

## MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: January 6, 2017  
 ATTENTION: Members, Medical Board of California  
 SUBJECT: Enforcement Program Summary  
 STAFF CONTACT: Christina Delp, Chief of Enforcement

### Requested Action:

This report is intended to provide the Members with an update on the Enforcement Program at the Medical Board of California (Board). No action is needed at this time.

### Expert Reviewer Program:

There are currently 1,117 active experts in the Board's expert database. 284 experts were utilized to review 558 cases from January 1, 2016 through December 30, 2016. **Attachment A** provides the Expert Reviewer Program statistics. Additional experts are needed in the following specialties:

- Addiction Medicine with additional certification in Family or Internal Medicine, or Psychiatry
- Colon and Rectal Surgery
- Dermatology
- Family Medicine
- Midwives
- Neurological Surgery
- Neurology
- Pathology
- Pain Medicine
- Pediatric Surgery
- Pediatric Cardiac Surgery
- Pediatric Pulmonology
- Psychiatry (general, forensic, and addiction)
- Urology
- Vascular Surgery

Since the October Board Meeting, the Expert Reviewer Program conducted an Expert Reviewer training session at the University of California, Los Angeles on November 5, 2016. Fifty-nine participants attended the training and found it very beneficial. One individual sent a personal note to the program expressing his appreciation for the outstanding expert reviewer session and stated the professionalism of the course and the outstanding content was impressive.

During calendar year 2016, the Expert Reviewer Program conducted three training sessions and the total number of participants for all sessions was 134. The strategic objective of the Expert Reviewer Program is to exceed the number of participants this year and conduct extensive recruitment for new experts to enroll in the program.

### Office of Administrative Hearing Training

On October 28 and November 18, 2016, the Administrative Law Judges (ALJ) from the Office of Administrative Hearing (OAH) were provided training on co-morbid conditions and physician impairment, including how fitness for duty evaluations can measure impaired physicians. The physician impairment and fitness for duty training was provided by the University of California, San Diego School of Medicine's

Physician Assessment and Clinical Education Program (PACE) and all other training provided to the OAH has been provided by Board medical consultants. Board staff sincerely appreciates the readiness of the medical consultants and staff from PACE in assisting the Board with fulfilling its mandated obligation to provide training to the ALJs. On February 8, 2017, Board staff will meet with OAH to discuss future training topics.

Central Complaint Unit:

The Central Complaint Unit (CCU) intake staff has done a tremendous job to reduce the complaint initiation timeframe. While the average number of days to initiate a complaint was 11 for the second quarter of fiscal year 2016/2017, the average was 6 days in both November and December. This is now within the timeframe mandated by Business and Professions Code section 129(b).

The average time to process a complaint is currently 138 days, down 16 days from the 154 days reported in the last enforcement summary. CCU management continues to utilize weekly statistical reporting to ensure all aspects of each analyst's caseload are receiving adequate attention. Additionally, all CCU analysts are working together to reduce case aging for their respective case types.

The CCU currently has three vacancies. The office technician vacancy was mentioned in the previous enforcement summary and interviews were conducted as reported, however, the top candidates were not eligible for hire, prompting a re-advertisement of the position. A second round of interviews will be conducted January 11-12, 2017. A management services technician position is now vacant as a result of an employee's separation from state service in October 2016. The position was advertised and interviews will take place the week of January 16, 2017. Finally, Sandra Fugett, a Board employee for 28 years, retired in December 2016. Ms. Fugett was a staff services analyst (SSA) in the CCU Physician Conduct Section. This vacancy was advertised and management expects to conduct interviews the week of January 23, 2017. Additionally, there is one analyst on maternity leave until April 2017.

Discipline Coordination Unit:

Staff in the Discipline Coordination Unit (DCU) has restored nearly 7,000 disciplinary documents to the Board's website to ensure compliance with Assembly Bill 1886 (Eggman, Chapter 285, Statutes of 2014). Staff will continue efforts in 2017 to complete this project as there are approximately 15,000 additional documents that need to be restored.

Since the previous enforcement summary provided at the October Board meeting, DCU filled one vacant SSA position in November. In addition, a tentative job offer was made to fill a vacant associate governmental program analyst (AGPA) position, however the Department of Consumer Affairs (DCA) determined the candidate was not eligible. An SSA left the Board creating a new vacancy. The SSA and AGPA vacancies were advertised and management is currently reviewing applications. Interviews for both vacancies are anticipated to be conducted in February.

Complaint Investigation Office

The Complaint Investigation Office (CIO) non-sworn special investigators continue to monitor a caseload of approximately 52 cases. Since the last enforcement summary provided at the October 2016 Board meeting, CIO has closed 72 cases and has transmitted 14 cases to the Attorney General's Office – 3 malpractice cases, 6 criminal /conviction cases, 4 Petitions for Reinstatement of licensure, and 1 Petition for Early Termination/Modification of Probation.

CIO's average timeframe to process a reinstatement is 167 days, 191 days to process subsequent arrest convictions, and 203 days to process mandated settlement claims that are reported to the Board. Management is evaluating case procedures with the goal of reducing overall processing timeframes. The CIO is fully staffed.

Probation Unit:

Interviews were held on December 12-13, 2016, to fill two inspector vacancies in the San Dimas and Glendale field offices. Tentative job offers were made and management is waiting to receive hiring background clearances from DCA to finish the hiring process. Additionally, one inspector was selected by the Health Quality Investigation Unit (HQIU) to be a non-sworn investigator on a one-year limited term basis in the Valencia field office. This created a limited term vacancy in the Probation Unit. The vacancy has been advertised and management expects to conduct hiring interviews in February. Probation managers continue to assume the responsibilities carried out by the two inspector supervisors who are still out on extended leave.

Executive Office Analyst

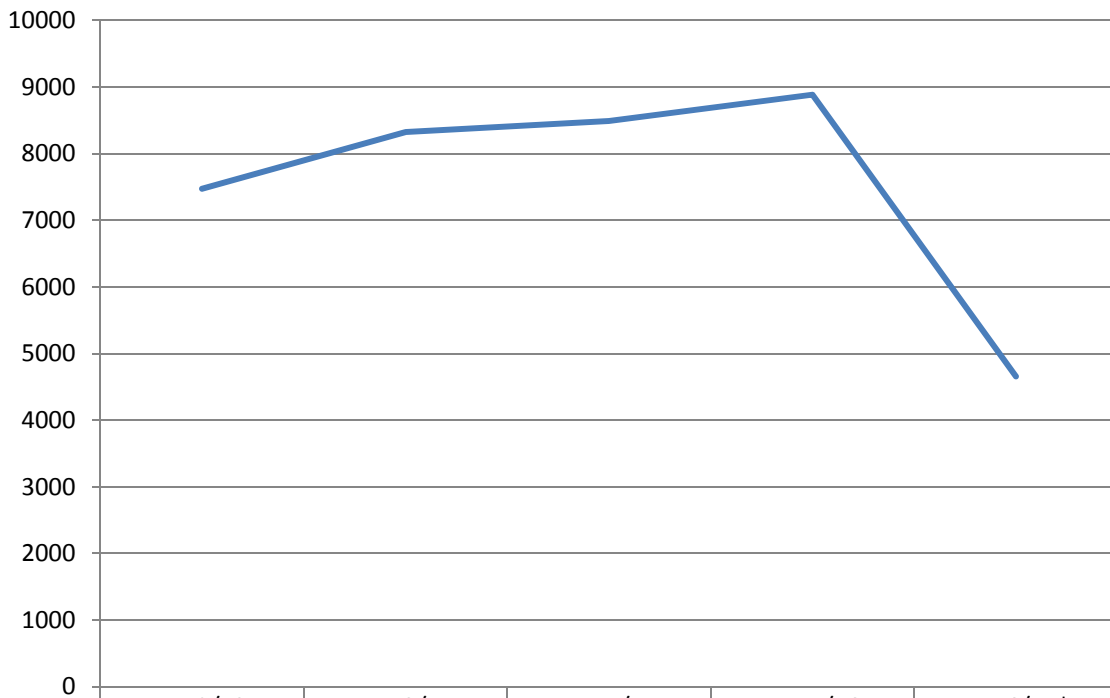
This position was filled in November and has been actively working with the Chiefs of Enforcement and Legislation to assist management with the Board's regulatory process and enforcement related matters. The SSA is tasked with monitoring the Board's compliance with Business and Professions (B&P) Code Section 2220(a) by working with the HQIU to determine whether an interim suspension order should be issued after receipt of an 805 or 805.01 report, and monitoring the timely receipt of 805 reports submitted to the Board by mandated reporting entities pursuant to B&P 805.

