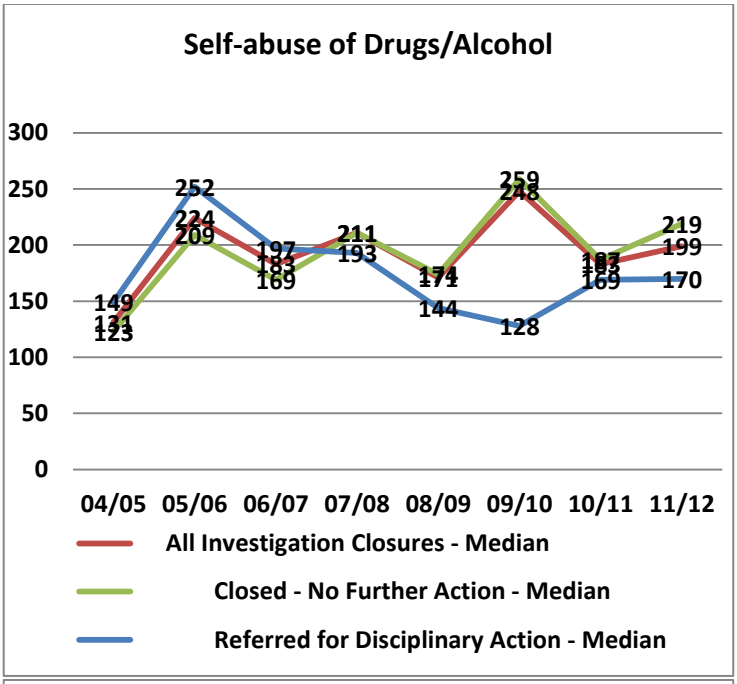

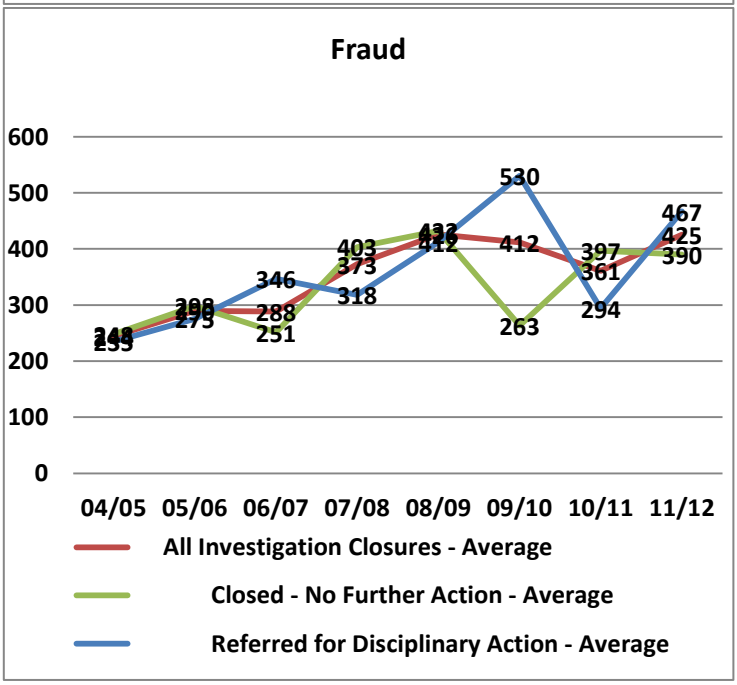

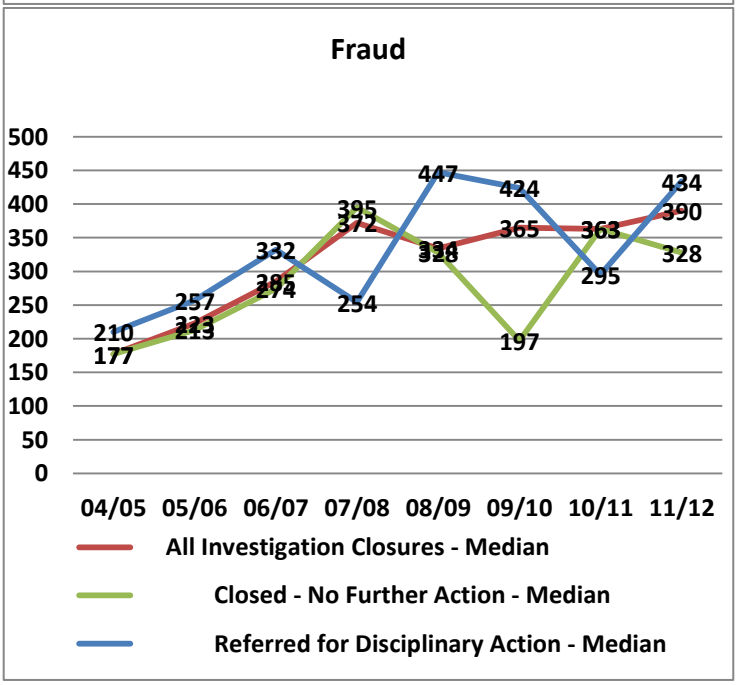

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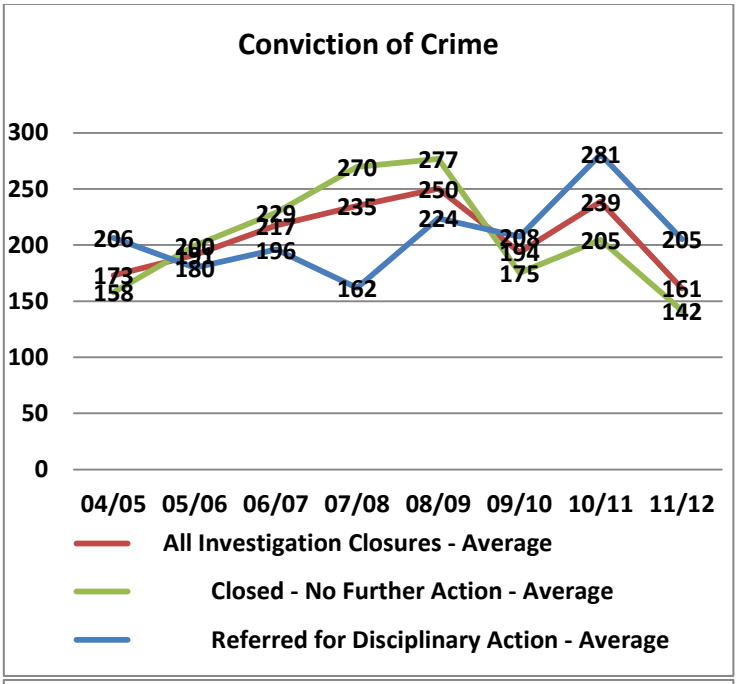

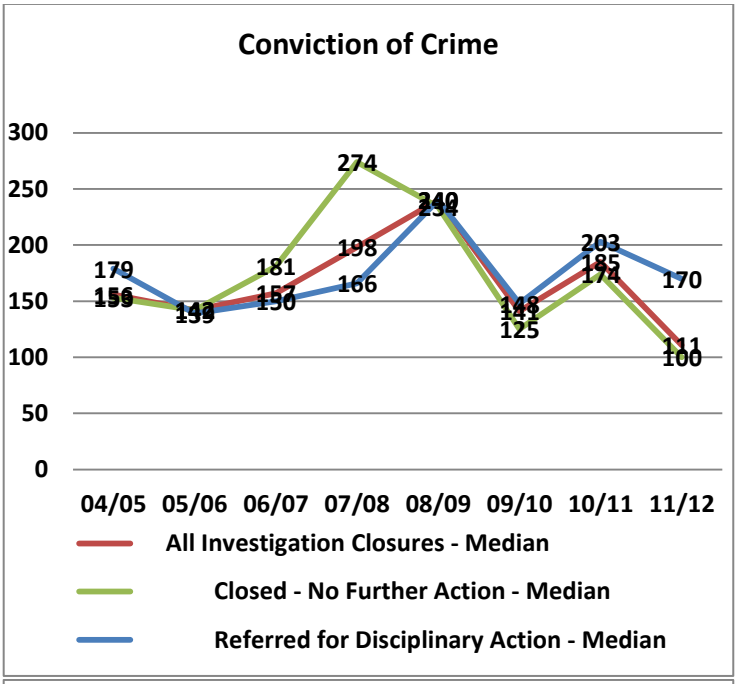

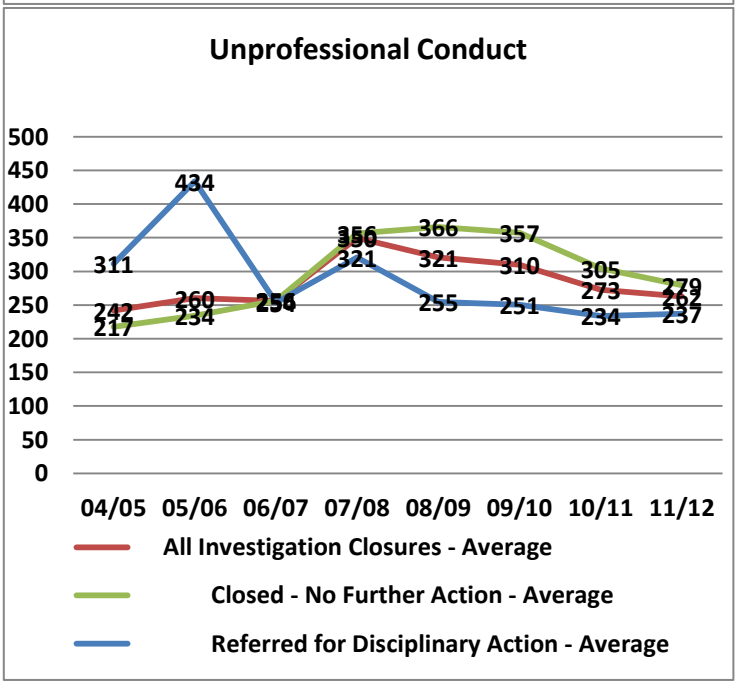

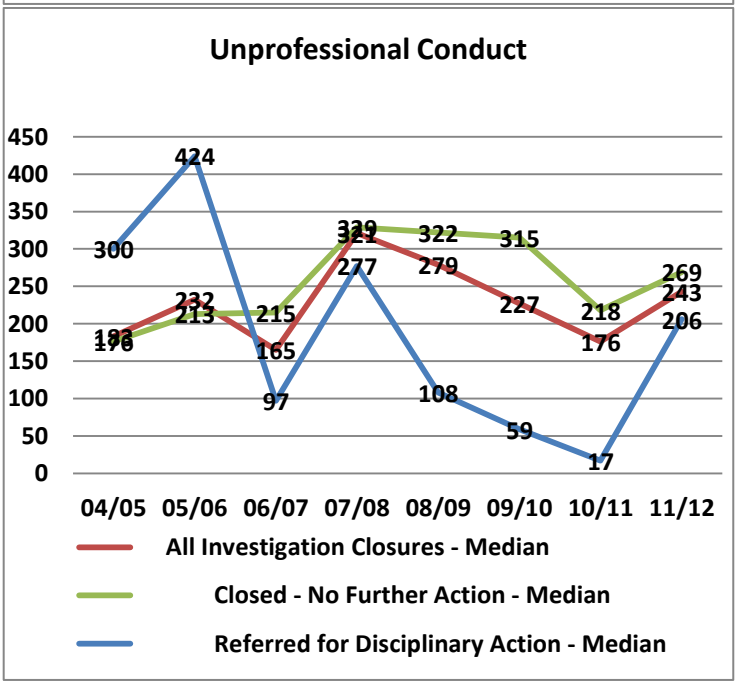

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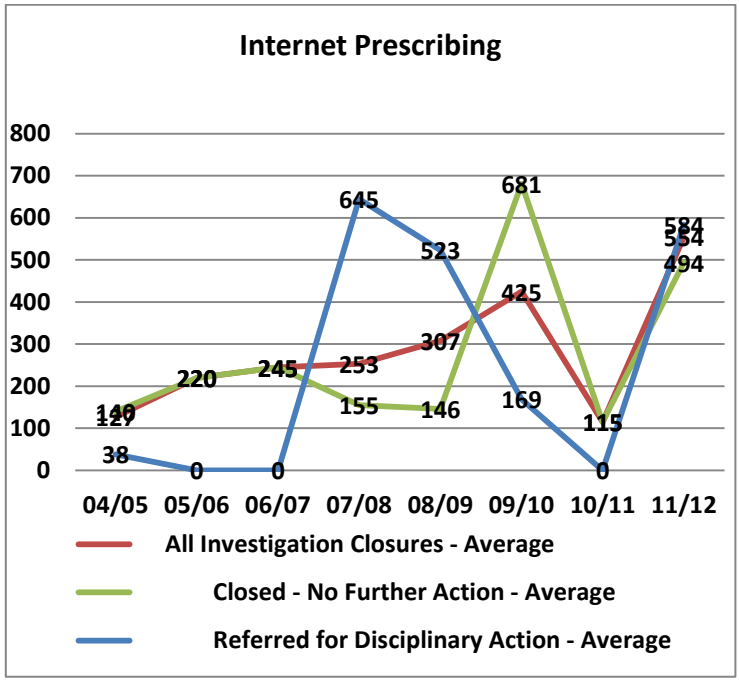

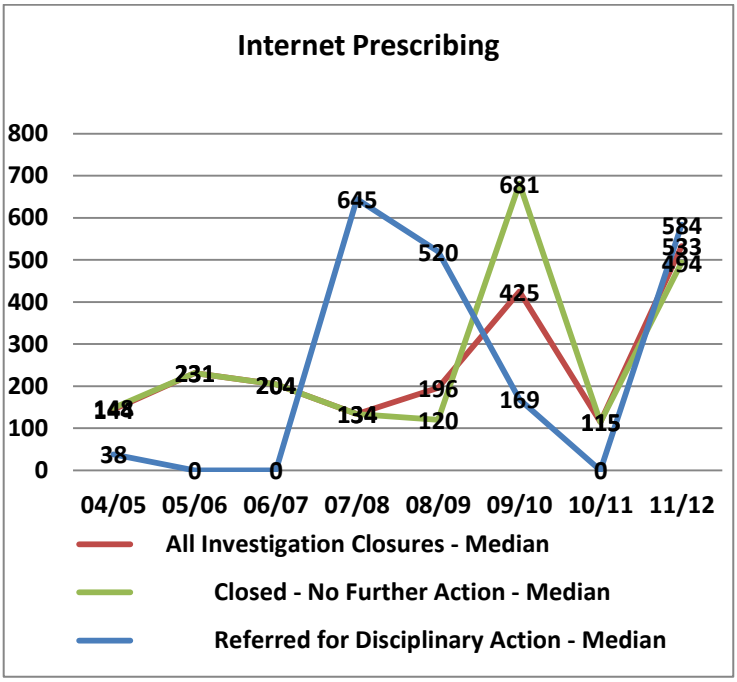

Investigation Initiated/Completed to Suspension Order Issued Timeframes
Average Calendar Days

The chart below illustrates the average calendar days for all case types and then a breakdown by each individual type. This chart captures the average calendar days from the time the district office initiated the investigation to the time a Suspension Order was issued and the average calendar days from the time the district office completed the investigation to the time a Suspension Order was issued.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation, petitions for reinstatement, and subsequent discipline on probationers. This data includes the following suspension orders: interim suspension orders, Penal Code section 23 restrictions, stipulated agreements to restrictions/suspension, and temporary restraining orders. It does not include out-of-state suspension orders, automatic suspension orders, or orders to cease practice while on probation.

Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	**30**	**28**	**26**	**20**	**25**	**18**	**27**	**31**
Investigation Initiated to Suspension Issued - Average	**392**	**307**	**315**	**471**	**358**	**228**	**451**	**297**
Investigation Completed to Suspension Issued - Average	**168**	**120**	**93**	**215**	**105**	**66**	**191**	**109**
Gross Negligence/Incompetence - (Number of cases)	7	2	2	1	5	1	7	4
Investigation Initiated to Suspension Issued - Average	766	488	193	521	235	378	970	690
Investigation Completed to Suspension Issued - Average	439	163	33	267	170	2	452	222
Inappropriate Prescribing - (Number of cases)	3	4	0	3	4	1	4	3
Investigation Initiated to Suspension Issued - Average	745	769	0	1,147	761	232	499	221
Investigation Completed to Suspension Issued - Average	108	241	0	572	224	2	260	103
Sexual Misconduct - (Number of cases)	11	10	7	7	3	4	6	3
Investigation Initiated to Suspension Issued - Average	258	204	394	397	556	436	40	250
Investigation Completed to Suspension Issued - Average	110	112	145	278	166	161	8	143
Mental/Physical Illness - (Number of cases)	2	3	6	2	3	5	5	6
Investigation Initiated to Suspension Issued - Average	142	309	201	752	221	182	544	214
Investigation Completed to Suspension Issued - Average	52	173	95	60	45	80	170	85
Self-abuse of Drugs/Alcohol - (Number of cases)	6	7	6	5	8	5	4	12
Investigation Initiated to Suspension Issued - Average	164	131	316	150	177	136	73	283
Investigation Completed to Suspension Issued - Average	50	45	76	34	26	20	11	92
Fraud - (Number of cases)	0	0	3	1	1	1	0	0
Investigation Initiated to Suspension Issued - Average	0	0	634	386	686	22	0	0
Investigation Completed to Suspension Issued - Average	0	0	95	81	2	2	0	0
Conviction of Crime - (Number of cases)	1	2	2	1	0	1	1	3
Investigation Initiated to Suspension Issued - Average	57	334	23	47	0	147	150	116
Investigation Completed to Suspension Issued - Average	51	63	9	2	0	40	2	46
Unprofessional Conduct - (Number of cases)	0	0	0	0	1	0	0	0
Investigation Initiated to Suspension Issued - Average	0	0	0	0	303	0	0	0
Investigation Completed to Suspension Issued - Average	0	0	0	0	44	0	0	0

Investigation Initiated/Completed to Suspension Order Issued Timeframes
Median Calendar Days

The chart below illustrates the median calendar days for all case types and then a breakdown by each individual type. This chart captures the median calendar days from the time the district office initiated the investigation to the time a Suspension Order was issued and the median calendar days from the time the district office completed the investigation to the time a Suspension Order was issued.