Enforcement Performance Measures

The charts below depict workload statistics regarding the number of complaints received (PM1, which includes complaints and arrest notifications), the average number of days to initiate a complaint and assign it to an analyst (PM2), the average number of days it takes to complete a case that has not been transmitted to the Attorney General for disciplinary action (PM3), and the average number of days it takes to complete a case that has been transmitted to the Attorney General for disciplinary action (PM4). PM7 captures the average number of days from when a Probation Inspector is assigned a case to when the Inspector makes the initial telephone call to the probationer to set up the face-to-face intake interview. PM8 captures the average number of days from when a Probation Inspector confirms/supports with evidence that a violation of a term and condition of probation may have occurred to when management has provided approval for appropriate action to be taken for the violation of probation. Since PM7 and PM8 were implemented in July 2016, the charts only depict statistics for the first two quarters of fiscal year 2016/2017.

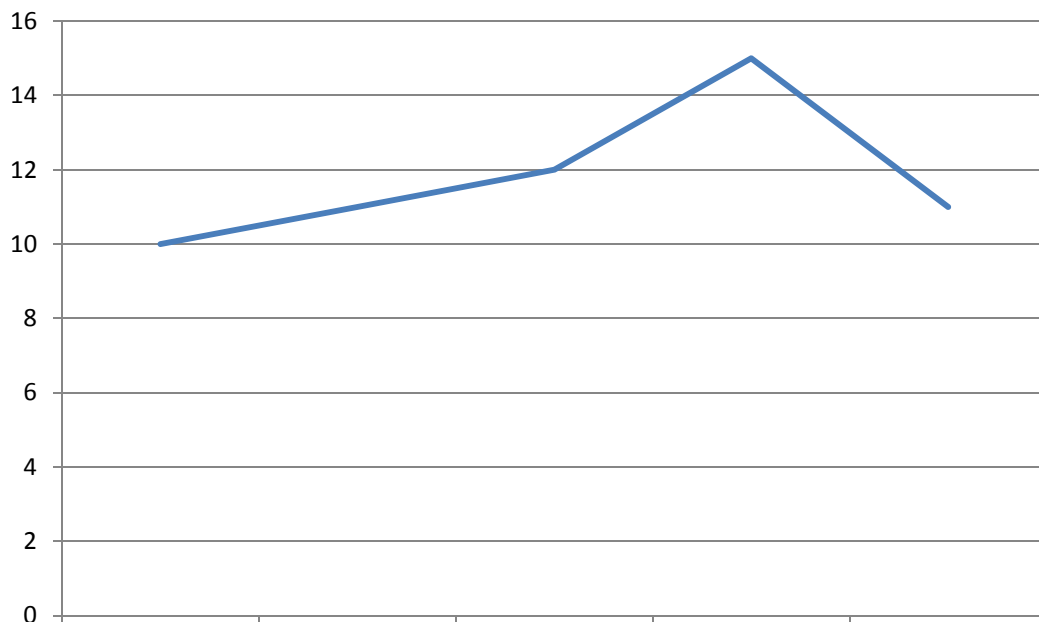
Note: \*The FY 16/17 numbers are for the time period July 1, 2016 to December 31, 2016.

### PM1 - Intake Volume



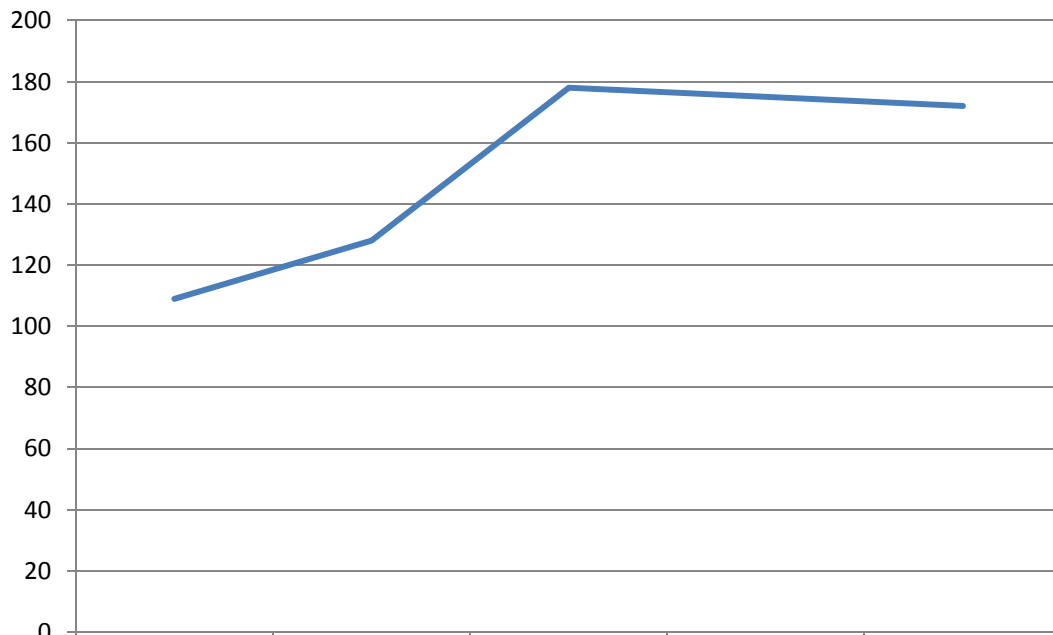
	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17*
Volume	7473	8325	8490	8885	4655