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Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	**30**	**28**	**26**	**20**	**25**	**18**	**27**	**31**
Investigation Initiated to Suspension Issued- Median	**217**	**239**	**209**	**370**	**294**	**180**	**377**	**180**
Investigation Completed to Suspension Issued - Median	**53**	**43**	**20**	**48**	**7**	**27**	**39**	**42**
Gross Negligence/Incompetence - (Number of cases)	7	2	2	1	5	1	7	4
Investigation Initiated to Suspension Issued- Median	617	488	193	521	107	378	971	791
Investigation Completed to Suspension Issued - Median	305	163	33	267	2	2	376	83
Inappropriate Prescribing - (Number of cases)	3	4	0	3	4	1	4	3
Investigation Initiated to Suspension Issued- Median	1039	721	0	855	715	232	387	248
Investigation Completed to Suspension Issued - Median	46	83	0	428	192	2	91	82
Sexual Misconduct - (Number of cases)	11	10	7	7	3	4	6	3
Investigation Initiated to Suspension Issued- Median	209	84	209	220	521	327	28	91
Investigation Completed to Suspension Issued - Median	86	33	2	19	2	60	2	4
Mental/Physical Illness - (Number of cases)	2	3	6	2	3	5	5	6
Investigation Initiated to Suspension Issued- Median	142	336	200	752	270	193	542	217
Investigation Completed to Suspension Issued - Median	52	169	106	60	56	113	164	41
Self-abuse of Drugs/Alcohol - (Number of cases)	6	7	6	5	8	5	4	12
Investigation Initiated to Suspension Issued- Median	137	115	387	154	86	121	65	171
Investigation Completed to Suspension Issued - Median	27	4	80	11	6	24	11	32
Fraud - (Number of cases)	0	0	3	1	1	1	0	0
Investigation Initiated to Suspension Issued- Median	0	0	358	386	686	22	0	0
Investigation Completed to Suspension Issued - Median	0	0	2	81	2	2	0	0
Conviction of Crime - (Number of cases)	1	2	2	1	0	1	1	3
Investigation Initiated to Suspension Issued- Median	57	334	23	47	0	147	150	137
Investigation Completed to Suspension Issued - Median	51	63	9	2	0	40	2	13
Unprofessional Conduct - (Number of cases)	0	0	0	0	1	0	0	0
Investigation Initiated to Suspension Issued- Median	0	0	0	0	303	0	0	0
Investigation Completed to Suspension Issued - Median	0	0	0	0	44	0	0	0

Investigation Initiated/Completed to Suspension Order Issued Timeframes Average/Median Calendar Days

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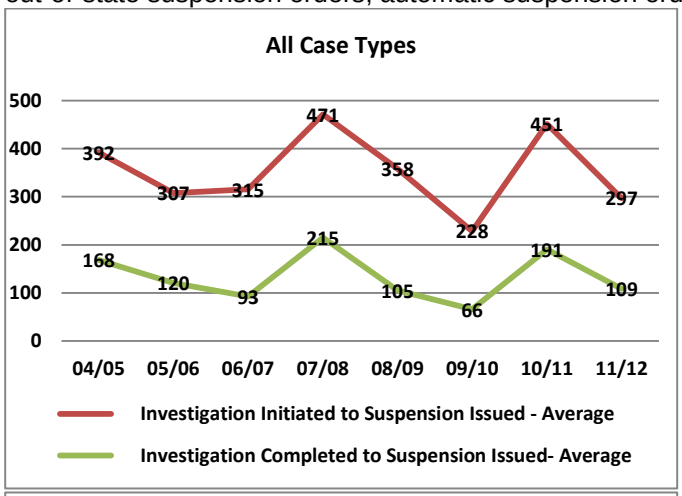

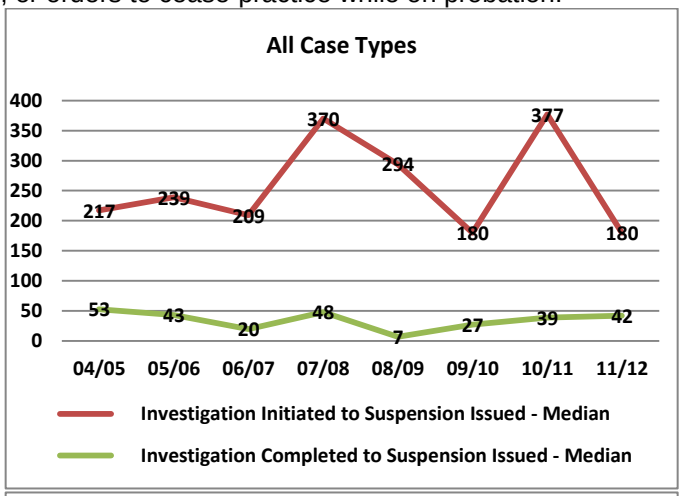

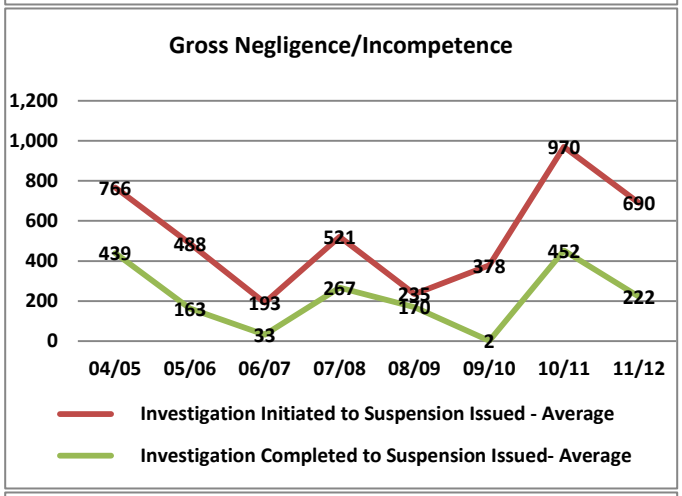

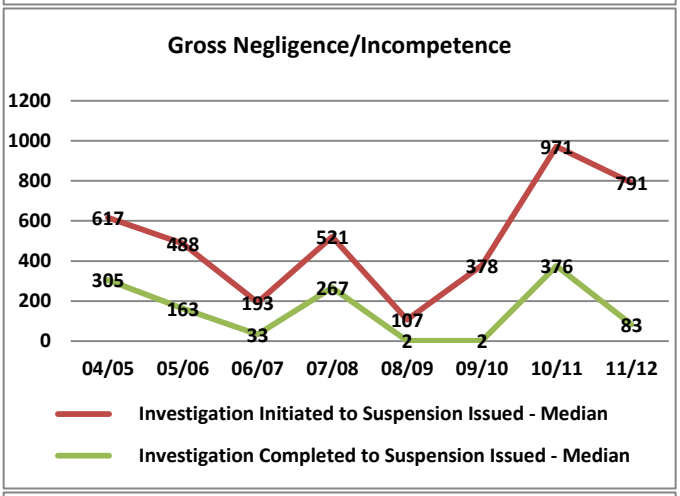

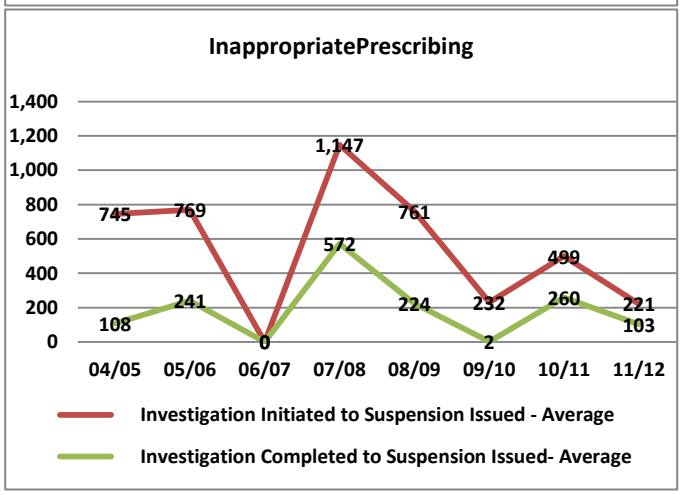

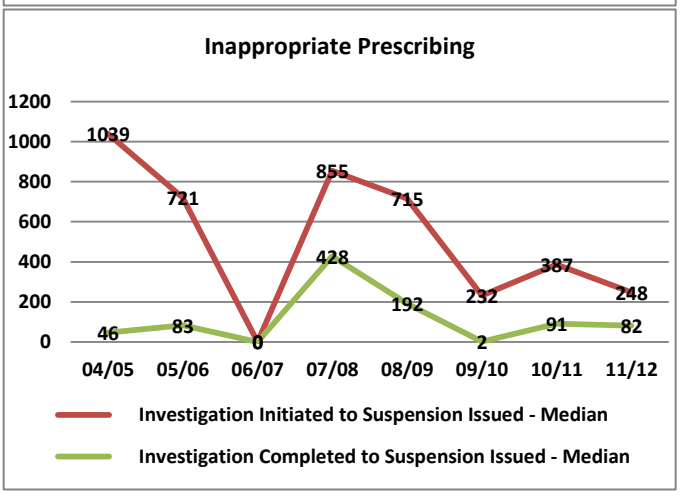

Investigation Initiated/Completed to Suspension Order Issued Timeframes Average/Median Calendar Days

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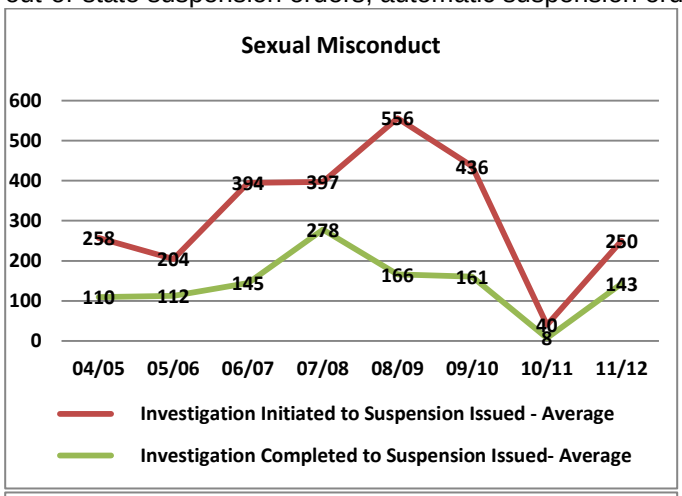

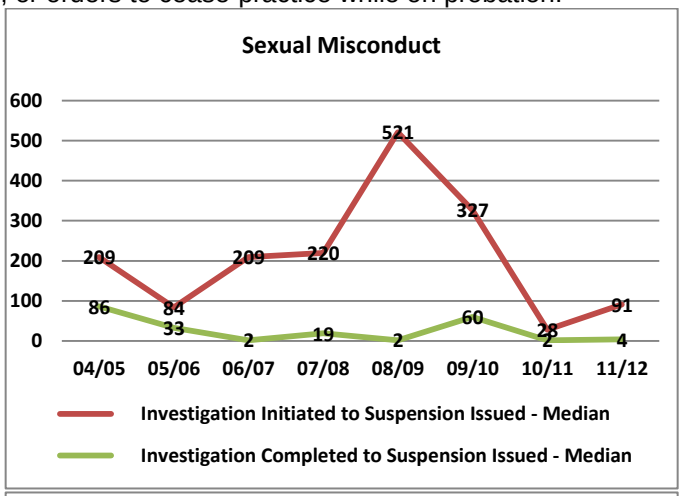

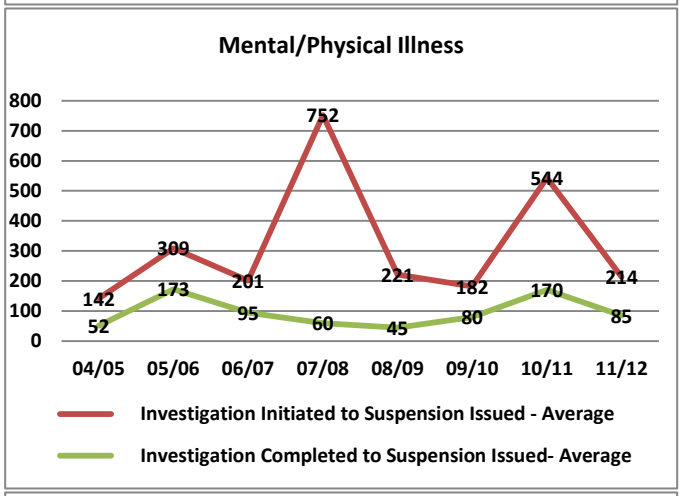

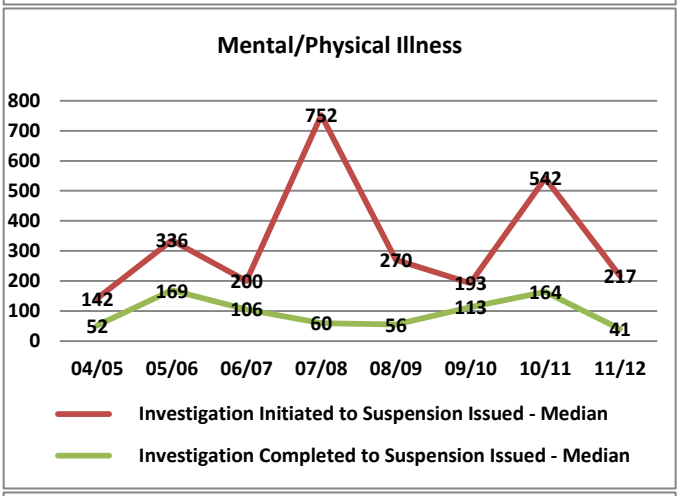

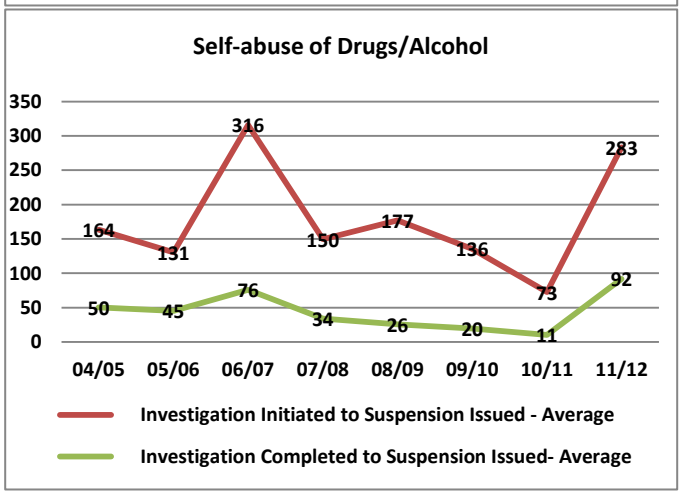

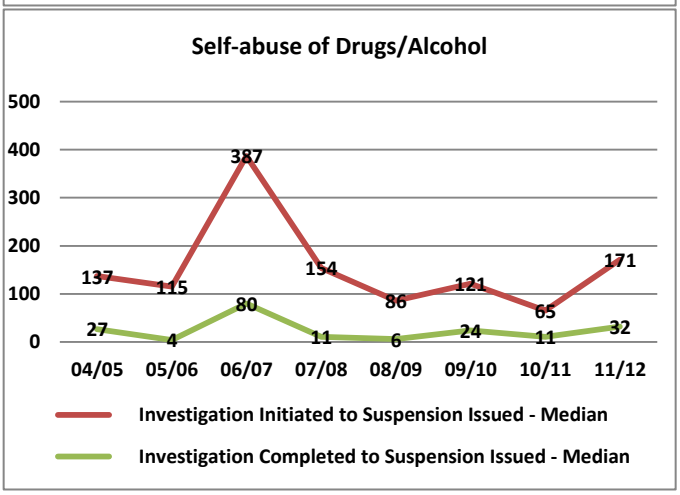

Investigation Initiated/Completed to Suspension Order Issued Timeframes Average/Median Calendar Days

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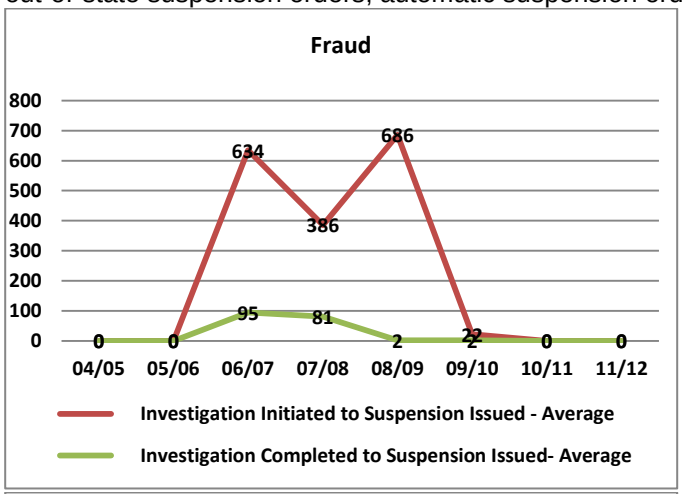

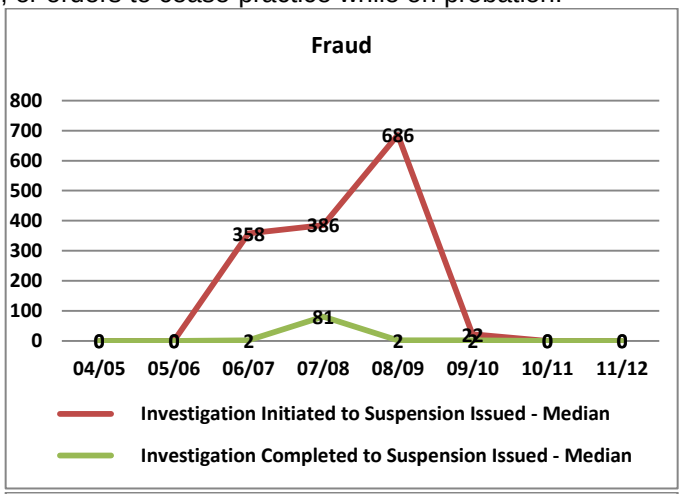

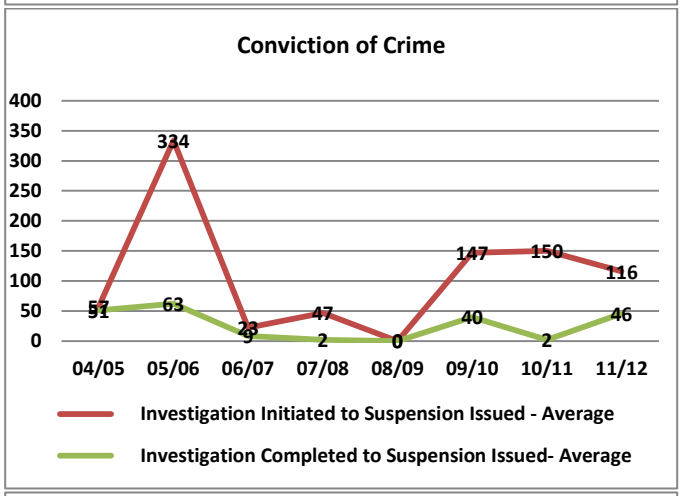

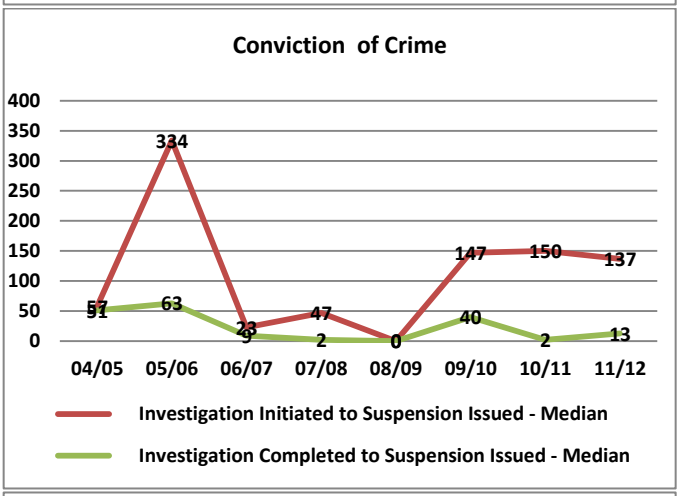

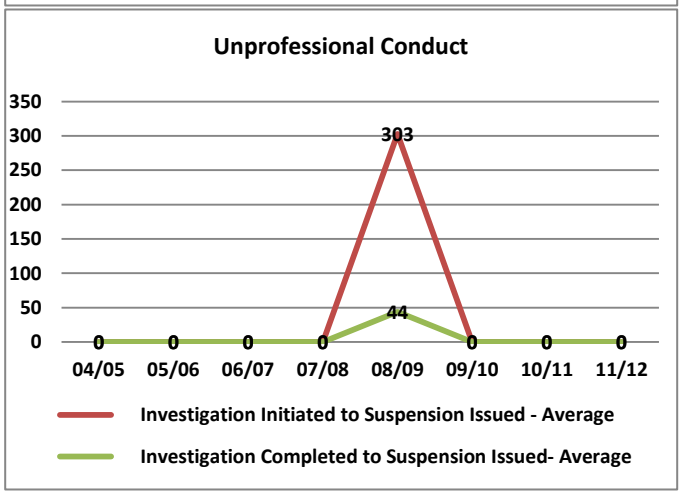

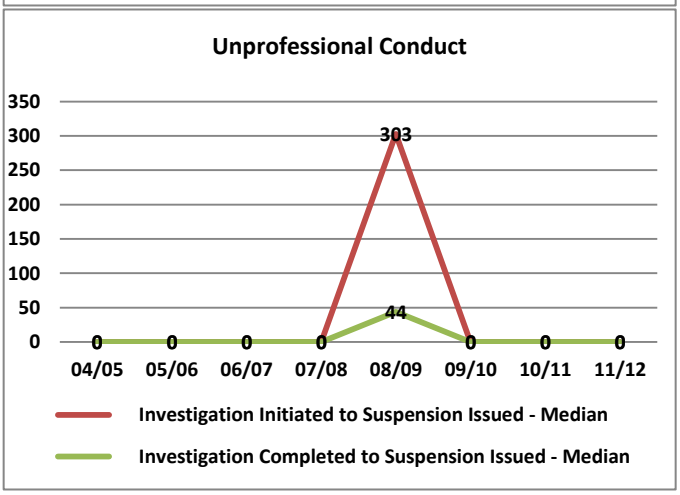

Investigation Initiated/Completed to Accusation Filed – Average Calendar Days

The chart below illustrates the average calendar days for all case types and then a breakdown by each individual type. This chart captures the average calendar days from the time the district office initiated the investigation to the time an Accusation was filed and the average calendar days from the time the district office completed the investigation to the time an Accusation was filed.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation, petitions for reinstatement, and subsequent discipline on probationers. This data also excludes cases that had a petition to compel examination granted and those where an offer for a public letter of reprimand was rejected by the respondent.

Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	**164**	**166**	**171**	**173**	**154**	**206**	**198**	**232**
Investigation Initiated to Accusation Filed - Average	**551**	**564**	**533**	**566**	**608**	**575**	**580**	**519**
Investigation Completed to Accusation Filed - Average	**149**	**169**	**166**	**146**	**132**	**124**	**126**	**121**
Gross Negligence/Incompetence - (Number of cases)	93	97	107	99	84	107	116	108
Investigation Initiated to Accusation Filed - Average	610	621	595	622	721	626	639	555
Investigation Completed to Accusation Filed - Average	153	161	176	152	144	106	114	114
Inappropriate Prescribing - (Number of cases)	17	9	7	14	18	15	12	34
Investigation Initiated to Accusation Filed - Average	644	623	756	659	612	790	647	660
Investigation Completed to Accusation Filed - Average	148	157	273	136	130	167	209	104
Unlicensed Activity - (Number of cases)	2	5	2	5	2	5	2	7
Investigation Initiated to Accusation Filed - Average	619	1,068	413	848	384	430	693	664
Investigation Completed to Accusation Filed - Average	33	498	66	269	152	109	78	350
Sexual Misconduct - (Number of cases)	18	20	11	13	4	18	8	12
Investigation Initiated to Accusation Filed - Average	434	344	437	632	693	768	472	435
Investigation Completed to Accusation Filed - Average	182	93	182	243	228	274	166	81
Mental/Physical Illness - (Number of cases)	9	4	7	7	6	4	8	15
Investigation Initiated to Accusation Filed - Average	356	286	258	453	368	462	538	443
Investigation Completed to Accusation Filed - Average	98	89	64	85	107	106	141	145
Self-abuse of Drugs/Alcohol - (Number of cases)	14	8	17	19	23	21	21	23
Investigation Initiated to Accusation Filed - Average	264	391	385	324	313	344	405	421
Investigation Completed to Accusation Filed - Average	59	126	124	63	76	93	85	140
Fraud - (Number of cases)	1	8	7	7	4	6	8	10
Investigation Initiated to Accusation Filed - Average	1,025	391	552	263	525	488	439	577
Investigation Completed to Accusation Filed - Average	292	208	163	132	170	70	157	178
Conviction of Crime - (Number of cases)	3	8	9	7	7	23	14	16
Investigation Initiated to Accusation Filed - Average	358	370	247	343	302	315	453	244
Investigation Completed to Accusation Filed - Average	234	147	100	98	70	120	140	68
Unprofessional Conduct - (Number of cases)	5	4	4	2	3	6	9	6
Investigation Initiated to Accusation Filed - Average	738	551	544	491	763	710	580	247
Investigation Completed to Accusation Filed - Average	309	123	227	198	157	73	175	74
Internet Prescribing - (Number of cases)	2	3	0	0	3	1	0	1
Investigation Initiated to Accusation Filed - Average	463	1,013	0	0	861	265	0	709
Investigation Completed to Accusation Filed - Average	78	659	0	0	189	97	0	75

Investigation Initiated/Completed to Accusation Filed – Median Calendar Days

The chart below illustrates the median calendar days for all case types and then a breakdown by each individual type. This chart captures the median calendar days from the time the district office initiated the investigation to the time an Accusation was filed and the median calendar days from the time the district office completed the investigation to the time an Accusation was filed.

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Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	**164**	**166**	**171**	**173**	**154**	**206**	**198**	**232**
Investigation Initiated to Accusation Issued- Median	**538**	**485**	**516**	**539**	**562**	**581**	**592**	**502**
Investigation Completed to Accusation Issued - Median	**100**	**111**	**99**	**78**	**80**	**79**	**89**	**92**
Gross Negligence/Incompetence - (Number of cases)	93	97	107	99	84	107	116	108
Investigation Initiated to Accusation Issued- Median	605	622	573	602	750	652	648	542
Investigation Completed to Accusation Issued- Median	128	114	129	93	83	74	89	94
Inappropriate Prescribing - (Number of cases)	17	9	7	14	18	15	12	34
Investigation Initiated to Accusation Issued- Median	619	601	663	607	534	920	618	611
Investigation Completed to Accusation Issued - Median	106	157	176	62	91	161	147	100
Unlicensed Activity - (Number of cases)	2	5	2	5	2	5	2	7
Investigation Initiated to Accusation Issued- Median	619	727	413	887	384	477	693	580
Investigation Completed to Accusation Issued - Median	33	159	66	255	152	94	78	118
Sexual Misconduct - (Number of cases)	18	20	11	13	4	18	8	12
Investigation Initiated to Accusation Issued- Median	432	324	462	615	716	767	515	485
Investigation Completed to Accusation Issued - Median	177	75	115	114	45	114	79	76
Mental/Physical Illness - (Number of cases)	9	4	7	7	6	4	8	15
Investigation Initiated to Accusation Issued- Median	283	325	201	459	404	358	592	441
Investigation Completed to Accusation Issued - Median	74	92	37	41	86	81	73	93
Self-abuse of Drugs/Alcohol - (Number of cases)	14	8	17	19	23	21	21	23
Investigation Initiated to Accusation Issued- Median	192	363	333	243	349	226	320	369
Investigation Completed to Accusation Issued - Median	52	60	78	50	47	52	68	80
Fraud - (Number of cases)	1	8	7	7	4	6	8	10
Investigation Initiated to Accusation Issued- Median	1025	394	554	284	515	462	428	533
Investigation Completed to Accusation Issued - Median	292	144	148	96	34	59	114	111
Conviction of Crime - (Number of cases)	3	8	9	7	7	23	14	16
Investigation Initiated to Accusation Issued- Median	246	310	251	332	282	254	443	215
Investigation Completed to Accusation Issued - Median	74	107	71	78	72	69	92	58
Unprofessional Conduct - (Number of cases)	5	4	4	2	3	6	9	6
Investigation Initiated to Accusation Issued- Median	712	443	522	491	720	775	481	91
Investigation Completed to Accusation Issued - Median	78	55	49	198	155	79	62	81
Internet Prescribing - (Number of cases)	2	3	0	0	3	1	0	1
Investigation Initiated to Accusation Issued- Median	463	993	0	0	773	265	0	709
Investigation Completed to Accusation Issued - Median	78	659	0	0	189	97	0	75

Investigation Initiated/Completed to Accusation Filed – Average/Median Calendar Days

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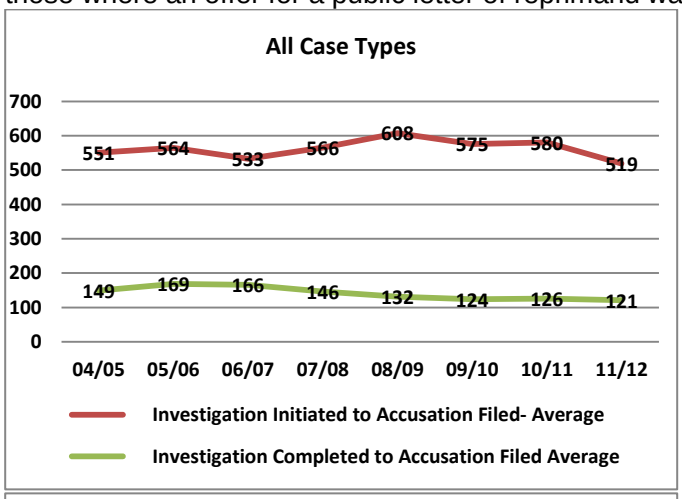

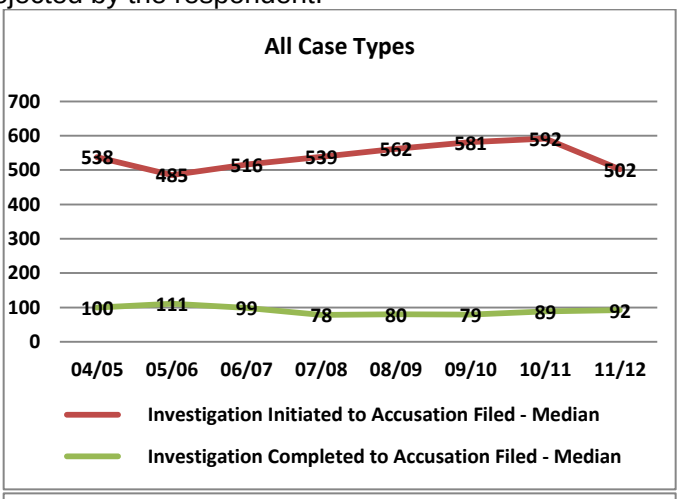

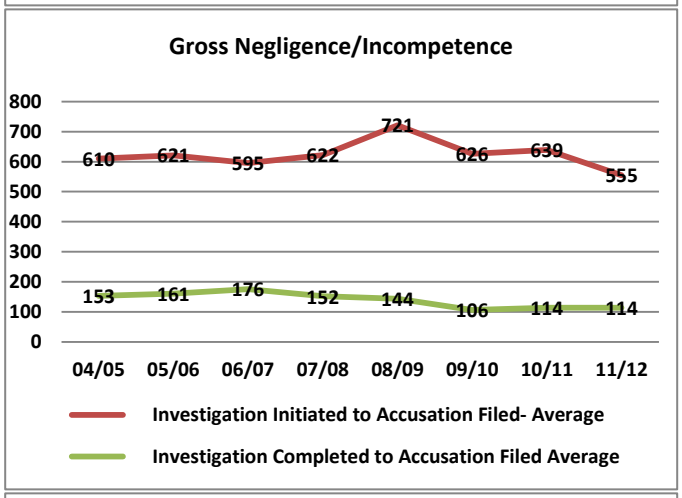

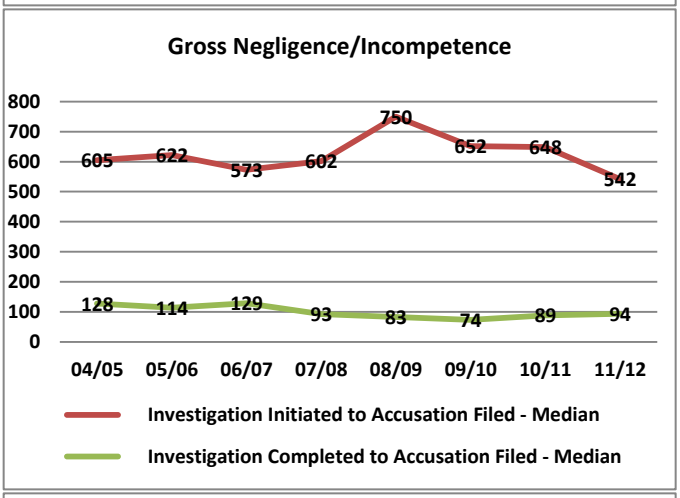

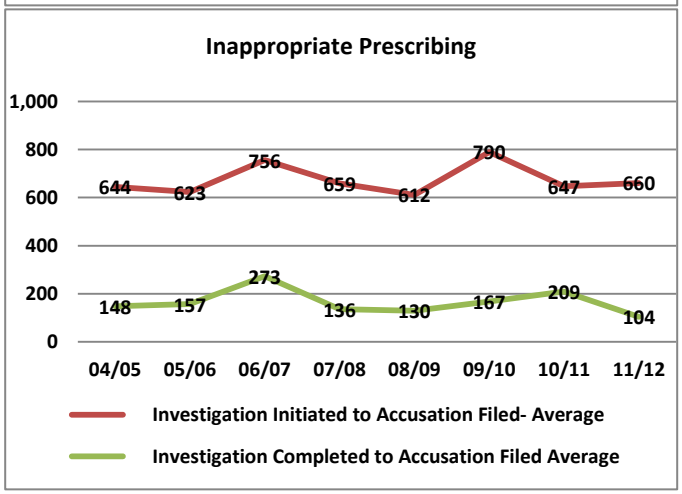

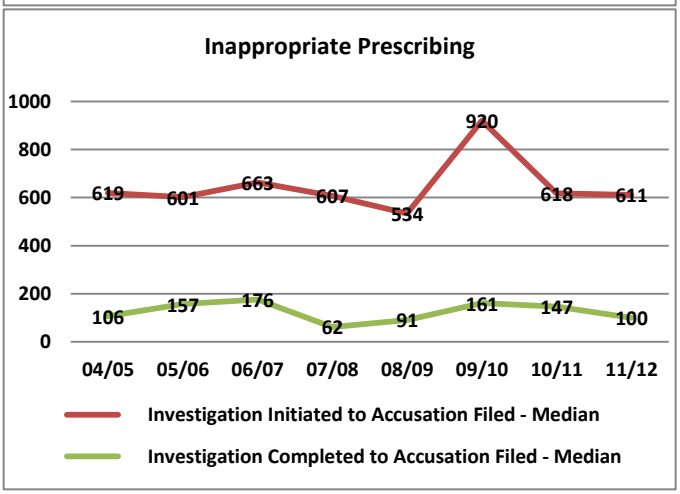

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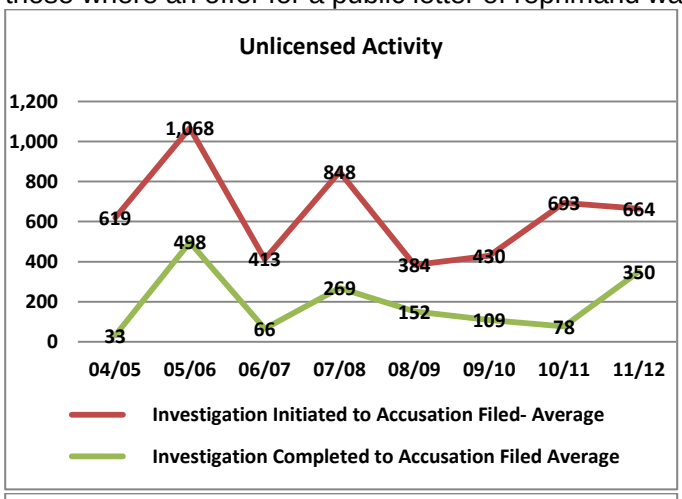