### PM2 - Intake Cycle Time



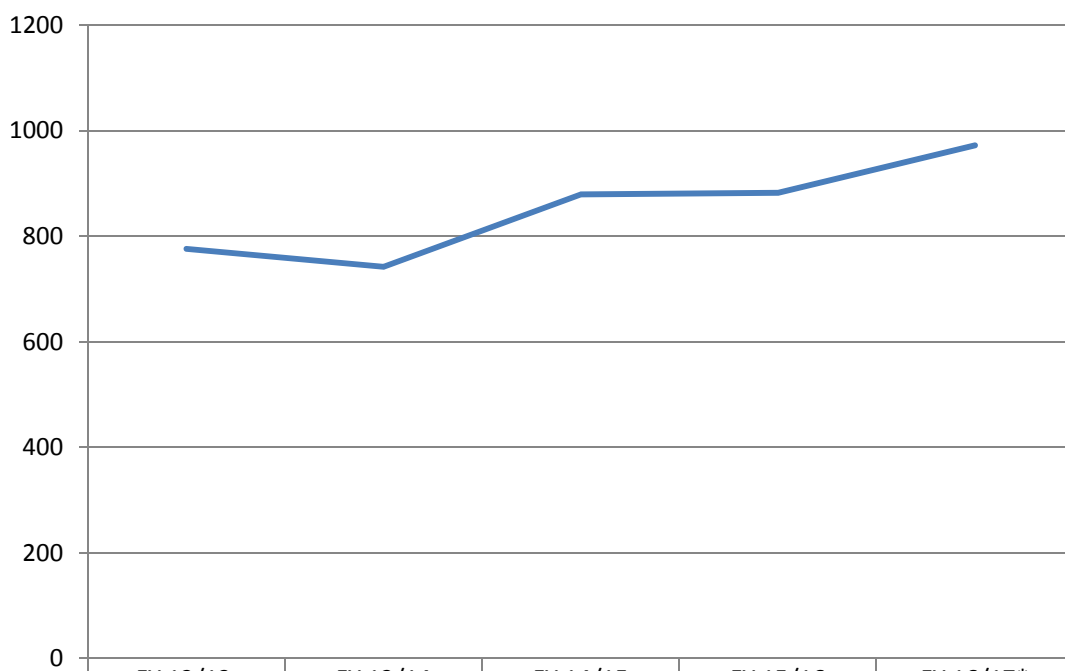
	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17*
Cycle Time	10	11	12	15	11

### PM3 - Intake and Investigation Cycle Time



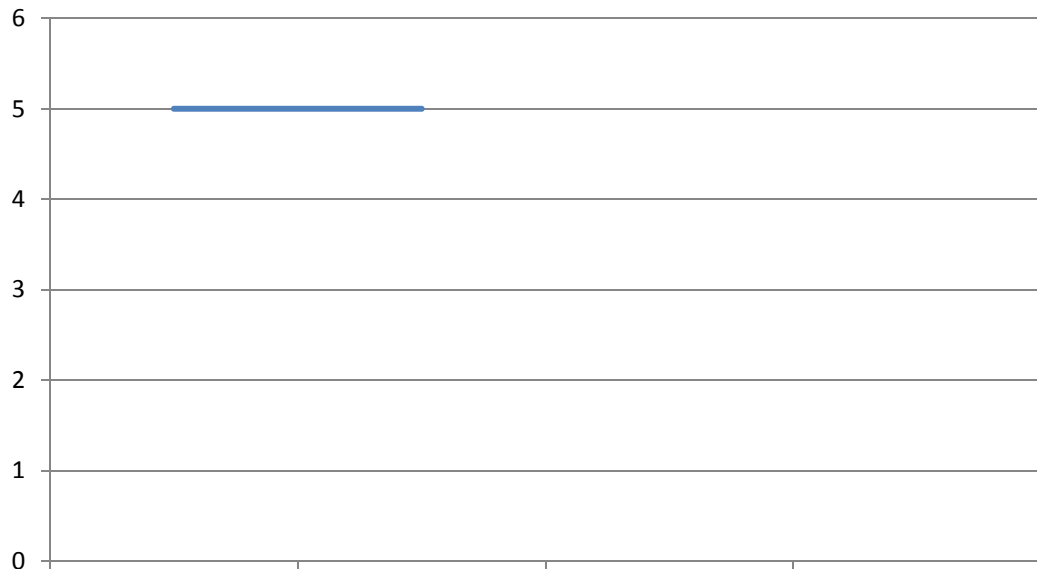
	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17*
Cycle Time	109	128	178	175	172

### PM4 - Formal Discipline Cycle Time



	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17*
Cycle Time	776	742	879	882	972