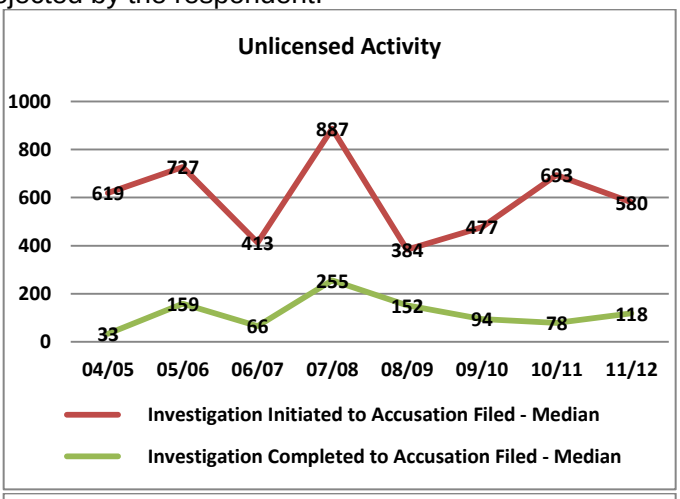

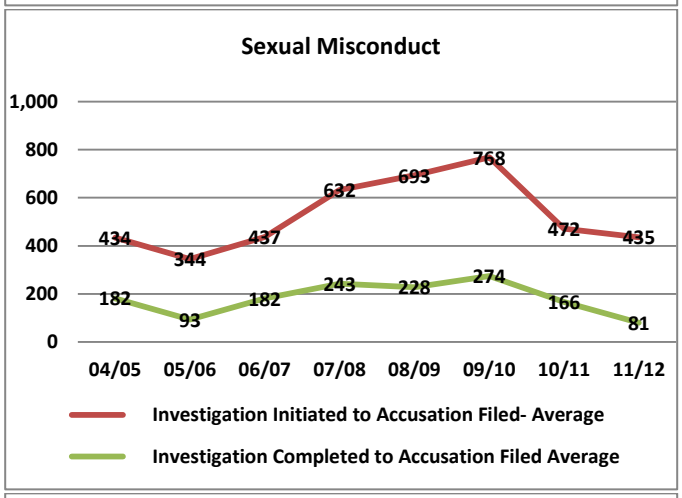

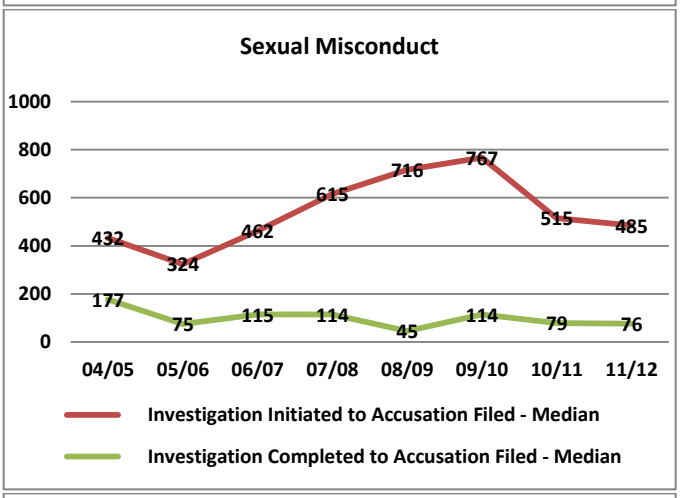

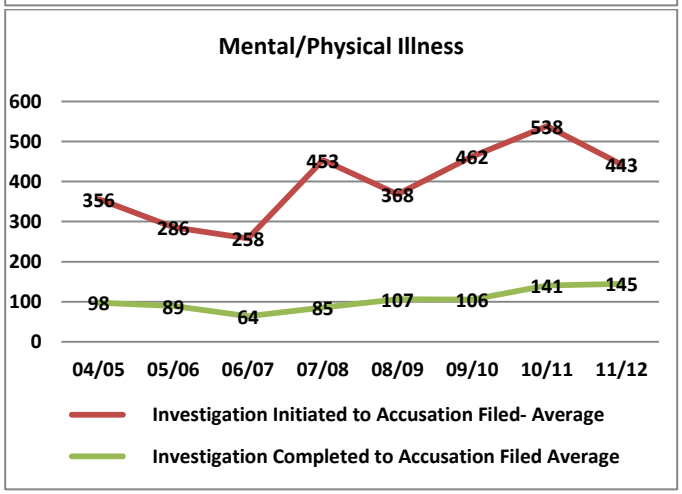

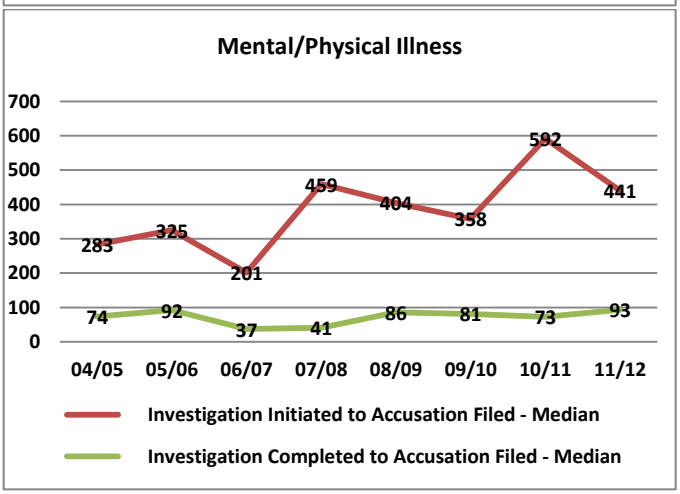

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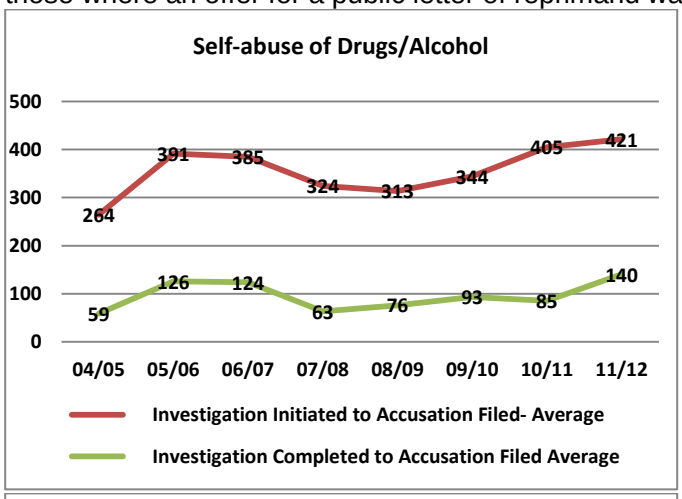
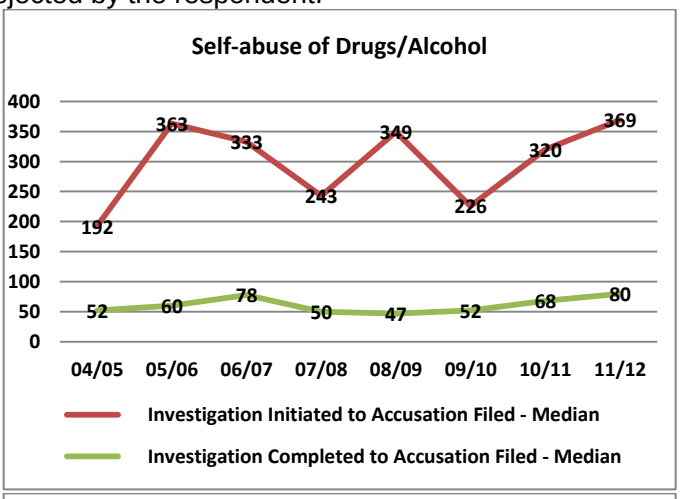
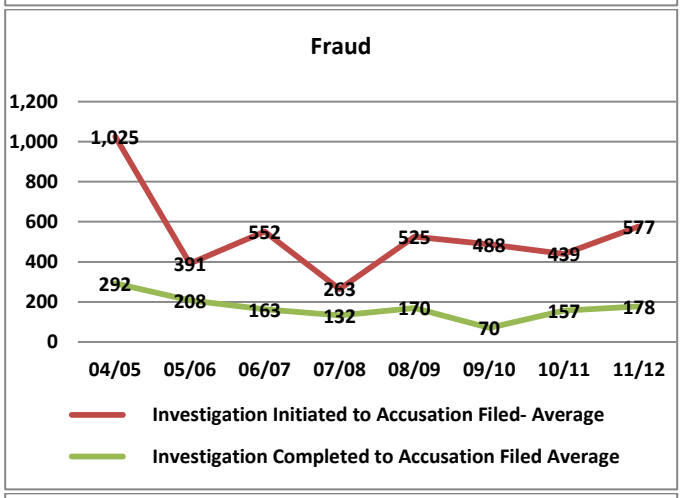
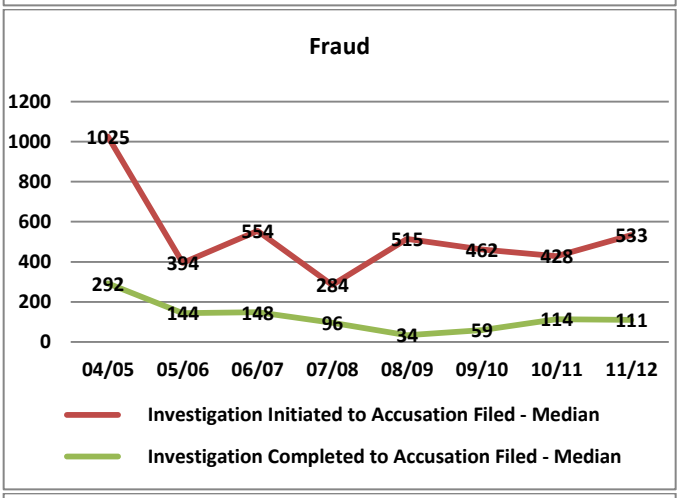
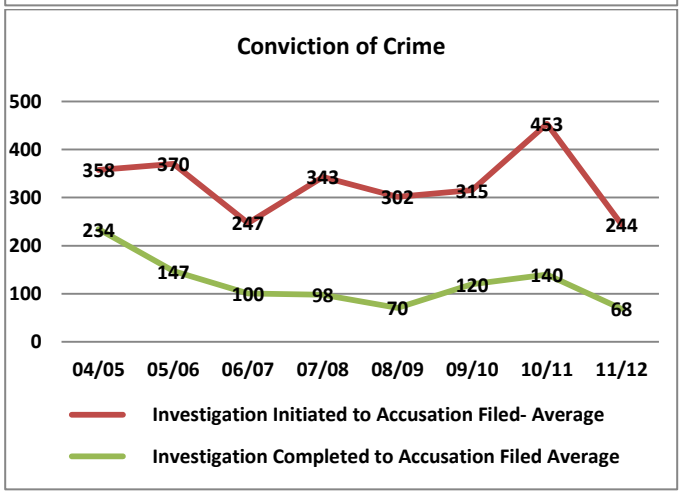
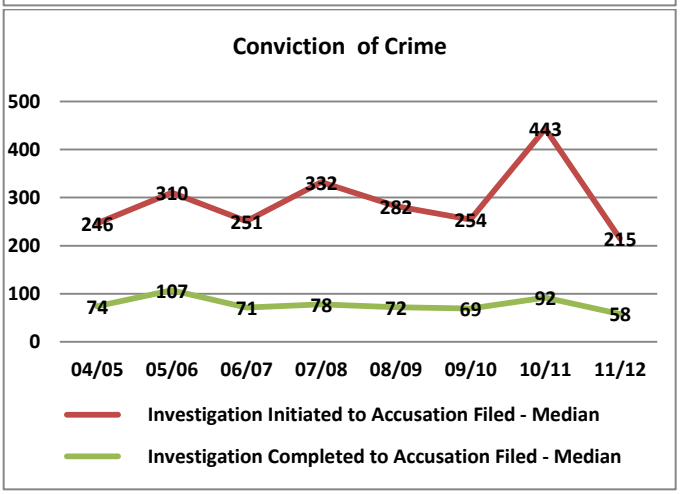








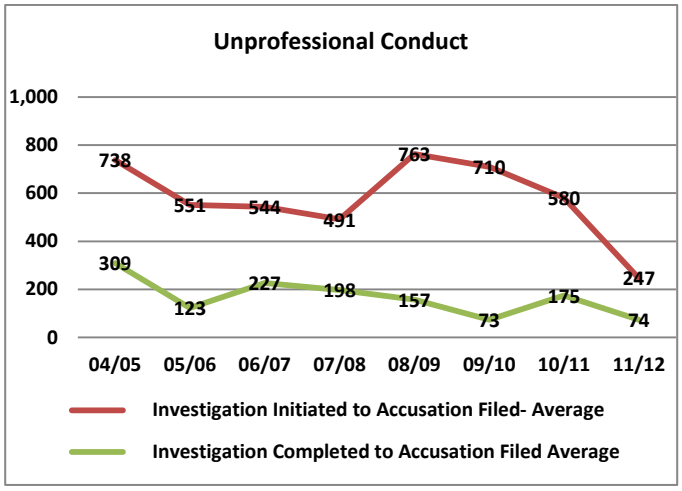


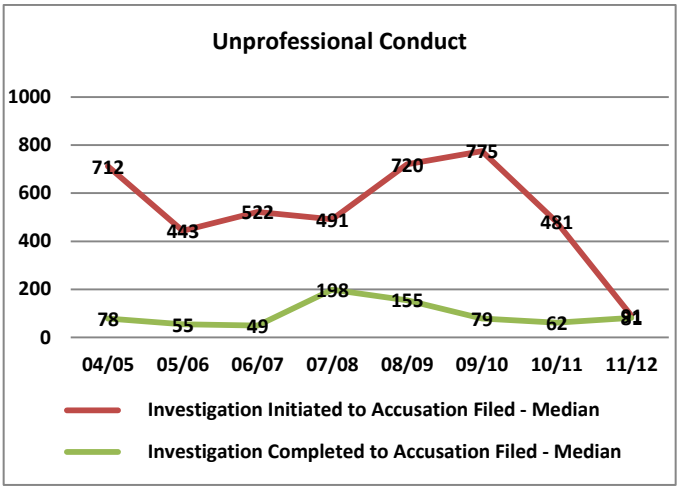


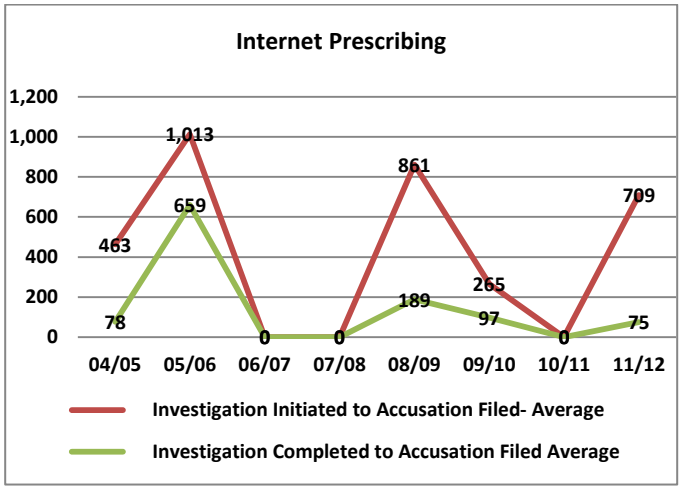
Investigation Initiated/Completed to Accusation Filed – Average/Median Calendar Days

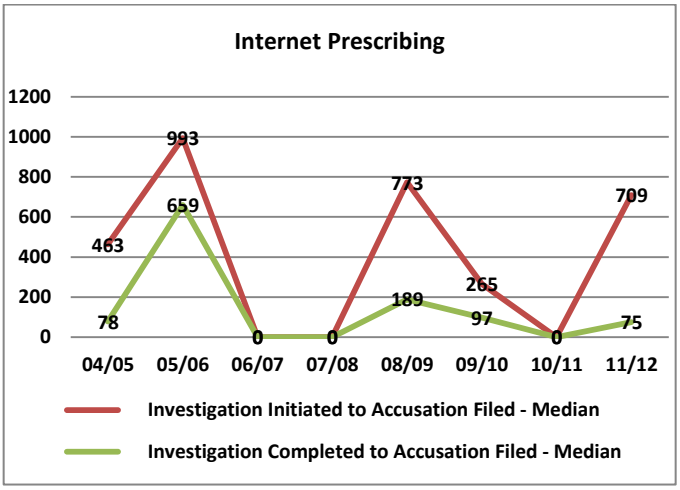
The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time an Accusation was filed. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time an Accusation was filed.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation, petitions for reinstatement, and subsequent discipline on probationers. This data also excludes cases that had a petition to compel examination granted and those where an offer for a public letter of reprimand was rejected by the respondent.









Investigation Initiated/Completed to Stipulated Decision Received
Average Calendar Days

The chart below illustrates the average calendar days for all case types and then a breakdown by each individual type. The chart captures the average calendar days from the time the district office initiated the investigation to the time a Stipulated Decision was received and the average calendar days from the time the district office completed the investigation to the time a Stipulated Decision was received.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	**156**	**141**	**143**	**145**	**118**	**135**	**120**	**160**
Investigation Initiated to Stipulation Received- Average	**922**	**1,039**	**923**	**940**	**818**	**916**	**912**	**914**
Investigation Completed to Stipulation Received- Average	**528**	**636**	**542**	**518**	**410**	**431**	**477**	**459**
Gross Negligence/Incompetence - (Number of cases)	90	88	82	86	69	76	57	90
Investigation Initiated to Stipulation Received- Average	979	1,083	1,032	997	965	1,012	1,025	974
Investigation Completed to Stipulation Received- Average	559	665	582	536	495	447	499	452
Inappropriate Prescribing - (Number of cases)	18	16	7	10	9	14	10	14
Investigation Initiated to Stipulation Received- Average	913	1,193	1,163	945	895	1,002	1,312	1,097
Investigation Completed to Stipulation Received- Average	458	704	590	491	455	419	726	529
Unlicensed Activity - (Number of cases)	6	2	2	7	3	1	3	4
Investigation Initiated to Stipulation Received- Average	1,233	1,119	964	1,386	677	843	803	1,285
Investigation Completed to Stipulation Received- Average	1,157	532	754	856	175	408	472	855
Sexual Misconduct - (Number of cases)	9	12	9	7	4	9	8	6
Investigation Initiated to Stipulation Received- Average	812	715	620	1,057	736	1,286	1,050	917
Investigation Completed to Stipulation Received- Average	374	438	387	665	263	806	637	539
Mental/Physical Illness - (Number of cases)	8	2	11	9	5	5	4	12
Investigation Initiated to Stipulation Received- Average	792	599	449	627	358	304	867	632
Investigation Completed to Stipulation Received- Average	267	533	275	306	178	110	531	360
Self-abuse of Drugs/Alcohol - (Number of cases)	10	8	10	11	17	10	17	16
Investigation Initiated to Stipulation Received- Average	414	588	495	522	503	462	536	743
Investigation Completed to Stipulation Received- Average	224	357	263	310	217	290	288	456
Fraud - (Number of cases)	2	2	9	8	2	4	2	6
Investigation Initiated to Stipulation Received- Average	1,052	1,808	1,048	809	526	583	787	657
Investigation Completed to Stipulation Received- Average	762	1,297	649	410	330	263	261	339
Conviction of Crime - (Number of cases)	5	2	8	4	7	10	14	5
Investigation Initiated to Stipulation Received- Average	850	1,437	534	810	584	594	619	711
Investigation Completed to Stipulation Received- Average	667	1,028	439	536	354	359	380	361
Unprofessional Conduct - (Number of cases)	6	7	1	1	2	5	3	7
Investigation Initiated to Stipulation Received- Average	976	990	680	184	723	938	1,058	789
Investigation Completed to Stipulation Received- Average	537	544	214	184	430	403	450	474
Internet Prescribing - (Number of cases)	2	2	3	2	0	1	1	0
Investigation Initiated to Stipulation Received- Average	970	969	2,046	1,319	0	1,141	588	0
Investigation Completed to Stipulation Received- Average	520	610	1,613	830	0	622	420	0

Investigation Initiated/Completed to Stipulated Decision Received
Median Calendar Days

The chart below illustrates the median calendar days for all case types and then a breakdown by each individual type. The chart captures the median calendar days from the time the district office initiated the investigation to the time a Stipulated Decision was received and the median calendar days from the time the district office completed the investigation to the time a Stipulated Decision was received.

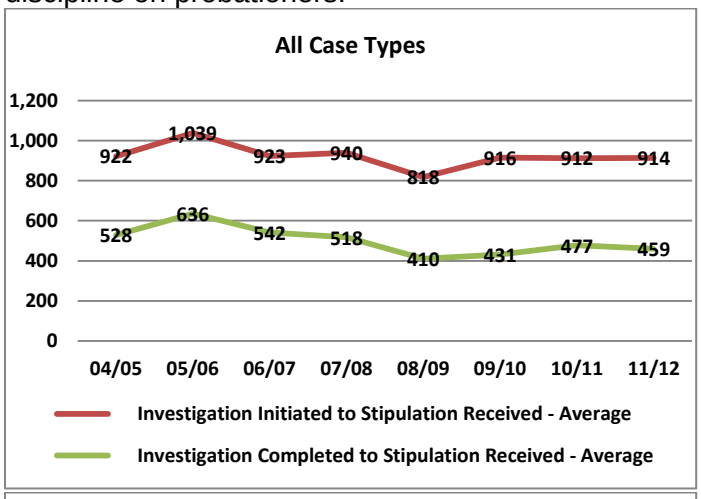
This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

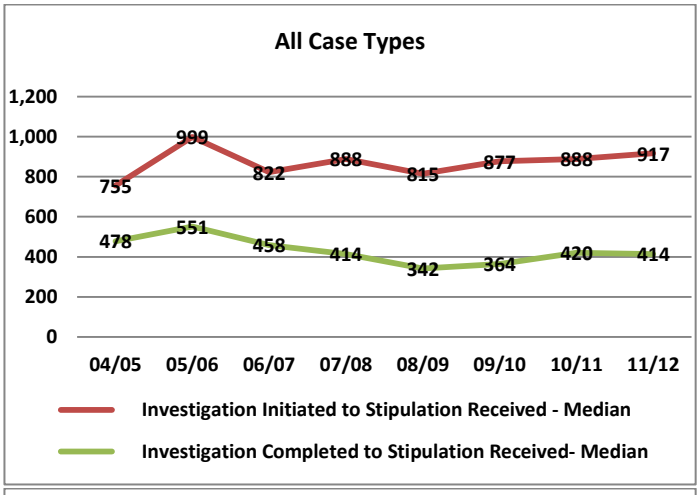
Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	**156**	**141**	**143**	**145**	**118**	**135**	**120**	**160**
Investigation Initiated to Stipulation Received - Median	**755**	**999**	**822**	**888**	**815**	**877**	**888**	**917**
Investigation Completed to Stipulation Received- Median	**478**	**551**	**458**	**414**	**342**	**364**	**420**	**414**
Gross Negligence/Incompetence - (Number of cases)	90	88	82	86	69	76	57	90
Investigation Initiated to Stipulation Received - Median	981	1,036	1,010	939	918	1,007	1,017	972
Investigation Completed to Stipulation Received- Median	531	612	534	429	421	388	455	436
Inappropriate Prescribing - (Number of cases)	18	16	7	10	9	14	10	14
Investigation Initiated to Stipulation Received - Median	903	1,141	821	989	883	998	1,107	1,142
Investigation Completed to Stipulation Received- Median	419	655	502	325	273	341	711	594
Unlicensed Activity - (Number of cases)	6	2	2	7	3	1	3	4
Investigation Initiated to Stipulation Received - Median	1,262	1,119	964	1,152	989	843	704	1,282
Investigation Completed to Stipulation Received- Median	1,197	532	754	678	171	408	579	1,026
Sexual Misconduct - (Number of cases)	9	12	9	7	4	9	8	6
Investigation Initiated to Stipulation Received - Median	828	662	629	1053	601	1156	1139	935
Investigation Completed to Stipulation Received- Median	358	309	338	666	202	583	365	514
Mental/Physical Illness - (Number of cases)	8	2	11	9	5	5	4	12
Investigation Initiated to Stipulation Received - Median	720	599	454	602	338	310	860	536
Investigation Completed to Stipulation Received- Median	164	533	245	203	99	128	534	260
Self-abuse of Drugs/Alcohol - (Number of cases)	10	8	10	11	17	10	17	16
Investigation Initiated to Stipulation Received - Median	363	442	483	496	478	419	430	702
Investigation Completed to Stipulation Received- Median	149	299	216	281	204	264	222	442
Fraud - (Number of cases)	2	2	9	8	2	4	2	6
Investigation Initiated to Stipulation Received - Median	1,052	1,808	707	808	526	572	787	577
Investigation Completed to Stipulation Received- Median	762	1,297	391	432	330	479	261	344
Conviction of Crime - (Number of cases)	5	2	8	4	7	10	14	5
Investigation Initiated to Stipulation Received - Median	832	1,437	457	895	527	597	590	574
Investigation Completed to Stipulation Received- Median	528	1,028	376	433	373	341	287	269
Unprofessional Conduct - (Number of cases)	6	7	1	1	2	5	3	7
Investigation Initiated to Stipulation Received - Median	939	1,083	680	184	723	1,040	1,092	667
Investigation Completed to Stipulation Received- Median	587	485	214	184	430	365	318	407
Internet Prescribing - (Number of cases)	2	2	3	2	0	1	1	0
Investigation Initiated to Stipulation Received - Median	970	969	1447	1319	0	1141	588	0
Investigation Completed to Stipulation Received- Median	520	610	1158	830	0	622	420	0

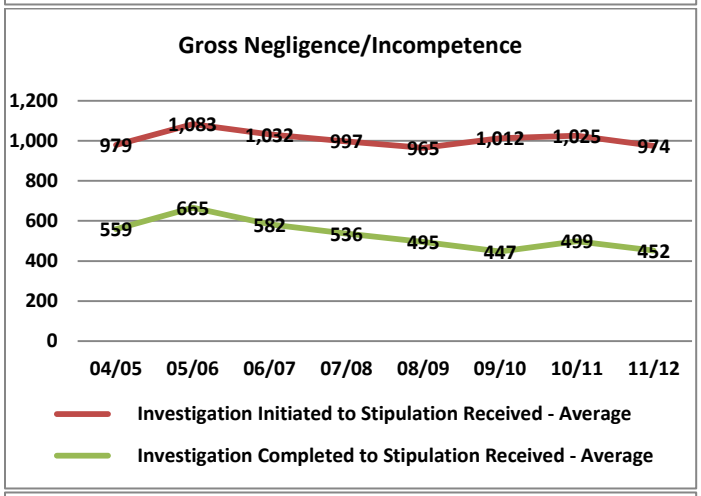
Investigation Initiated/Completed to Stipulated Decision Received Average/Median Calendar Days

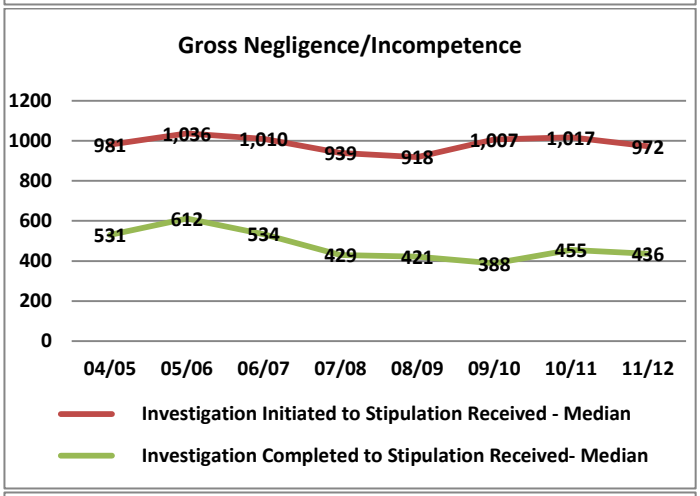
The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a Stipulated Decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a Stipulated Decision was received.