### PM7 - Probation Intake Cycle Time



— Cycle Time

Q1 FY 16/17

Q2 FY 16/17

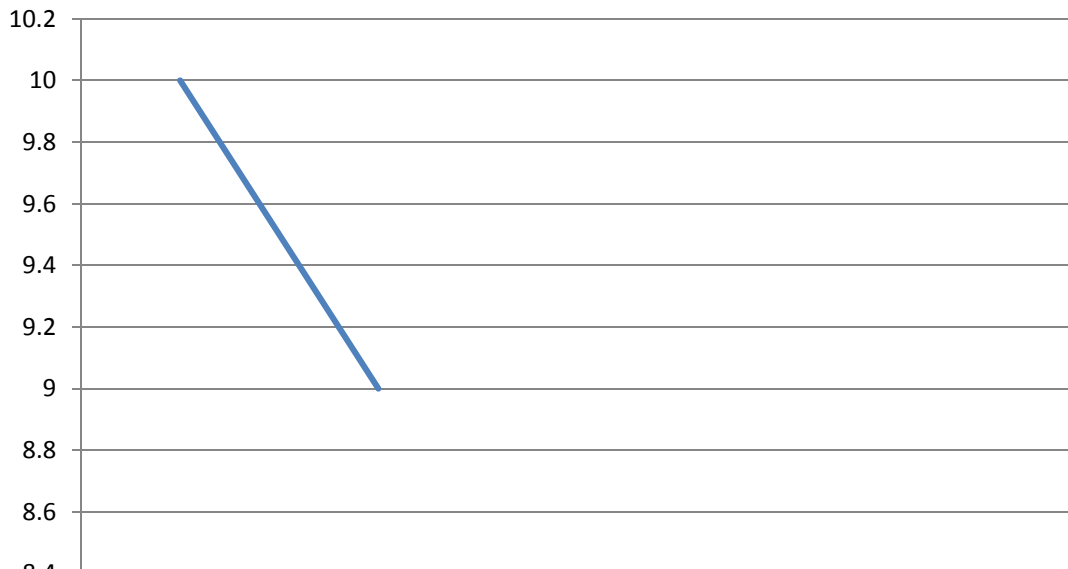
Q3 FY 16/17

Q4 FY 16/17

5

5

### PM8 - Probation Violation Response Cycle Time



— Cycle Time

Q1 FY 16/17

Q2 FY 16/17

Q3 FY 16/17

Q4 FY 16/17

10

9

**Medical Board of California  
Expert Reviewer Program Report**

**December 30, 2016**

<b>SPECIALTY</b>	<b>Number of cases reviewed by Experts</b> January 1 through December 30, 2016	<b>Number of Experts and how often utilized</b> from January 1 through December 30, 2016	<b>Active List Experts</b>  1,117 ↑
<i>ADDICTION</i>	13	<b>4 EXPERTS</b> 2 LIST EXPERTS REVIEWED 1 CASE EACH 1 LIST EXPERT REVIEWED 3 CASES 1 LIST EXPERT REVIEWED 8 CASES	9 ↓
ALLERGY & IMMUNOLOGY (A&I)			3
ANESTHESIOLOGY (Anes)	8	<b>6 EXPERTS</b> 4 LIST EXPERTS REVIEWED 1 CASE EACH 1 LIST EXPERT REVIEWED 2 CASES 1 LIST EXPERT REVIEWED 3 CASES	77
COLON & RECTAL SURGERY (CRS)	5	<b>2 EXPERTS</b> 1 LIST EXPERT REVIEWED 2 CASES 1 LIST EXPERT REVIEWED 3 CASES	3
<i>COMPLEMENTARY/ALTERNATIVE MEDICINE</i>	5	<b>3 EXPERTS</b> 2 LIST EXPERTS REVIEWED 1 CASE EACH 1 LIST EXPERT REVIEWED 3 CASES	16 ↓
DERMATOLOGY (D)	6	<b>4 EXPERTS</b> 2 LIST EXPERTS REVIEWED 1 CASE EACH 2 LIST EXPERTS REVIEWED 2 CASES EACH	10 ↓
EMERGENCY (EM)	9	<b>8 EXPERTS</b> 5 LIST EXPERTS REVIEWED 1 CASE EACH 3 LIST EXPERTS REVIEWED 2 CASES EACH	44
FAMILY (FM)	101	<b>30 EXPERTS</b> 12 LIST EXPERTS REVIEWED 1 CASE EACH 1 OFF LIST EXPERT TESTIFIED 1 CASE 2 LIST EXPERTS REVIEWED 2 CASES EACH 5 LIST EXPERTS REVIEWED 3 CASES EACH 4 LIST EXPERTS REVIEWED 4 CASES EACH 2 LIST EXPERTS REVIEWED 6 CASES EACH 1 LIST EXPERT REVIEWED 7 CASES 2 LIST EXPERTS REVIEWED 8 CASES EACH 1 LIST EXPERT REVIEWED 20 CASES	59
<i>HAND SURGERY</i>	3	<b>2 EXPERTS</b> 1 LIST EXPERT REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 2 CASES	12
<i>HOSPICE &amp; PALLIATIVE MEDICINE</i>	2	<b>2 EXPERTS</b> 2 LIST EXPERTS REVIEWED 1 CASE EACH	15

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INTERNAL (General Internal Med)	88	<b>51 EXPERTS</b> 27 LIST EXPERTS REVIEWED 1 CASE EACH 10 LIST EXPERTS REVIEWED 2 CASES EACH 12 LIST EXPERTS REVIEWED 3 CASES EACH 2 LIST EXPERTS REVIEWED 4 CASES EACH	156 ↑
Cardiovascular Disease (Cv)	9	<b>8 EXPERTS</b> 7 LIST EXPERTS REVIEWED 1 CASE EACH 1 LIST EXPERT REVIEWED 2 CASES	30 ↓
Endocrinology, Diabetes and Metabolism (EDM)	2	<b>2 EXPERTS</b> 2 LIST EXPERTS REVIEWED 1 CASE EACH	5 ↓
Gastroenterology (Ge)	7	<b>5 EXPERTS</b> 3 LIST EXPERTS REVIEWED 1 CASE EACH 1 LIST EXPERT REVIEWED 2 CASES 1 LIST EXPERT REVIEWED 3 CASES	19
Infectious Disease (Inf)			8
Medical Oncology (Onc)	3	<b>2 EXPERTS</b> 1 LIST EXPERT REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 2 CASES	11
Nephrology (Nep)	3	<b>2 EXPERTS</b> 1 LIST EXPERT REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 2 CASES	12 ↑
Pulmonary Disease (Pul)			16
Rheumatology (Rhu)	2	<b>1 EXPERT</b> 1 LIST EXPERT REVIEWED 2 CASES	6
MIDWIFE REVIEWER	2	<b>1 EXPERT</b> 1 LIST EXPERT REVIEWED 2 CASES	7 ↑
NEUROLOGICAL SURGERY (NS)	6	<b>5 EXPERTS</b> 4 LIST EXPERTS REVIEWED 1 CASE EACH 1 LIST EXPERT REVIEWED 2 CASES	10
NEUROLOGY (N)	19	<b>11 EXPERTS</b> 6 LIST EXPERTS REVIEWED 1 CASE EACH 2 LIST EXPERTS REVIEWED 2 CASES EACH 2 LIST EXPERTS REVIEWED 3 CASES EACH 1 LIST EXPERT REVIEWED 4 CASES	21 ↑



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**December 30, 2016**

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NEUROLOGY with Special Qualifications in Child Neurology (N/ChiN)			2
NUCLEAR MEDICINE (NuM)			3
OBSTETRICS & GYNECOLOGY (ObG)	39	<b>16 EXPERTS</b> 4 LIST EXPERTS REVIEWED 1 CASE EACH 4 LIST EXPERTS REVIEWED 2 CASES EACH 4 LIST EXPERTS REVIEWED 3 CASES EACH 3 LIST EXPERTS REVIEWED 4 CASES EACH 1 LIST EXPERT REVIEWED 5 CASES	76 ↑
OCCUPATIONAL MEDICINE	1	<b>1 EXPERT</b> 1 LIST EXPERT	8
OPHTHALMOLOGY (Oph)	4	<b>3 EXPERTS</b> 2 LIST EXPERTS REVIEWED 1 CASE EACH 1 LIST EXPERT REVIEWED 2 CASES	27 ↑
ORTHOPAEDIC SURGERY (OrS)	20	<b>15 EXPERTS</b> 12 EXPERTS REVIEWED 1 CASE EACH 1 LIST EXPERT REVIEWED 2 CASES 2 LIST EXPERT REVIEWED 3 CASES EACH	32 ↑
OTOLARYNGOLOGY (Oto)	2	<b>2 EXPERTS</b> 2 LIST EXPERTS REVIEWED 1 CASE EACH	19 ↑
PAIN MEDICINE (PM)	45	<b>16 EXPERTS</b> 6 LIST EXPERTS REVIEWED 1 CASE EACH 2 LIST EXPERTS REVIEWED 2 CASES EACH 3 LIST EXPERTS REVIEWED 3 CASES EACH 3 LIST EXPERTS REVIEWED 4 CASES EACH 2 LIST EXPERTS REVIEWED 7 CASES EACH	23
PATHOLOGY (Path)	3	<b>2 EXPERTS</b> 1 LIST EXPERT REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 2 CASES	12 ↑
PEDIATRICS (Ped)	10	<b>8 EXPERTS</b> 4 LIST EXPERTS REVIEWED 1 CASE EACH 3 LIST EXPERTS REVIEWED 2 CASES EACH 1 LIST EXPERT REVIEWED 3 CASES	48 ↑

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Neonatal-Perinatal Medicine (NP)	2	<b>2 EXPERTS</b> 1 LIST EXPERT REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 2 CASES	8
Pediatric Cardiology (Cd)	1	<b>1 EXPERT</b> 1 LIST EXPERT	5
Pediatric Emergency Medicine (PEM)			3
Pediatric Endocrinology (En)			1
Pediatric Gastroenterology (Ge)			6
Pediatric Hematology-Oncology (HO)			3
Pediatric Infectious Diseases (Inf)	2	<b>1 EXPERT</b> 1 LIST EXPERT	4
Pediatric Nephrology (Ne)			2
Pediatric Pulmonology (Pul)			0
Pediatric Rheumatology (Rhu)			0
PHYSICAL MEDICINE & REHABILITATION (PMR)	2	<b>2 EXPERTS</b> 2 LIST EXPERTS REVIEWED 1 CASE EACH	11
PLASTIC SURGERY (PIS)	34	<b>16 EXPERTS</b> 8 LIST EXPERTS REVIEWED 1 CASE EACH 3 LIST EXPERTS REVIEWED 2 CASES EACH 2 LIST EXPERTS REVIEWED 3 CASES EACH 2 LIST EXPERTS REVIEWED 4 CASES EACH 1 LIST EXPERT REVIEWED 9 CASES/ SUBJECT	46 ↑
PSYCHIATRY (Psyc)	139	<b>52 EXPERTS</b> 23 LIST EXPERTS REVIEWED 1 CASE EACH 10 LIST EXPERTS REVIEWED 2 CASES EACH 4 LIST EXPERTS REVIEWED 3 CASES EACH 6 LIST EXPERTS REVIEWED 4 CASES EACH 3 LIST EXPERTS REVIEWED 5 CASES EACH 2 LIST EXPERTS REVIEWED 6 CASES EACH 1 LIST EXPERT REVIEWED 9 CASES 1 LIST EXPERT REVIEWED 10 CASES 1 LIST EXPERT REVIEWED 12 CASES 1 LIST EXPERT REVIEWED 14 CASES	65 ↓

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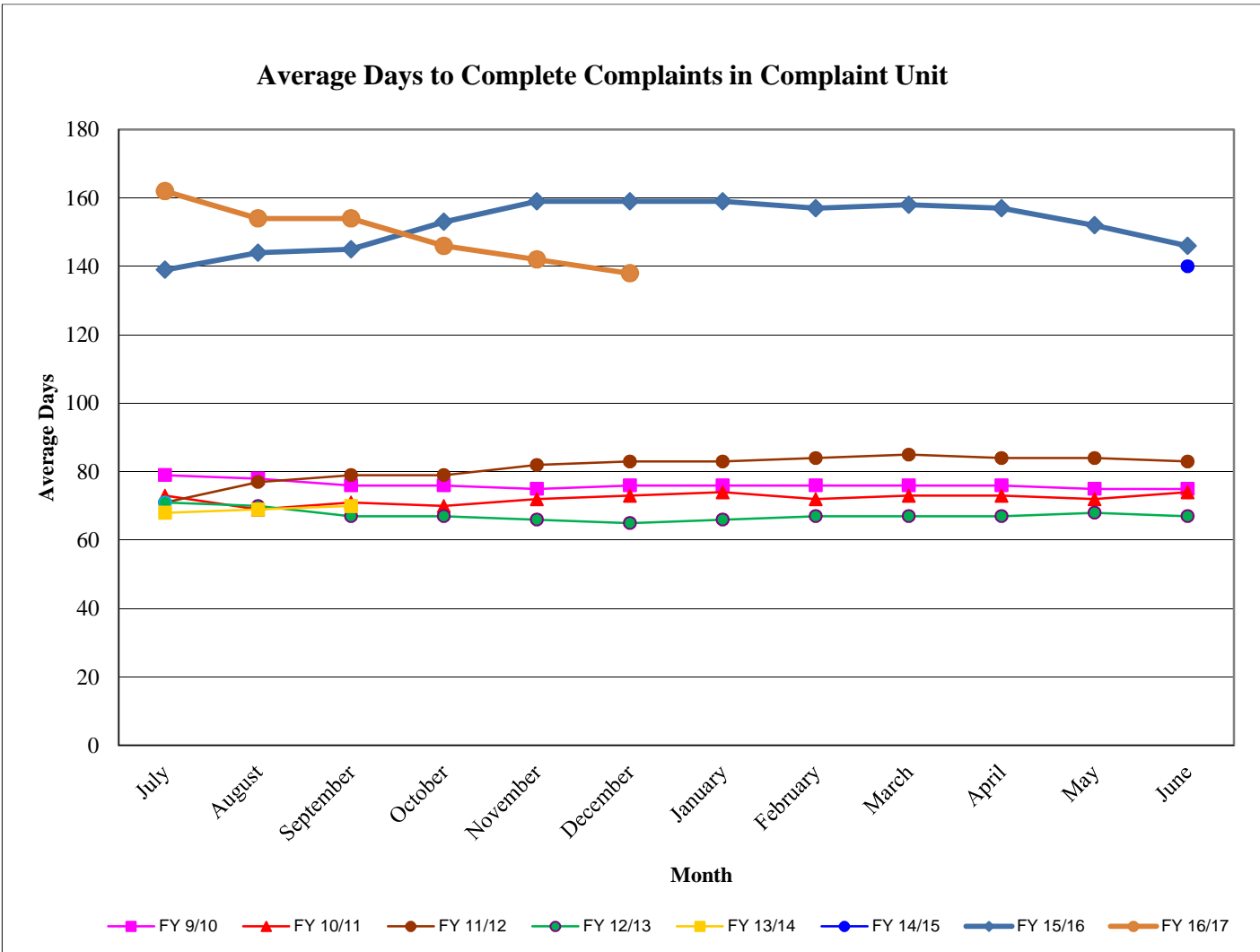
<b>SPECIALTY</b>	<b>Number of cases reviewed by Experts</b> January 1 through December 30, 2016	<b>Number of Experts and how often utilized</b> from January 1 through December 30, 2016	<b>Active List Experts</b>  1,117 ↑
RADIOLOGY (Rad)	7	<b>4 EXPERTS</b> 4 LIST EXPERTS REVIEWED 2 CASES EACH	33 ↑
SLEEP MEDICINE (S)			8
SURGERY (S)	18	<b>10 EXPERTS</b> 5 LIST EXPERTS REVIEWED 1 CASE EACH 4 LIST EXPERTS REVIEWED 2 CASES EACH 1 LIST EXPERT REVIEWED 5 CASES	34 ↑
Pediatric Surgery (PdS)	1	<b>1 EXPERT</b> 1 LIST EXPERT	2
Vascular Surgery (VascS)	5	<b>1 EXPERT</b> 1 LIST EXPERT	6
THORACIC SURGERY (TS)	4	<b>2 EXPERTS</b> 1 OFF LIST EXPERT REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 3 CASES	10
Pediatric Cardiothoracic Surgery	1	<b>1 EXPERT</b> 1 OFF LIST EXPERT	0
<i>(MEDICAL) TOXICOLOGY</i>	1	<b>1 EXPERT</b> 1 LIST EXPERT	6
UROLOGY (U)	10	<b>7 EXPERTS</b> 4 LIST EXPERTS REVIEWED 1 CASE EACH 3 LIST EXPERTS REVIEWED 2 CASES EACH	15 ↑

TOTAL CASES REVIEWED (January 1 through December 30, 2016)	<b>558</b>
TOTAL EXPERTS UTILIZED (January 1 through December 30, 2016)	<b>284</b>
TOTAL LIST EXPERTS (December 30, 2016)	<b>1,117</b>

↓↑ Numbers fluctuate based on availability of experts, new experts added and experts removed from active status.