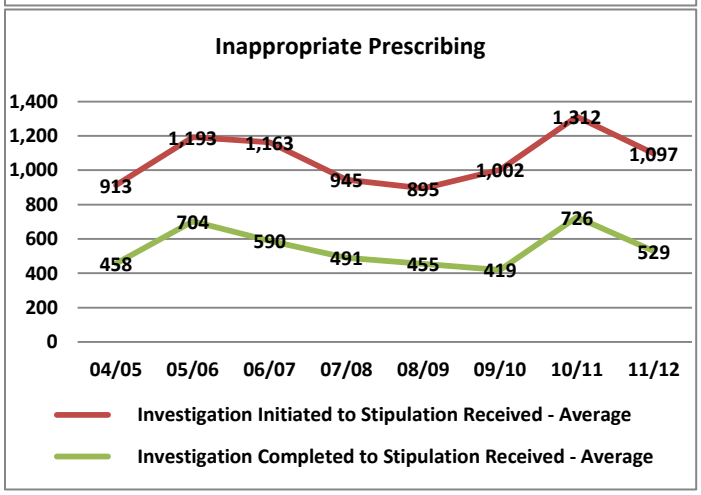
This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

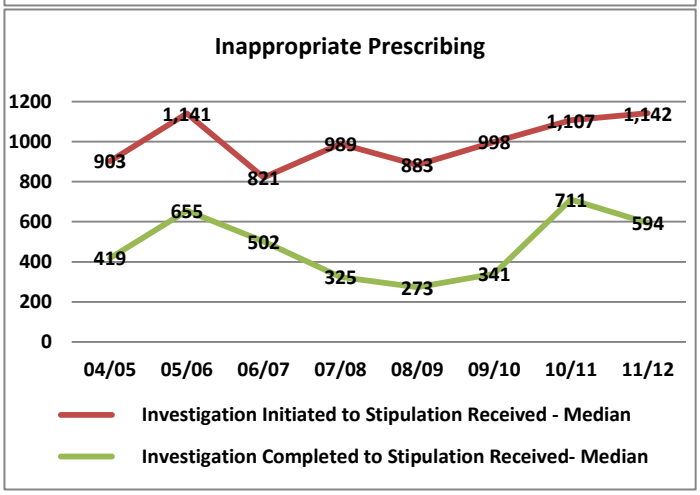








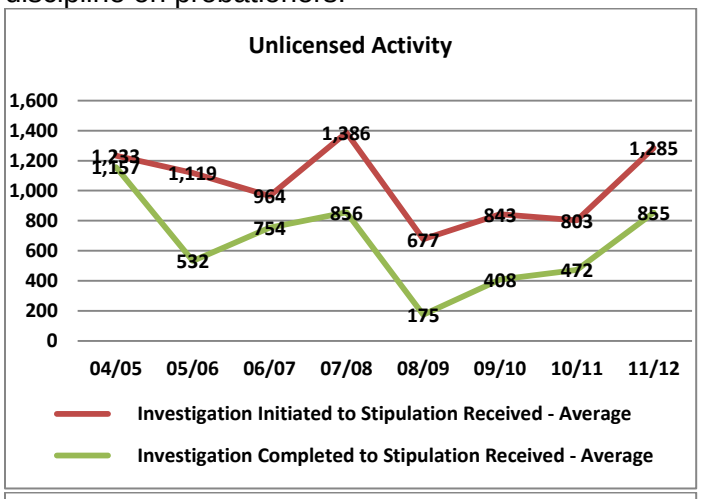


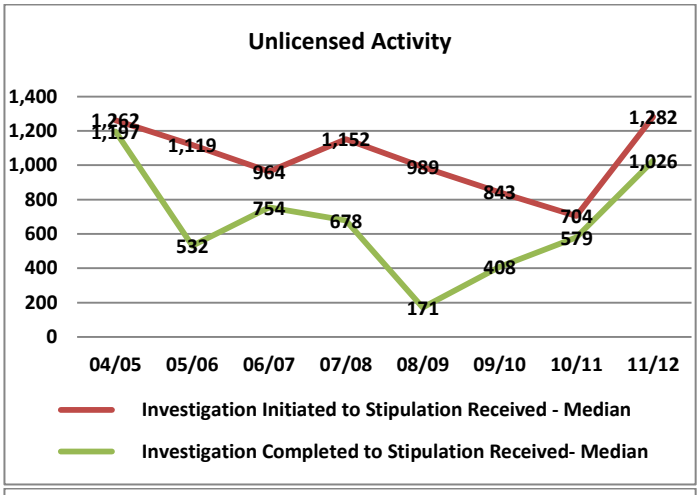


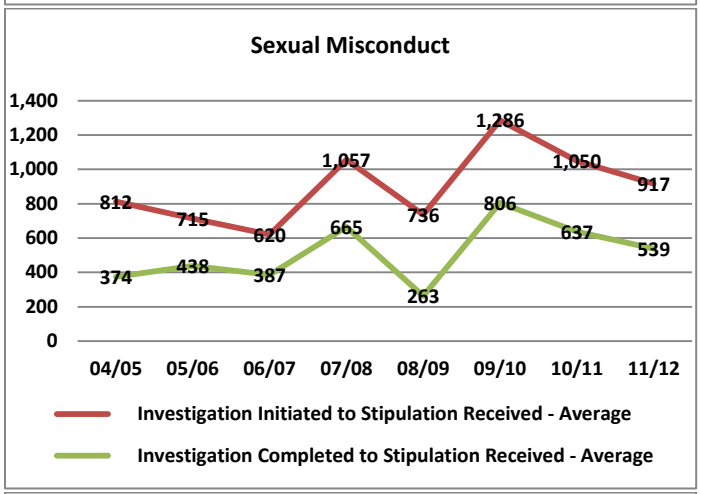
Investigation Initiated/Completed to Stipulated Decision Received Average/Median Calendar Days

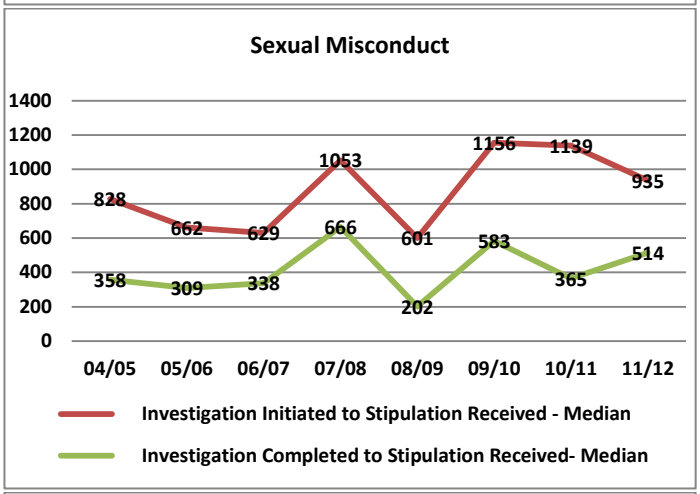
The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a Stipulated Decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a Stipulated Decision was received.

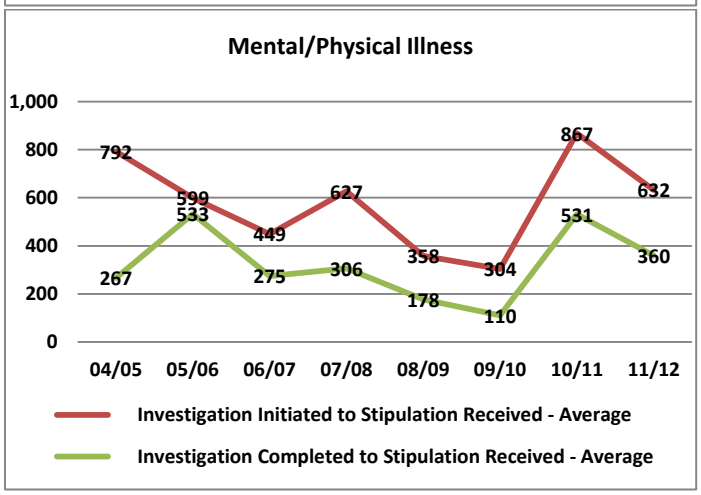
This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

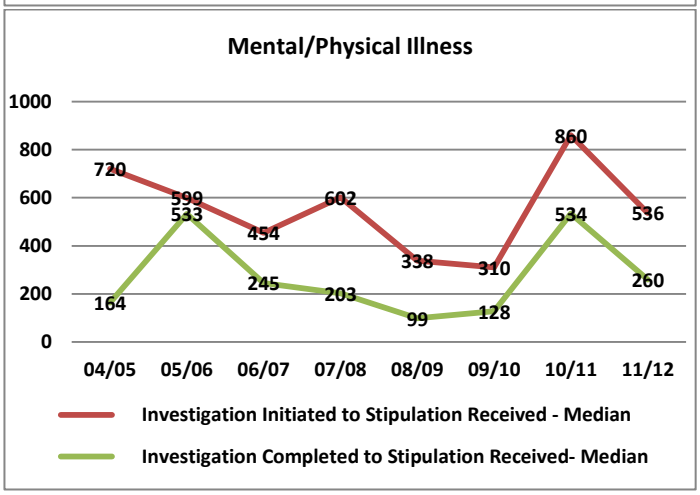








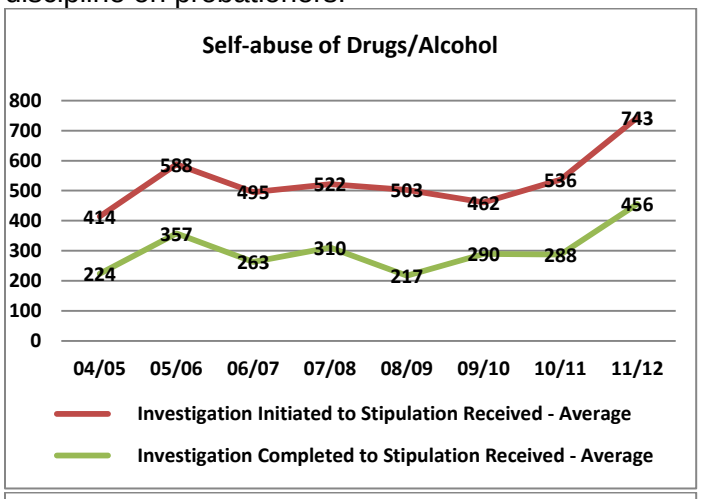


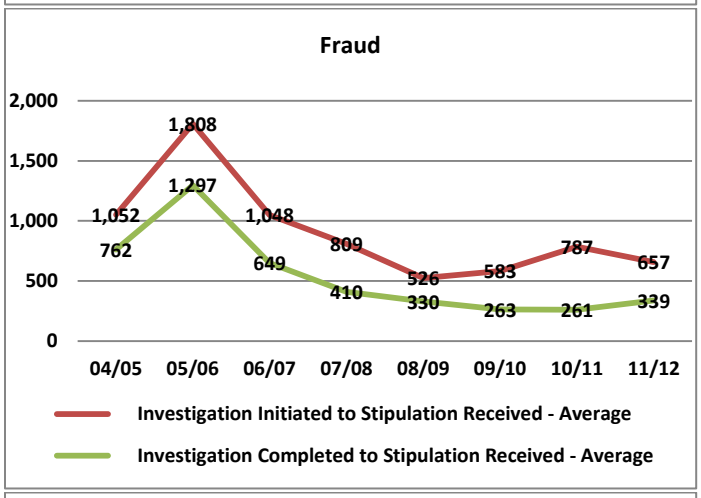


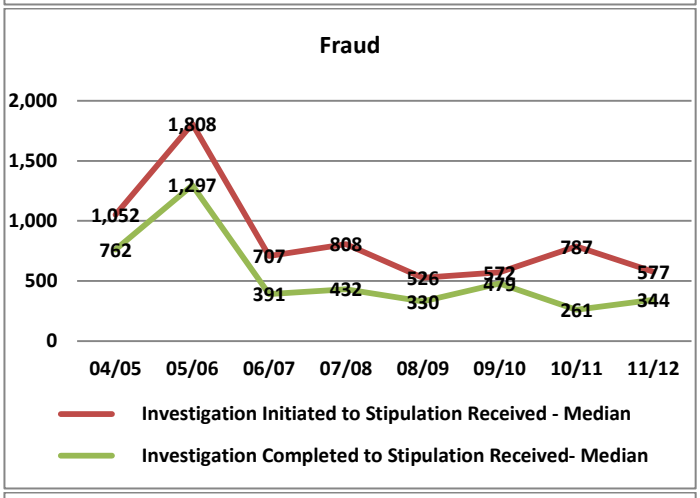
Investigation Initiated/Completed to Stipulated Decision Received Average/Median Calendar Days

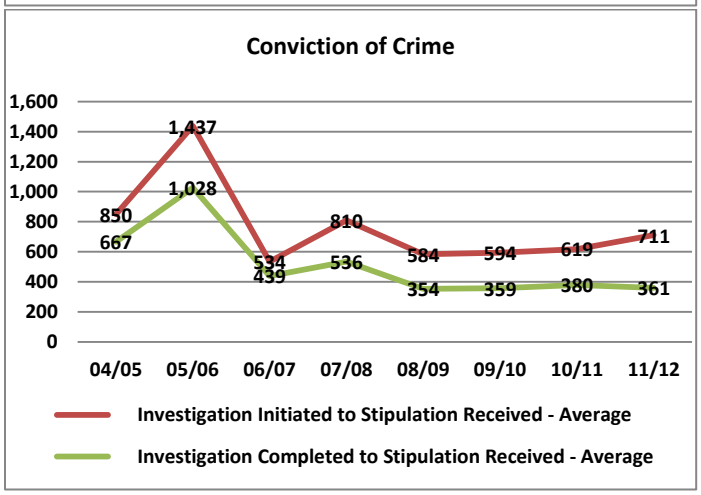
The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a Stipulated Decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a Stipulated Decision was received.

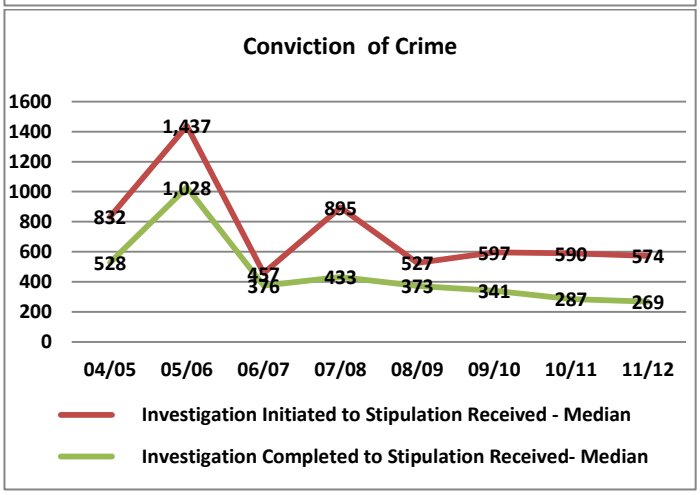
This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.







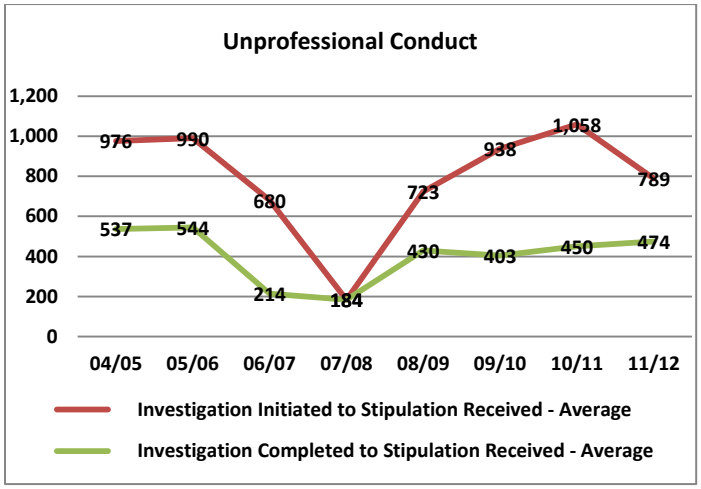


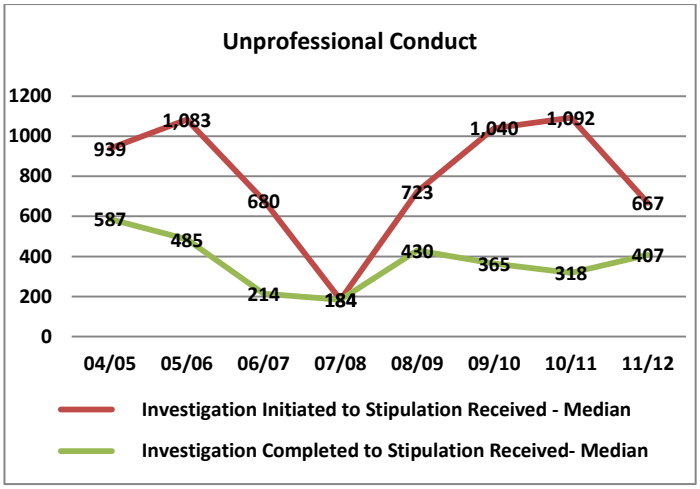


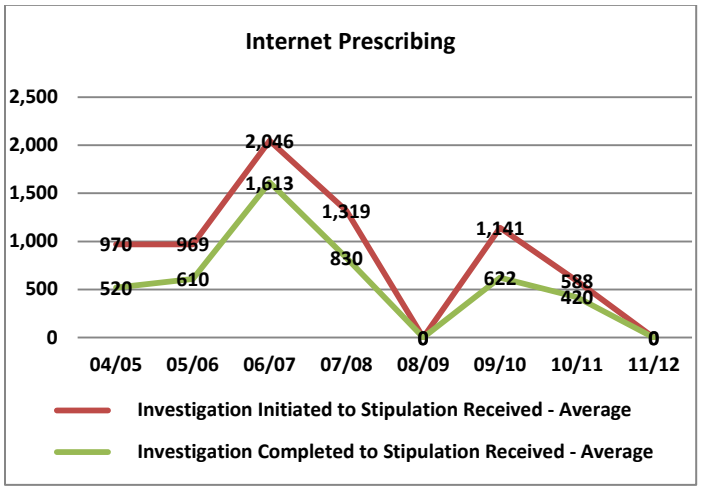
Investigation Initiated/Completed to Stipulated Decision Received
Average/Median Calendar Days

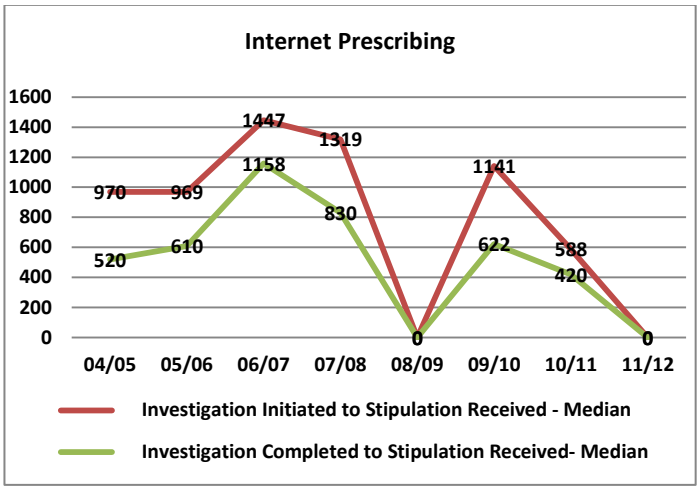
The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a Stipulated Decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a Stipulated Decision was received.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.









Investigation Initiated/Completed to Submittal of the Matter to an Administrative Law Judge (ALJ) or Proposed Decision Received – Average Calendar Days

The chart below illustrates the average calendar days for all case types and then a breakdown by each individual type. This chart captures the average calendar days from the time the district office initiated the investigation to the time a matter was submitted to an ALJ or a proposed decision was received and the average calendar days from the time the district office completed the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. Note: the date a proposed decision was received was only used in cases where the Board could not identify when the matter was submitted to the ALJ.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	**42**	**30**	**37**	**39**	**33**	**27**	**37**	**38**
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	**1,115**	**1,161**	**926**	**1,161**	**1,102**	**850**	**973**	**1,038**
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	**713**	**747**	**604**	**751**	**700**	**437**	**513**	**565**
Gross Negligence/Incompetence - (Number of cases)	23	18	17	23	20	13	16	19
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	1,233	1,198	1,064	1,212	1,224	1,046	1,095	1,213
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	722	727	640	739	762	443	529	604
Inappropriate Prescribing - (Number of cases)	3	1	2	2	2	0	2	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	1,360	1,786	774	1,477	680	0	1,106	1,262
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	833	1,362	522	965	452	0	673	964
Unlicensed Activity - (Number of cases)	0	0	1	1	0	0	2	0
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	0	0	1,005	1,297	0	0	637	0
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	0	0	556	710	0	0	401	0
Sexual Misconduct - (Number of cases)	5	3	4	5	3	5	5	0
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	934	725	747	1,017	1,138	855	1,370	0
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	611	547	534	902	668	604	863	0
Mental/Physical Illness - (Number of cases)	1	1	4	2	2	0	3	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	611	1,038	643	826	765	0	632	922
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	407	639	450	134	570	0	367	483
Self-abuse of Drugs/Alcohol - (Number of cases)	4	2	4	4	3	6	3	5
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	717	503	685	625	434	615	350	844
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	643	408	388	365	247	389	231	414
Fraud - (Number of cases)	2	3	0	2	1	1	1	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	1,091	1,606	0	1,964	1,666	501	890	809
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	777	1,045	0	1,699	1,151	262	342	529
Conviction of Crime - (Number of cases)	2	1	4	0	0	2	3	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	1,222	1,079	1,135	0	0	444	650	533
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	1,049	775	1,014	0	0	212	353	392
Unprofessional Conduct - (Number of cases)	1	1	1	0	2	0	2	2
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	447	1,342	772	0	1,312	0	1,178	800
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	351	951	325	0	950	0	433	417
Internet Prescribing - (Number of cases)	1	0	0	0	0	0	0	0
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Average	1,181	0	0	0	0	0	0	0
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Average	807	0	0	0	0	0	0	0

Investigation Initiated/Completed to Submittal of the Matter to an Administrative Law Judge (ALJ) or Proposed Decision Received – Median Calendar Days

The chart below illustrates the median calendar days for all case types and then a breakdown by each individual type. This chart captures the median calendar days from the time the district office initiated the investigation to the time a matter was submitted to an ALJ or a proposed decision was received and the median calendar days from the time the district office completed the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. Note: the date a proposed decision was received was only used in cases where the Board could not identify when the matter was submitted to the ALJ.