## Medical Board of California Enforcement Program Average Days to Complete Complaint in Complaint Unit

Month	Fiscal Year							
	FY 9/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17
July	79	73	71	71	68		139	162
August	78	69	77	70	69		144	154
September	76	71	79	67	70		145	154
October	76	70	79	67			153	146
November	75	72	82	66			159	142
December	76	73	83	65			159	138
January	76	74	83	66			159	
February	76	72	84	67			157	
March	76	73	85	67			158	
April	76	73	84	67			157	
May	75	72	84	68			152	
June	75	74	83	67		140	146	

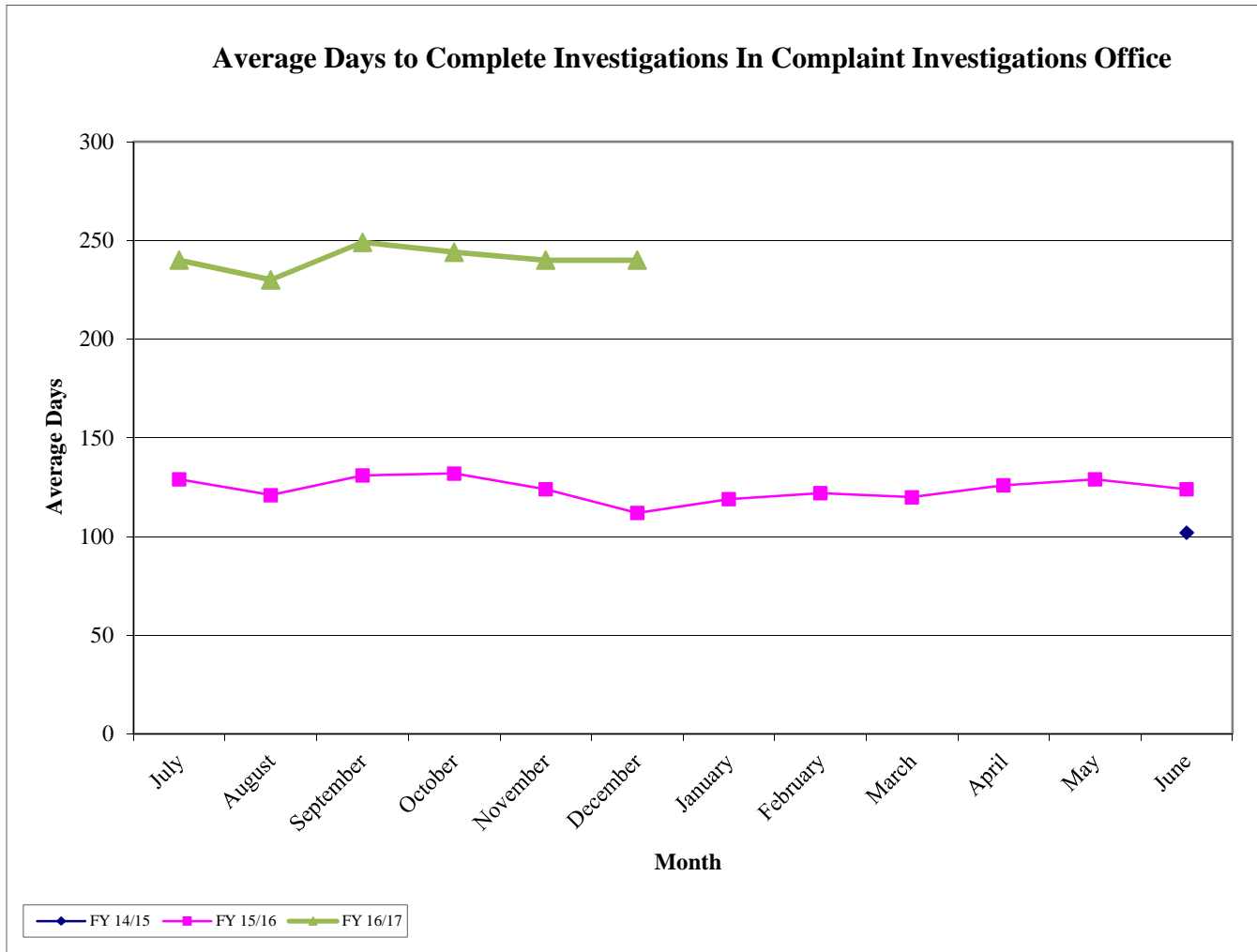


Average Days to Complete Complaints in Complaint Unit includes complaints resolved by Complaint Unit and Complaint Unit processing days for cases completed at field investigation.

## Medical Board of California Enforcement Program Average Days to Complete Investigations in Complaint Investigations Office

Fiscal Year

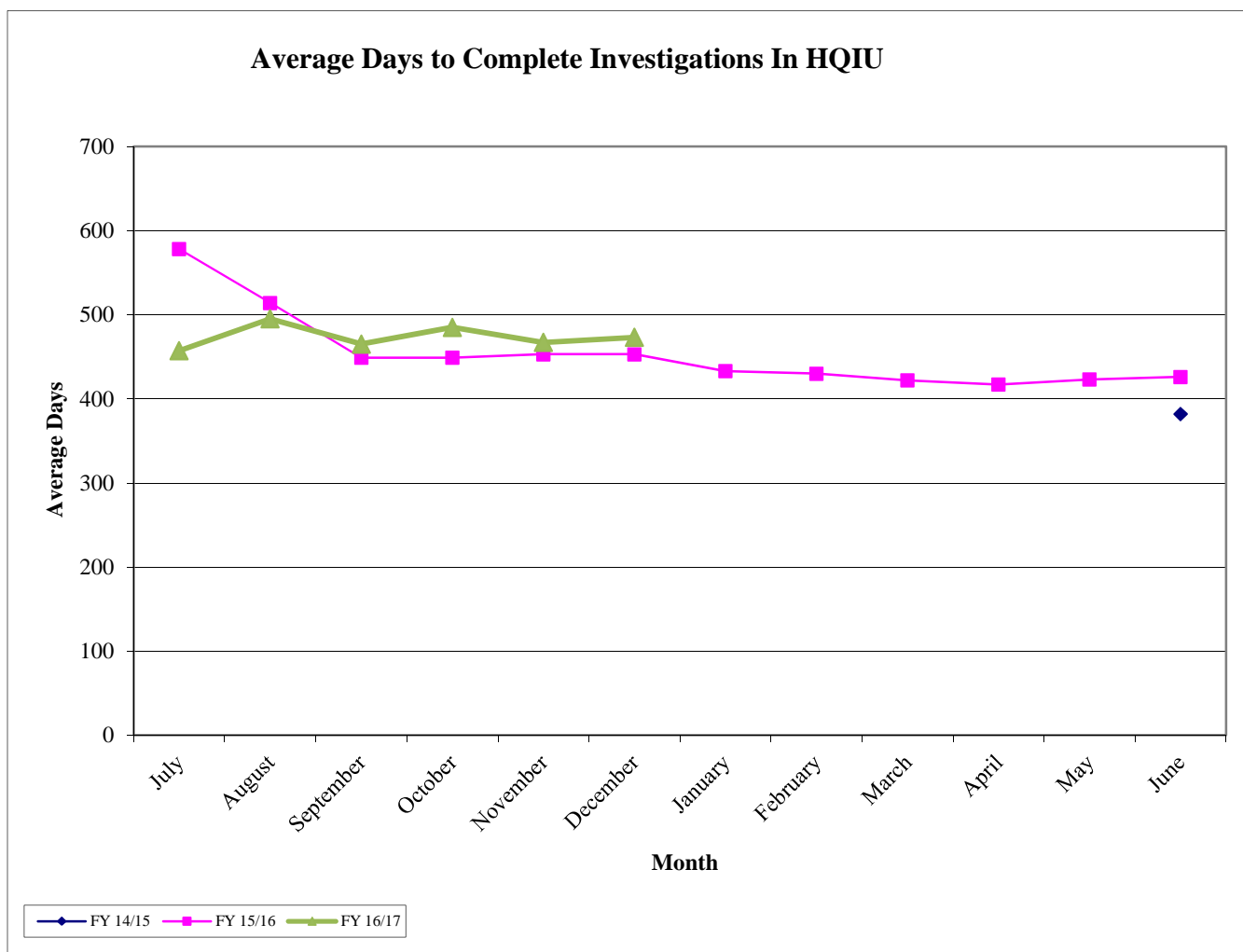
Month	FY 14/15	FY 15/16	FY 16/17
July		129	240
August		121	230
September		131	249
October		132	244
November		124	240
December		112	240
January		119	
February		122	
March		120	
April		126	
May		129	
June	102	124	