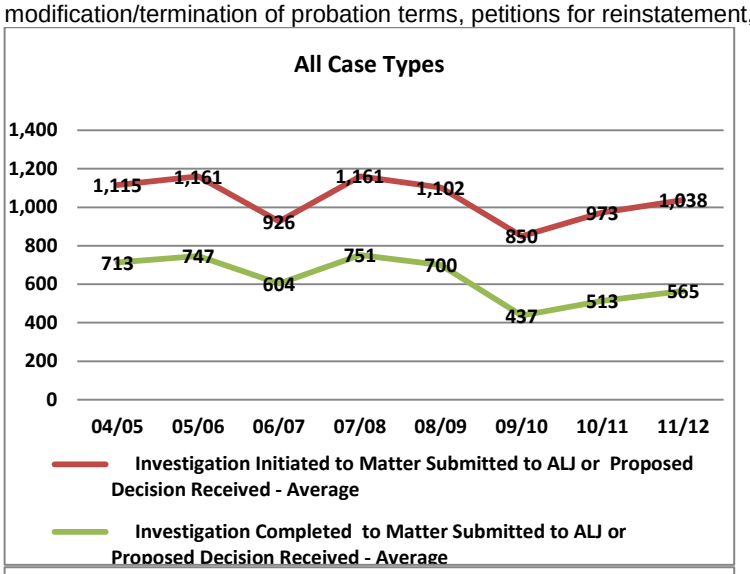
This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

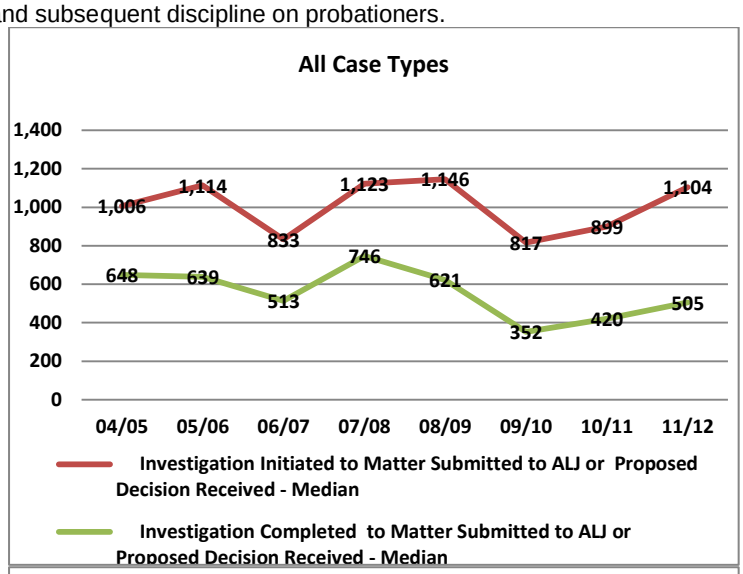
Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	**42**	**30**	**37**	**39**	**33**	**27**	**37**	**38**
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	**1,006**	**1,114**	**833**	**1,123**	**1,146**	**817**	**899**	**1,104**
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	**648**	**639**	**513**	**746**	**621**	**352**	**420**	**505**
Gross Negligence/Incompetence - (Number of cases)	23	18	17	23	20	13	16	19
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	1,034	1,142	961	1,273	1,181	1,083	1,114	1,201
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	648	615	606	786	738	404	450	534
Inappropriate Prescribing- (Number of cases)	3	1	2	2	2	0	2	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	1,208	1,786	774	1,477	680	0	1,106	1,140
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	561	1,362	522	965	452	0	673	906
Unlicensed Activity - (Number of cases)	0	0	1	1	0	0	2	0
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	0	0	1,005	1,297	0	0	637	0
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	0	0	556	710	0	0	401	0
Sexual Misconduct - (Number of cases)	5	3	4	5	3	5	5	0
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	956	863	727	1,123	1,210	936	1,309	0
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	759	537	396	1,003	577	428	762	0
Mental/Physical Illness - (Number of cases)	1	1	4	2	2	0	3	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	611	1,038	439	826	765	0	603	1,104
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	407	639	434	134	570	0	308	332
Self-abuse of Drugs/Alcohol - (Number of cases)	4	2	4	4	3	6	3	5
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	674	503	726	557	380	588	442	928
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	581	408	317	407	278	315	265	437
Fraud - (Number of cases)	2	3	0	2	1	1	1	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	1,091	1,671	0	1,964	1,666	501	890	778
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	777	978	0	1,699	1,151	262	342	472
Conviction of Crime - (Number of cases)	2	1	4	0	0	2	3	3
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	1,222	1,079	456	0	0	444	707	614
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	1,049	775	274	0	0	212	315	430
Unprofessional Conduct - (Number of cases)	1	1	1	0	2	0	2	2
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	447	1,342	772	0	1,312	0	1,178	800
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	351	951	325	0	655	0	433	417
Internet Prescribing - (Number of cases)	1	0	0	0	0	0	0	0
Investigation Initiated to Matter Submitted to ALJ or Proposed Decision Received - Median	1,181	0	0	0	0	0	0	0
Investigation Completed to Matter Submitted to ALJ or Proposed Decision Received - Median	807	0	0	0	0	0	0	0

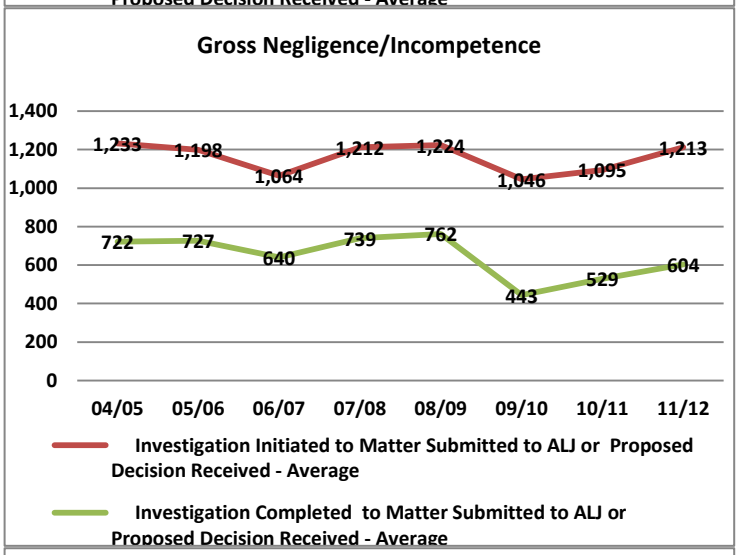
Investigation Initiated/Completed to Submittal of the Matter to an Administrative Law Judge (ALJ) or Proposed Decision Received - Average/Median Calendar Days

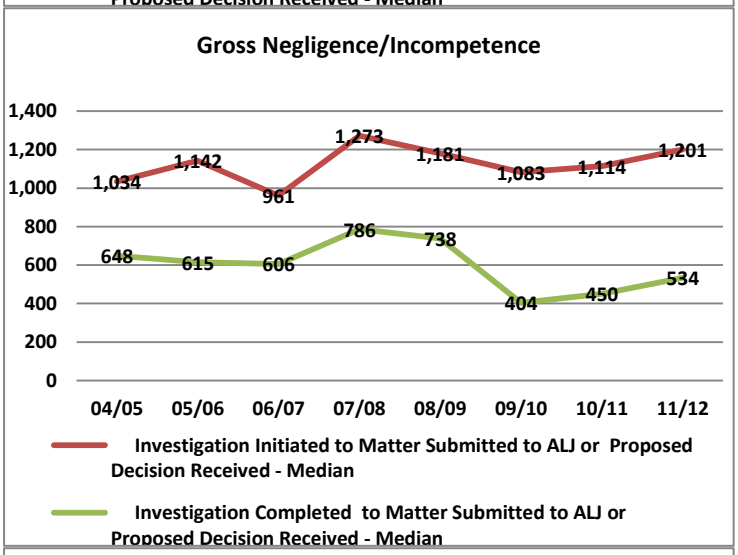
The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. Note: the date a proposed decision was received was only used in cases where the Board could not identify when the matter was submitted to the ALJ.

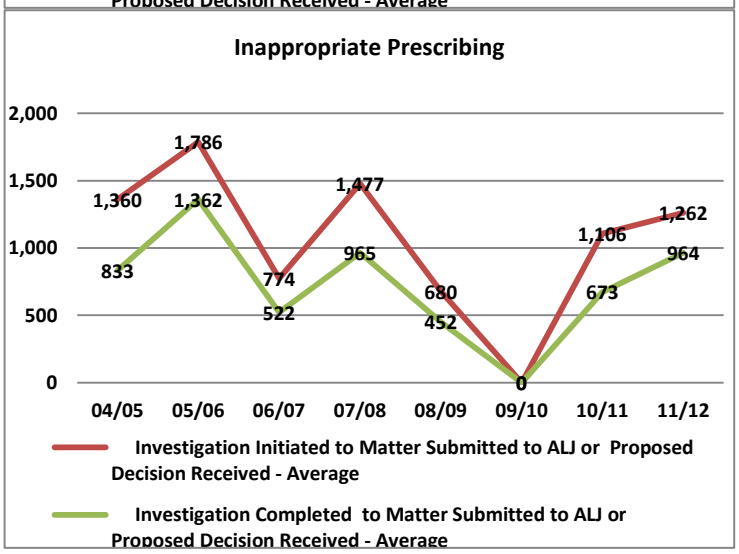
This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

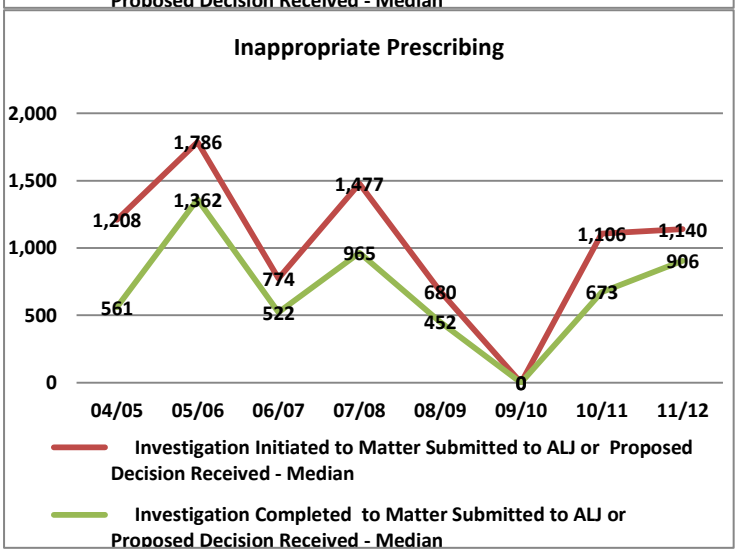












Investigation Initiated/Completed to Submittal of the Matter to an Administrative Law Judge (ALJ) or Proposed Decision Received - Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. Note: the date a proposed decision was received was only used in cases where the Board could not identify when the matter was submitted to the ALJ.

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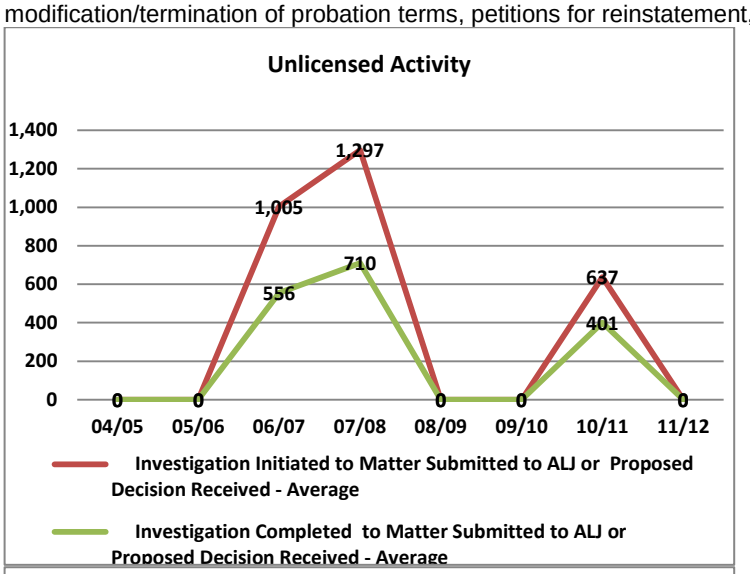

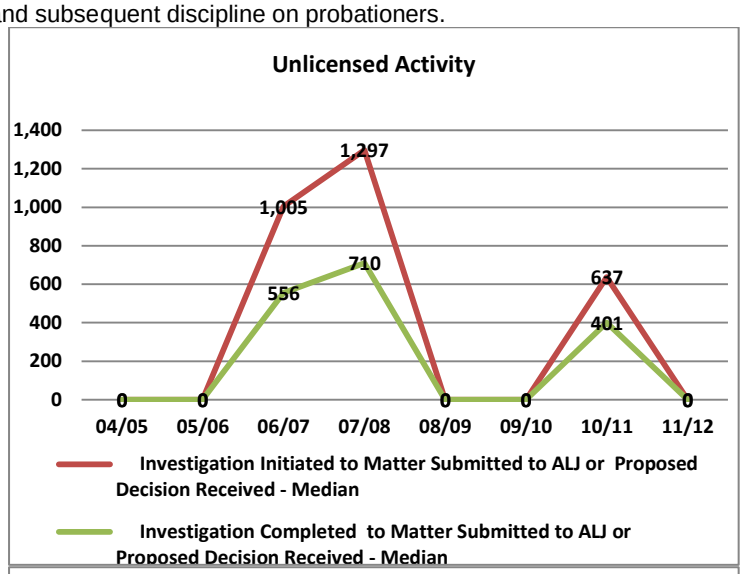

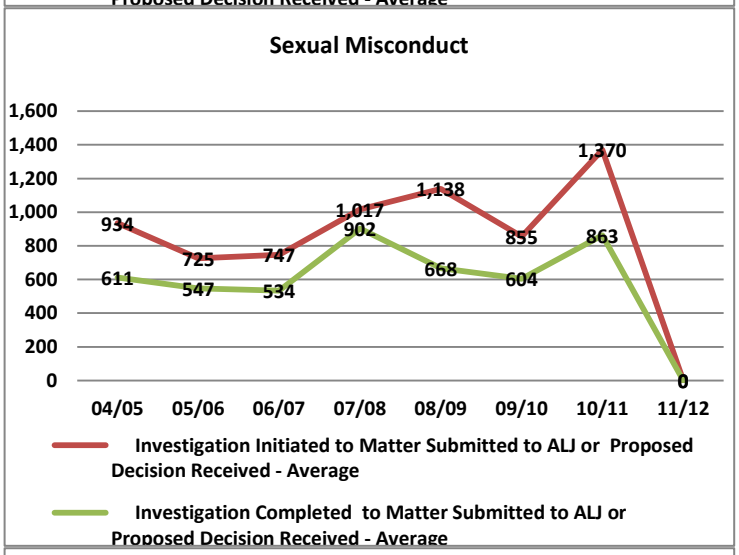

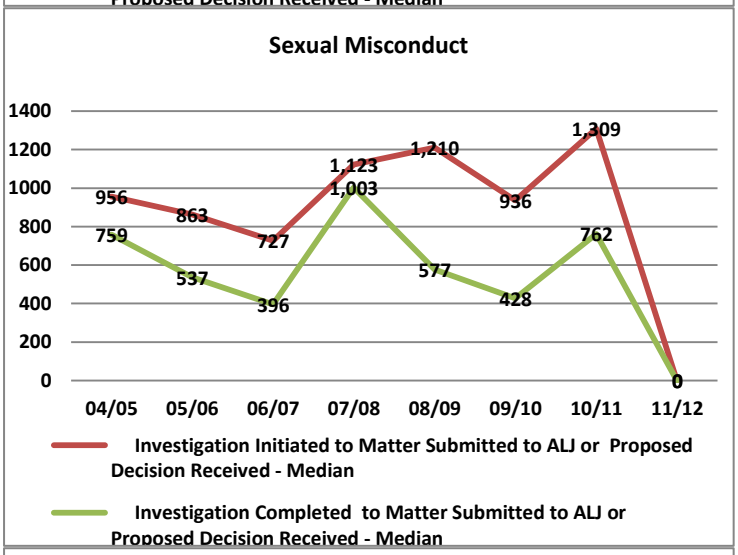

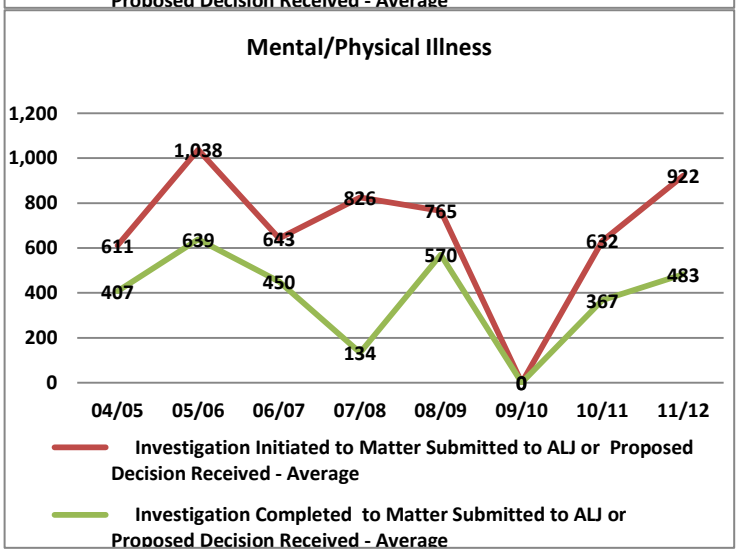

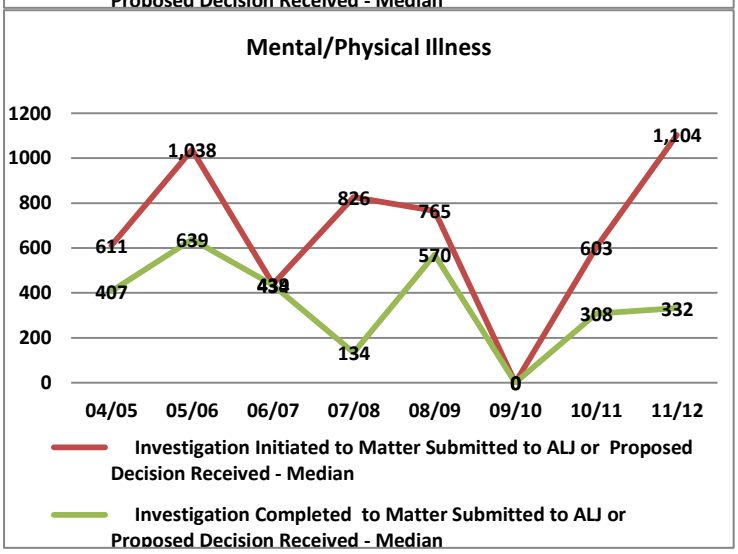

Investigation Initiated/Completed to Submittal of the Matter to an Administrative Law Judge (ALJ) or Proposed Decision Received - Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. Note: the date a proposed decision was received was only used in cases where the Board could not identify when the matter was submitted to the ALJ.

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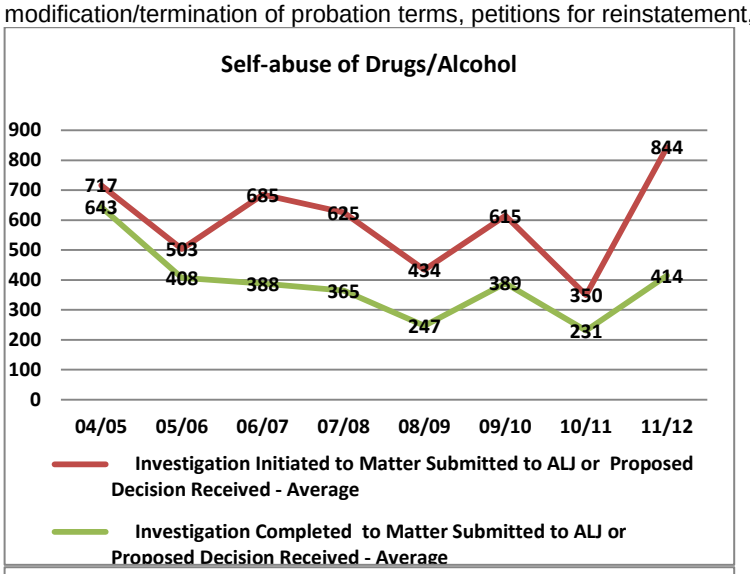

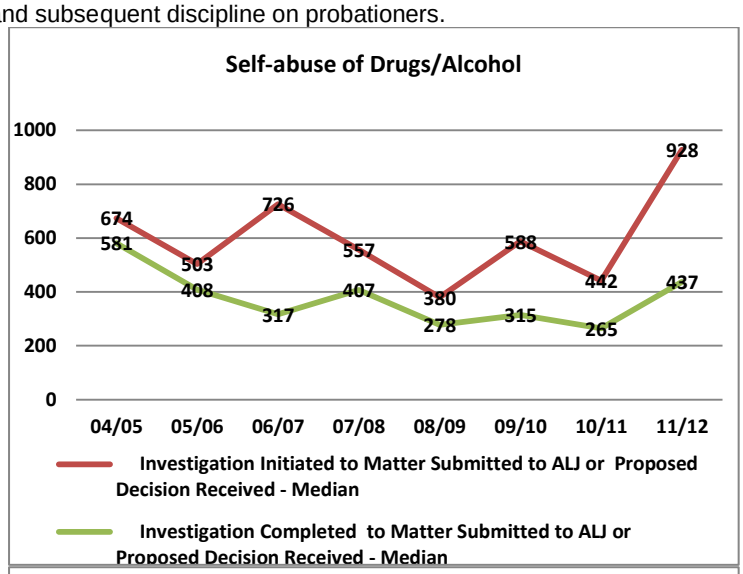

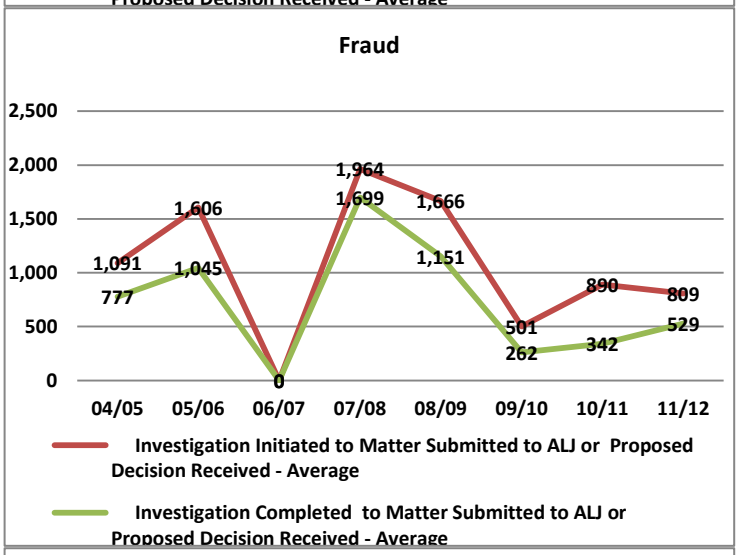

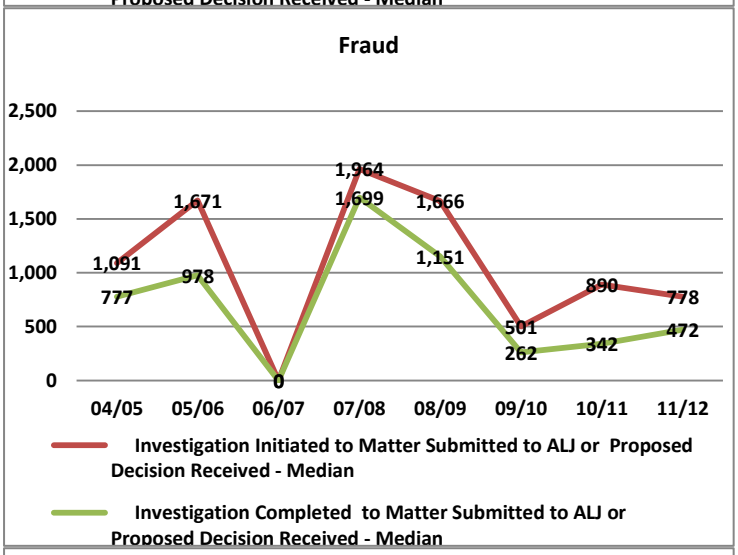

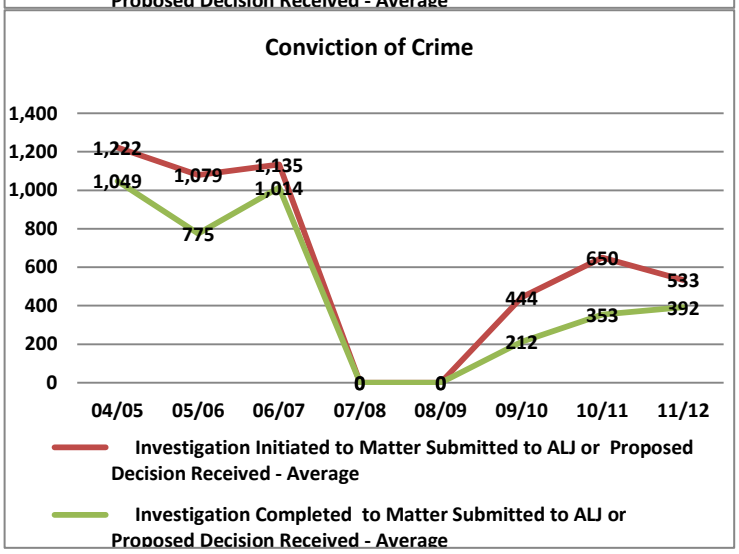

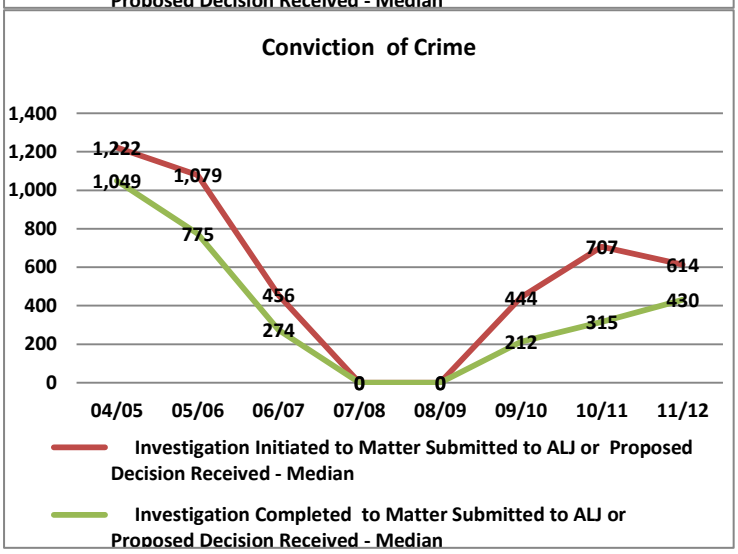

Investigation Initiated/Completed to Submittal of the Matter to an Administrative Law Judge (ALJ) or Proposed Decision Received - Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a matter was submitted to an ALJ or a proposed decision was received. Note: the date a proposed decision was received was only used in cases where the Board could not identify when the matter was submitted to the ALJ.

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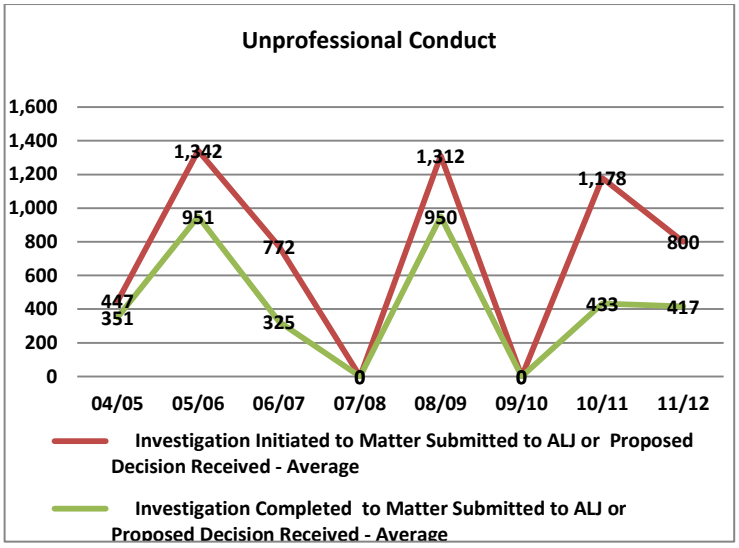

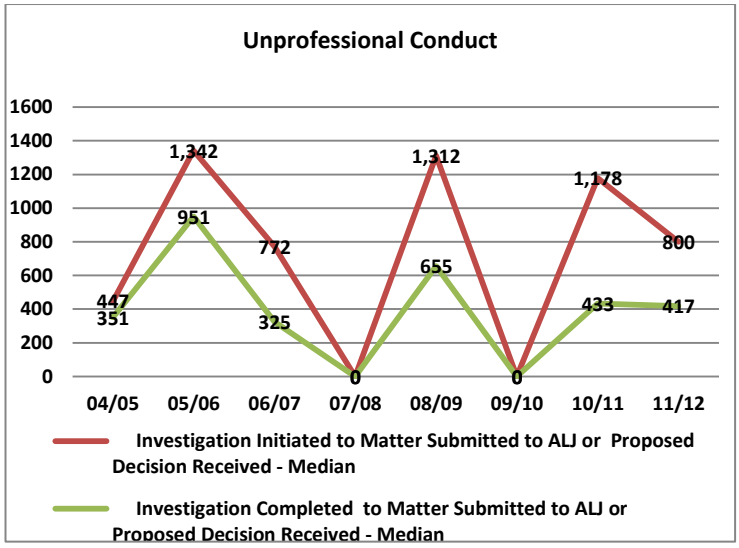

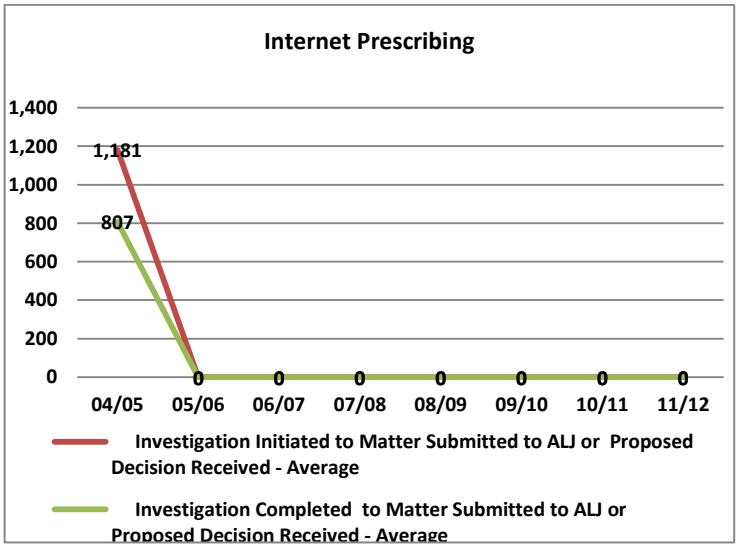

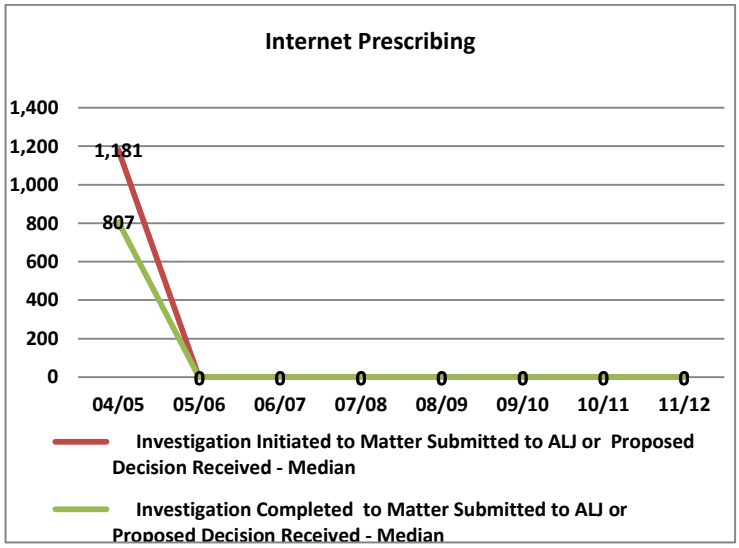

Investigation Initiated/Completed to Default Decision Received – Average Calendar Days

The chart below illustrates the average calendar days for all case types and then a breakdown by each individual type. This graph captures the average calendar days from the time the district office initiated the investigation to the time a default decision was received and the average calendar days from the time the district office completed the investigation to the time a default decision was received.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

Fiscal Year	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	**12**	**7**	**11**	**8**	**12**	**7**	**11**	**8**
Investigation Initiated to Default Decision Received - Average	**477**	**554**	**673**	**591**	**732**	**771**	**690**	**678**
Investigation Completed to Default Decision Received - Average	**190**	**211**	**411**	**304**	**441**	**374**	**322**	**282**
Gross Negligence/Incompetence - (Number of cases)	3	3	3	1	3	1	3	2
Investigation Initiated to Default Decision Received - Average	731	636	1,087	781	1,215	1,605	894	710
Investigation Completed to Default Decision Received - Average	270	185	719	190	871	1,301	115	218
Inappropriate Prescribing - (Number of cases)	1	0	0	0	2	0	0	0
Investigation Initiated to Default Decision Received - Average	195	0	0	0	400	0	0	0
Investigation Completed to Default Decision Received - Average	83	0	0	0	162	0	0	0
Sexual Misconduct - (Number of cases)	0	0	1	0	0	1	0	0
Investigation Initiated to Default Decision Received - Average	0	0	279	0	0	1,121	0	0
Investigation Completed to Default Decision Received - Average	0	0	219	0	0	73	0	0
Mental/Physical Illness - (Number of cases)	4	0	1	3	3	3	2	3
Investigation Initiated to Default Decision Received - Average	338	0	692	723	563	585	668	633
Investigation Completed to Default Decision Received - Average	157	0	525	417	371	287	214	215
Self-abuse of Drugs/Alcohol - (Number of cases)	4	0	3	1	2	2	1	1
Investigation Initiated to Default Decision Received - Average	497	0	690	276	680	460	309	376
Investigation Completed to Default Decision Received - Average	191	0	384	121	207	191	132	151
Fraud - (Number of cases)	0	0	0	2	1	0	0	1
Investigation Initiated to Default Decision Received - Average	0	0	0	565	965	0	0	1,009
Investigation Completed to Default Decision Received - Average	0	0	0	352	660	0	0	640
Conviction of Crime - (Number of cases)	0	1	2	1	1	0	5	1
Investigation Initiated to Default Decision Received - Average	0	351	409	373	328	0	653	716
Investigation Completed to Default Decision Received - Average	0	237	138	168	173	0	526	384
Unprofessional Conduct - (Number of cases)	0	3	1	0	0	0	0	0
Investigation Initiated to Default Decision Received - Average	0	540	277	0	0	0	0	0
Investigation Completed to Default Decision Received - Average	0	228	199	0	0	0	0	0

Investigation Initiated/Completed to Default Decision Received – Average Calendar Days

The chart below illustrates the average calendar days for all case types and then a breakdown by each individual type. This graph captures the average calendar days from the time the district office initiated the investigation to the time a default decision was received and the average calendar days from the time the district office completed the investigation to the time a default decision was received.

This data excludes the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, petitions for reinstatement, and subsequent discipline on probationers.

Fiscal Years	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All Case Types - (Number of cases)	**12**	**7**	**11**	**8**	**12**	**7**	**11**	**8**
From Investigation Initiated to Default Decision - Median	**370**	**539**	**692**	**629**	**681**	**758**	**654**	**660**
From Investigation Completed to Default Decision - Median	**211**	**185**	**237**	**296**	**282**	**269**	**175**	**190**
Gross Negligence/Incompetence - (Number of cases)	3	3	3	1	3	1	3	2
From Investigation Initiated to Default Decision - Median	745	640	1,059	781	681	1,605	866	710
From Investigation Completed to Default Decision - Median	269	185	533	190	395	1,301	100	218
Inappropriate Prescribing - (Number of cases)	1	0	0	0	2	0	0	0
From Investigation Initiated to Default Decision - Median	195	0	0	0	400	0	0	0
From Investigation Completed to Default Decision - Median	83	0	0	0	162	0	0	0
Sexual Misconduct - (Number of cases)	0	0	1	0	0	1	0	0
From Investigation Initiated to Default Decision - Median	0	0	279	0	0	1,121	0	0
From Investigation Completed to Default Decision - Median	0	0	219	0	0	73	0	0
Mental/Physical Illness - (Number of cases)	4	0	1	3	3	3	2	3
From Investigation Initiated to Default Decision - Median	316	0	692	834	783	648	668	610
From Investigation Completed to Default Decision - Median	163	0	525	358	527	299	214	161
Self-abuse of Drugs/Alcohol - (Number of cases)	4	0	3	1	2	2	1	1
From Investigation Initiated to Default Decision - Median	390	0	773	276	680	460	309	376
From Investigation Completed to Default Decision - Median	200	0	254	121	207	191	132	151
Fraud - (Number of cases)	0	0	0	2	1	0	0	1
From Investigation Initiated to Default Decision - Median	0	0	0	565	965	0	0	1,009
From Investigation Completed to Default Decision - Median	0	0	0	352	660	0	0	640
Conviction of Crime - (Number of cases)	0	1	2	1	1	0	5	1
From Investigation Initiated to Default Decision - Median	0	351	409	373	328	0	450	716
From Investigation Completed to Default Decision - Median	0	237	138	168	173	0	290	384
Unprofessional Conduct - (Number of cases)	0	3	1	0	0	0	0	0
From Investigation Initiated to Default Decision - Median	0	409	277	0	0	0	0	0
From Investigation Completed to Default Decision - Median	0	184	199	0	0	0	0	0

Investigation Initiated/Completed to Default Decision Received – Average/Median Calendar Days

The graphs below illustrate the average (left column) and median (right column) calendar days for all case types and then a breakdown by each individual type. These graphs show two measurements. The top lines represent the average/median calendar days from the time the district office initiated the investigation to the time a default decision was received. The bottom lines are a subset of the top lines and represent the average/median calendar days from the time the district office completed the investigation to the time a default decision was received.