Investigation processing days are from the date case was assigned to Complaint Investigation Office (CIO) Investigator by Complaint Unit until closure or referral (does not include Complaint Unit processing days for complaints completed at CIO).

## Medical Board of California Enforcement Program Average Days to Complete Investigations in HQIU

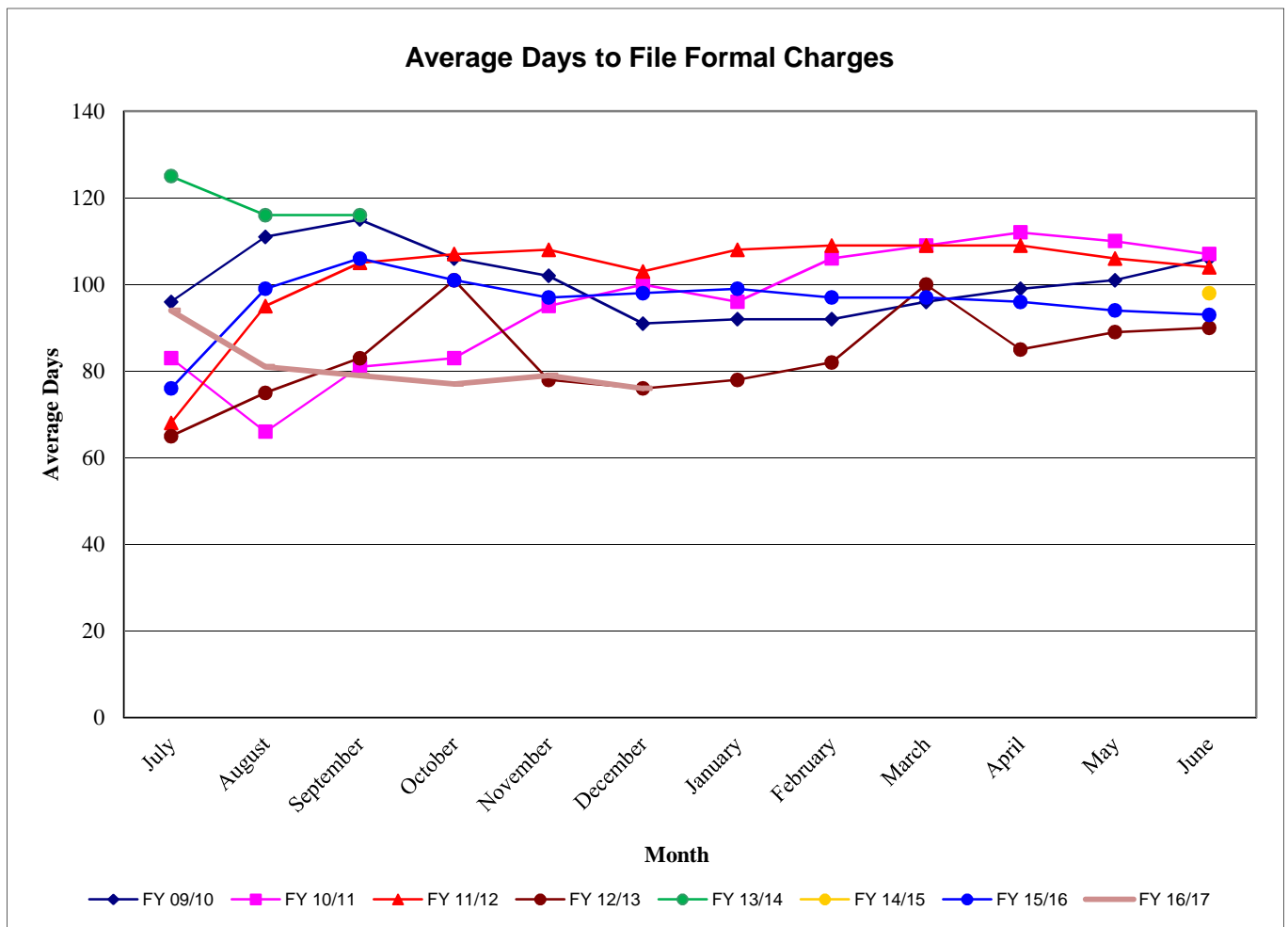
Month	Fiscal Year		
	FY 14/15	FY 15/16	FY 16/17
July		578	457
August		514	495
September		449	465
October		449	485
November		453	467
December		453	473
January		433	
February		430	
March		422	
April		417	
May		423	
June	382	426	



Investigation processing days are from the date case was assigned to HQIU investigator by Complaint Unit until closure or referral (does not include Complaint Unit processing days for complaints completed at HQIU).

## Medical Board of California Enforcement Program Average Days to File Administrative Charges Prepared by the Office of the Attorney General

Month	Fiscal Year							
	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17
July	96	83	68	65	125		76	94
August	111	66	95	75	116		99	81
September	115	81	105	83	116		106	79
October	106	83	107	101			101	77
November	102	95	108	78			97	79
December	91	100	103	76			98	76
January	92	96	108	78			99	
February	92	106	109	82			97	
March	96	109	109	100			97	
April	99	112	109	85			96	
May	101	110	106	89			94	
June	106	107	104	90		98	93	



Average Days to File Formal Charges are the days from the date the case is referred to the AG's Office until formal charges are filed.