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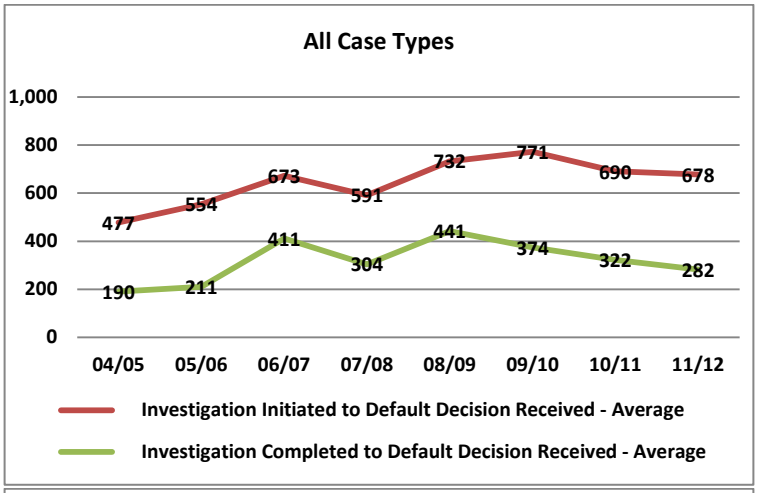

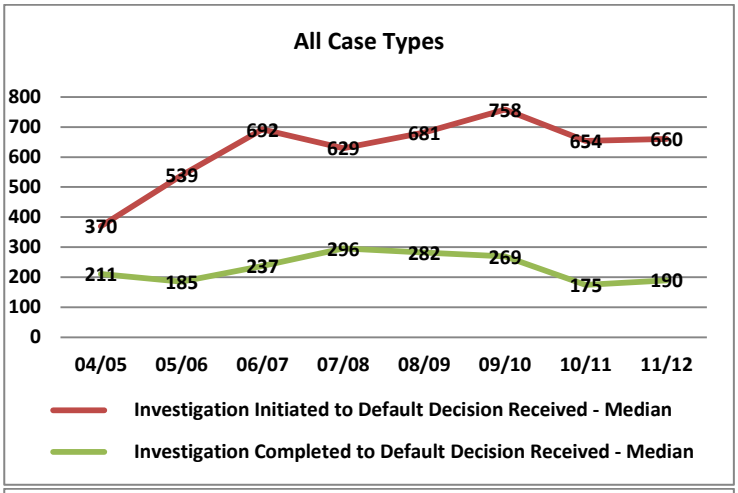

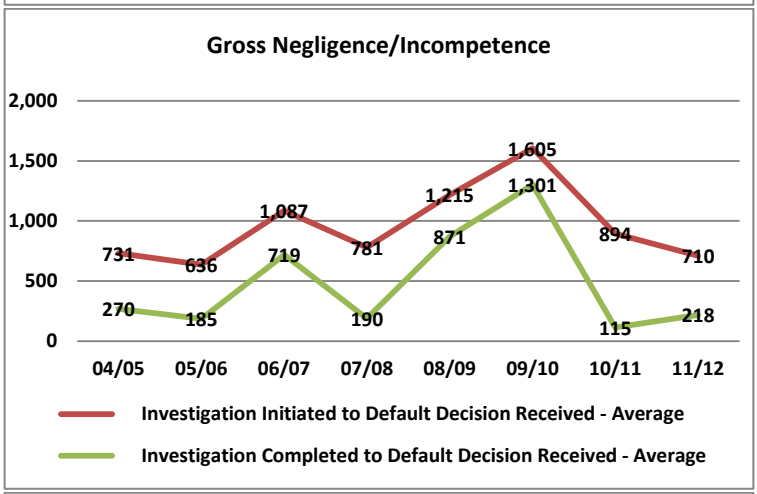

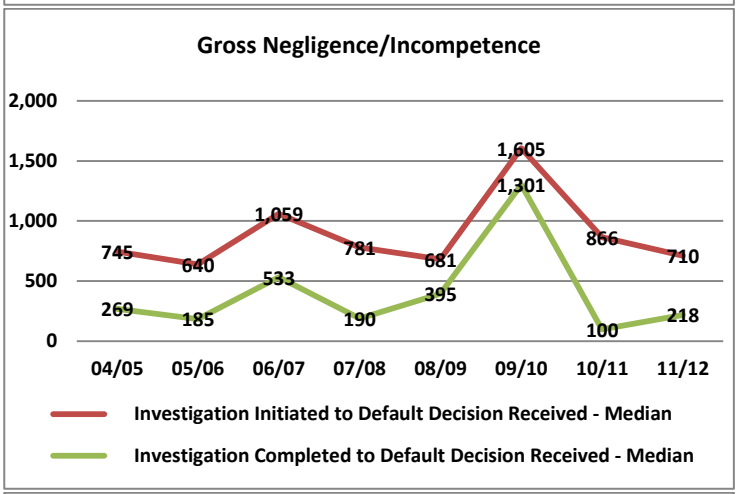

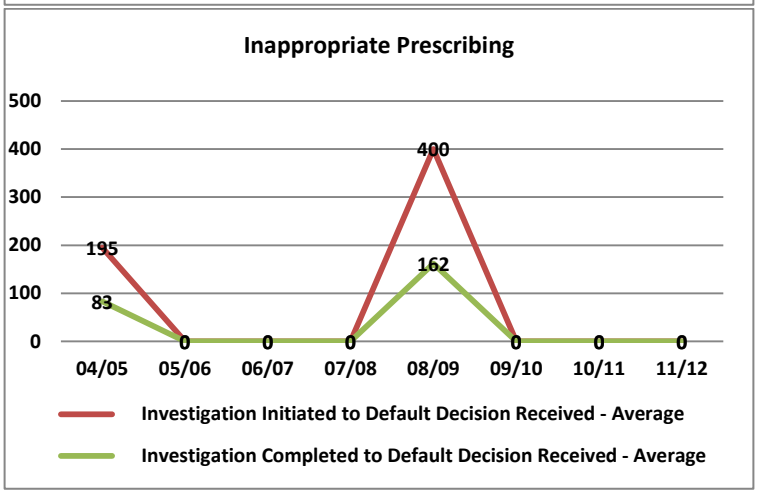

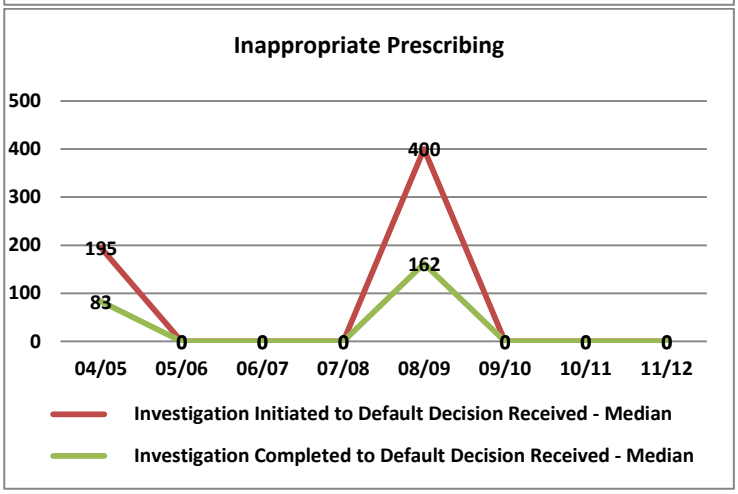

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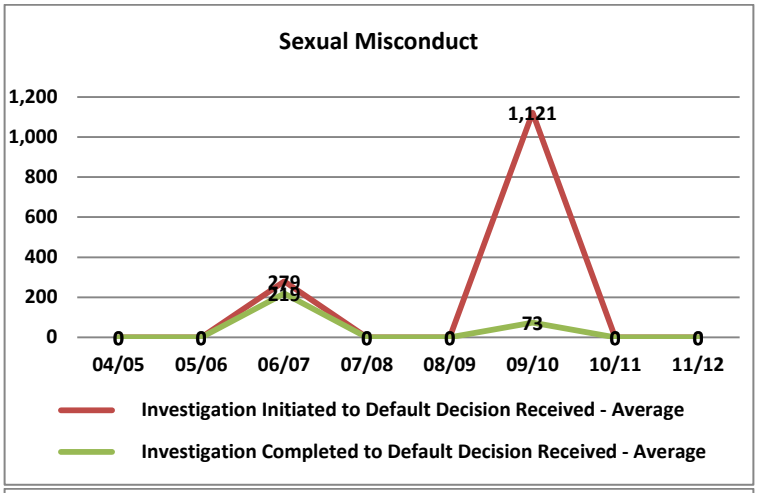

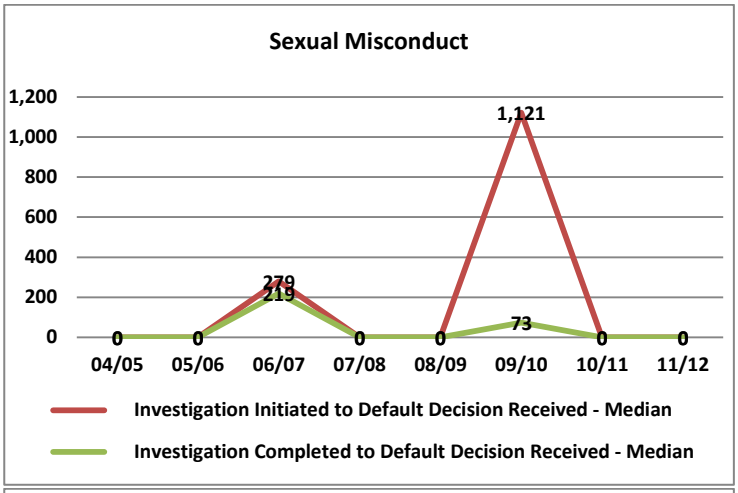

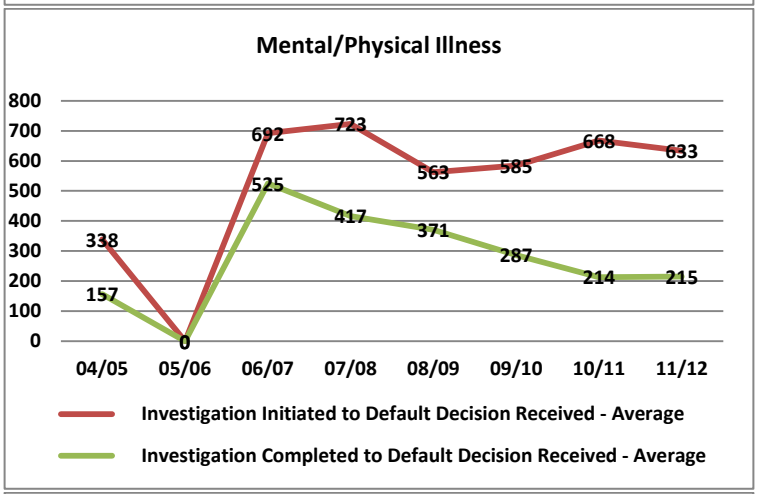

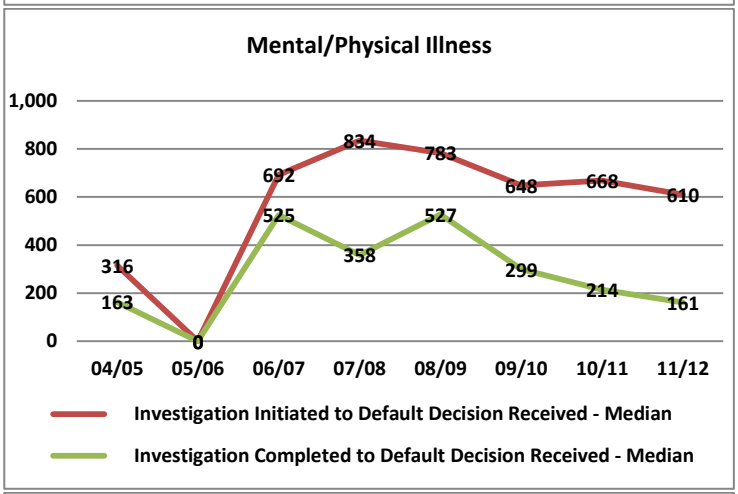

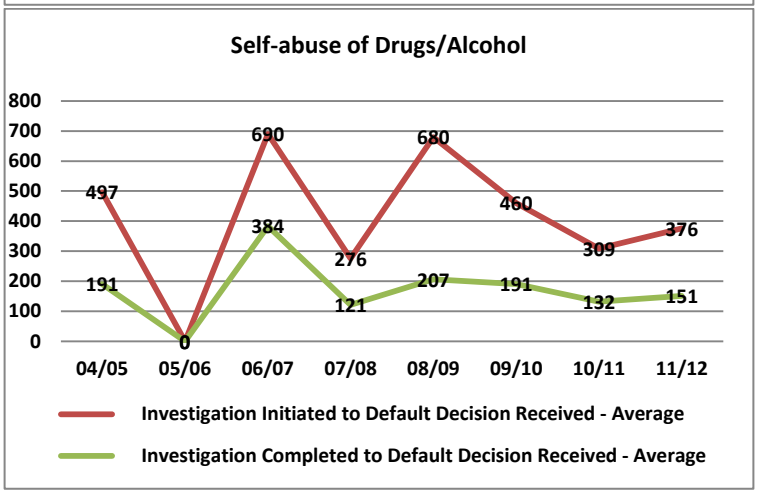

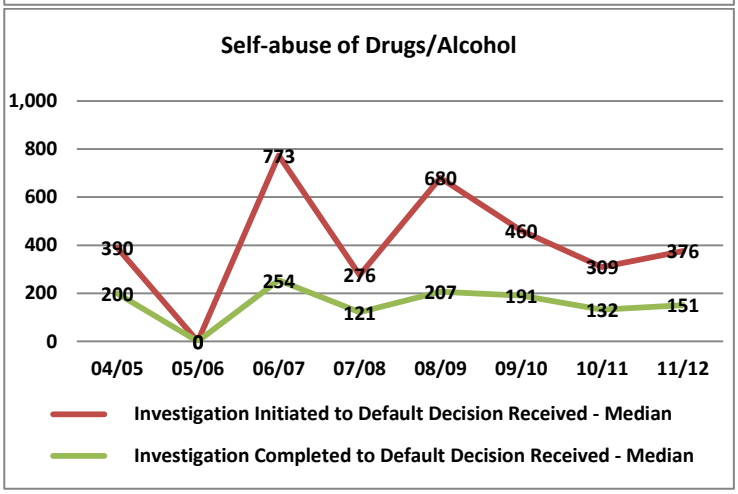

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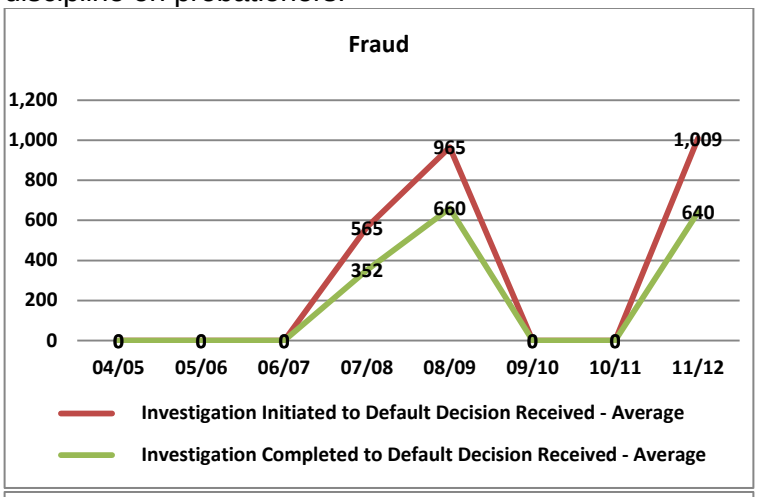

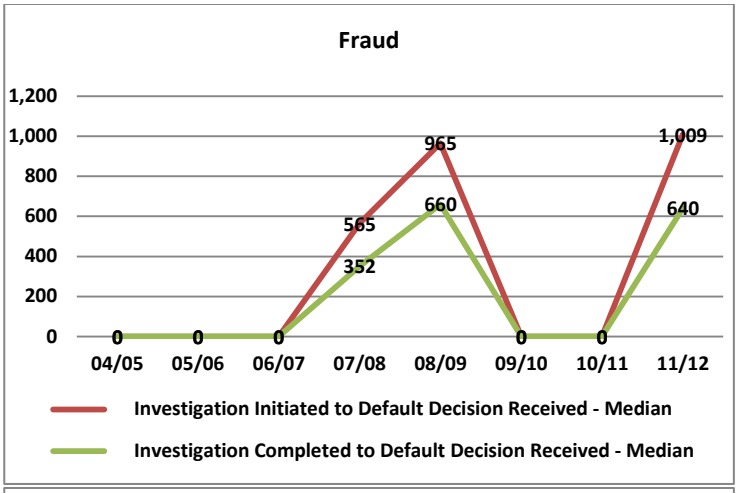

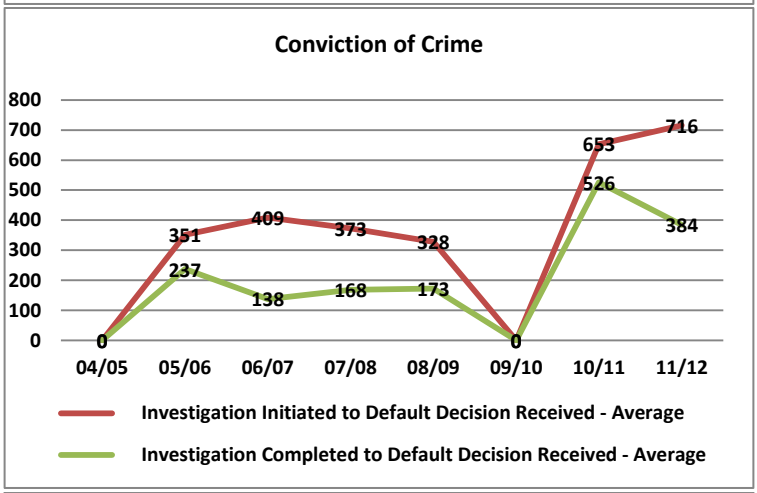

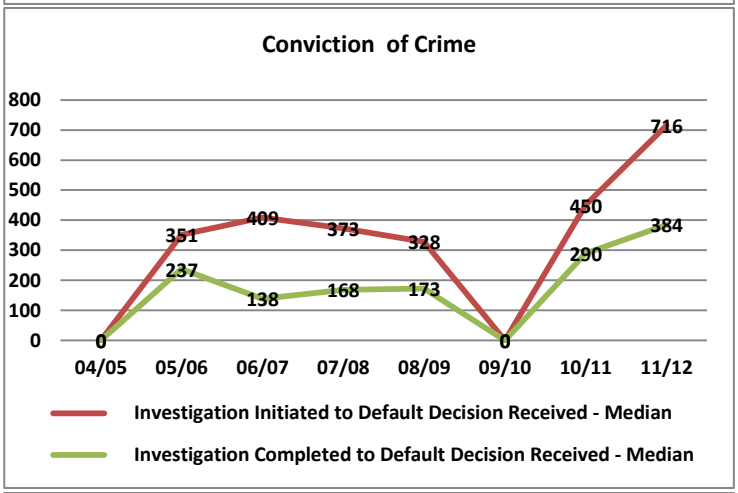

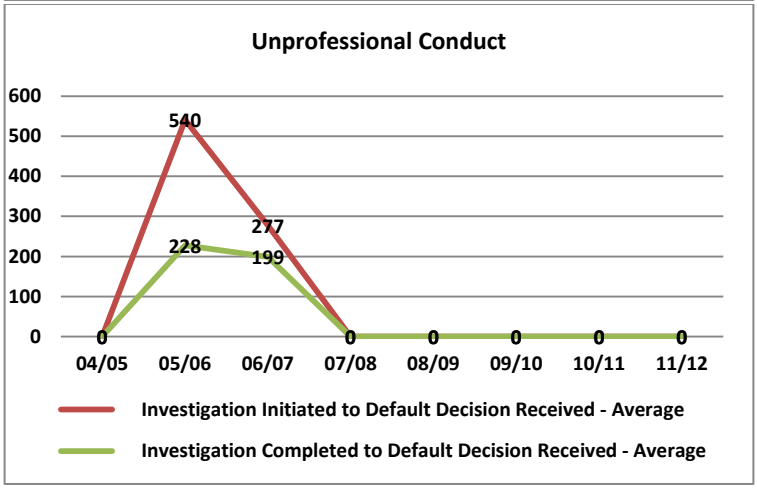

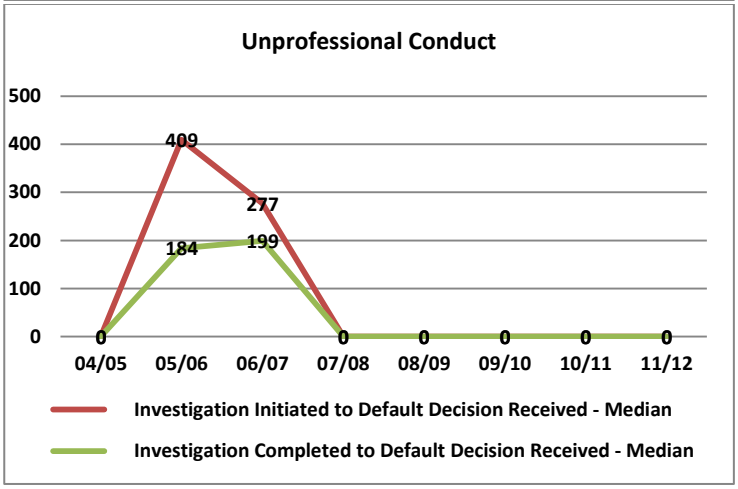

Cases Declined by the Attorney General's Office

The Chart represents the number of cases, which after the investigation was completed through VE/P, were declined to be prosecuted by the Attorney General's Office.

	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12
San Jose	1	1	2	1	5	2	7	4
Pleasant Hill	4	1	2	1	2	0	4	0
Sacramento	0	1	0	1	2	1	0	1
Fresno	2	1	5	1	2	1	2	0
Tustin	1	0	2	1	1	1	2	1
San Bernardino	1	1	2	0	0	0	2	0
San Diego	3	0	2	0	8	0	2	0
Rancho Cucamonga	1	0	0	0	0	0	0	1
Valencia	0	2	3	3	0	0	0	3
Cerritos	0	9	5	3	2	0	2	1
San Dimas	0	1	3	3	2	5	2	1
Glendale	7	3	3	2	2	1	7	3
Probation	0	0	0	0	0	0	0	0
Total Cases	**20**	**20**	**29**	**16**	**26**	**11**	**30**	**15**

Cases Requesting Supplemental Investigation After Transmittal

The Chart below represents the number of cases, which after the investigation was completed through VE/P, were deemed to need additional investigation.

	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12
San Jose	4	0	0	3	0	1	3	9
Pleasant Hill	4	2	0	0	1	0	2	1
Sacramento	0	0	0	0	1	1	3	4
Fresno	0	0	0	0	0	0	2	0
Tustin	6	1	0	1	0	0	0	0
San Bernardino	0	1	0	0	0	0	1	0
San Diego	0	0	0	0	1	0	1	1
Rancho Cucamonga	1	0	0	0	0	0	1	1
Valencia	1	3	2	0	1	5	2	0
Cerritos	2	9	0	1	0	0	0	2
San Dimas	0	3	4	5	5	6	5	5
Glendale	1	1	2	1	0	0	1	0
Probation	0	0	0	0	0	0	0	0
Total Cases	**19**	**20**	**8**	**11**	**9**	**13**	**21**	**23**