**ENFORCEMENT TIMEFRAMES**

FISCAL YEARS	2008 - 2009		2009 - 2010		2010 - 2011		2011 - 2012		2012 - 2013		2013 - 2014		2014 - 2015 <sup>1</sup>		2015 - 2016 <sup>1</sup>		2016 - 2017 <sup>2</sup>	
	AVERAGE	MEDIAN	AVERAGE	MEDIAN	AVERAGE	MEDIAN	AVERAGE	MEDIAN	AVERAGE	MEDIAN	AVERAGE	MEDIAN	AVERAGE	MEDIAN	AVERAGE	MEDIAN	AVERAGE	MEDIAN
COMPLAINT PROCESSING	75	63	76	63	74	77	83	64	67	54	67	43	140	113	146	119	138	106
INVESTIGATION PROCESSING - MBC-CIO													102	57	124	52	240	195
INVESTIGATION PROCESSING - HQUI													382	352	426	367	473	440
INVESTIGATION PROCESSING - ALL	349	309	328	292	312	283	264	225	268	245	245	205						
TOTAL MBC & HQUI																		
DAYS	424	372	404	355	386	360	347	289	335	299	312	248	228	150	230	155	154	119
YEARS	1.16	1.02	1.11	0.97	1.06	0.99	0.95	0.79	0.92	0.82	0.85	0.68	0.62	0.41	0.63	0.42	0.42	0.33
<b>AG PREP FOR ACC/PTR/ACC&amp;PTR/SOI</b>																		
AG PREP FOR ACC/PTR/ACC&PTR/SOI	103	63	106	66	107	72	104	78	90	75	110	86	98	68	93	67	76	60
POST ACCUSATION/PTR/SOI	381	311	368	312	417	324	396	350	435	366	443	402	459	392	453	378	459	389
ACCUSATION DECLINED BY AG													44	23	56	31	119	119
TOTAL AG																		
DAYS	484	374	474	378	524	396	500	428	525	441	553	488	473	413	479	393	473	394
YEARS	1.33	1.02	1.30	1.04	1.44	1.08	1.37	1.17	1.44	1.21	1.52	1.34	1.30	1.13	1.31	1.08	1.30	1.08
<b>TOTAL MBC &amp; AG</b>																		
TOTAL MBC & AG																		
DAYS	908	746	878	733	910	756	847	717	860	740	865	736	956	927	967	919	1039	1057
YEARS	2.49	2.04	2.41	2.01	2.49	2.07	2.32	1.96	2.36	2.03	2.37	2.02	2.62	2.54	2.65	2.52	2.85	2.90

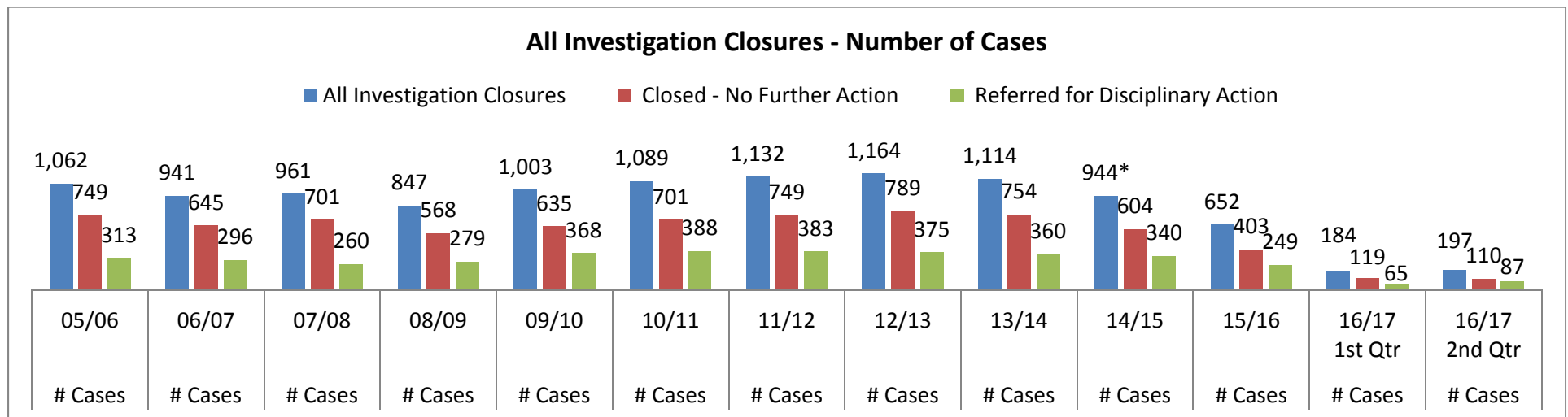
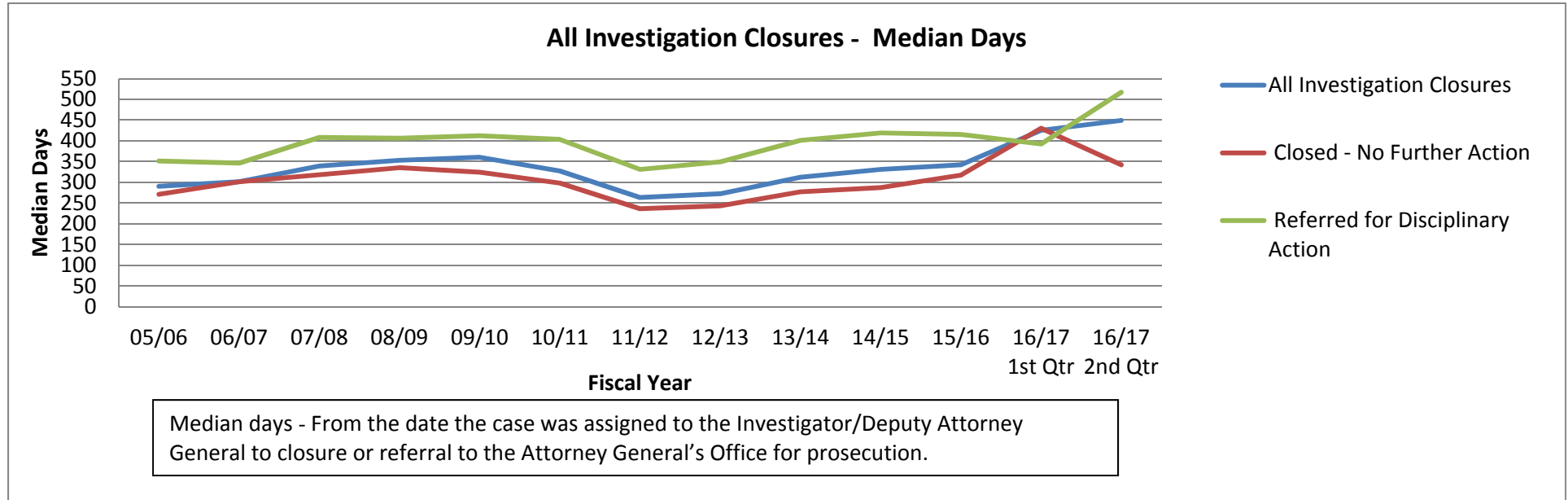
Years calculated using 365 days per year

<sup>1</sup> "Total" Days prior to FY 14-15 were the averages per unit added together. Beginning in FY 14-15, reports were run that show true averages for the Total timeframes.

<sup>2</sup> Data through 12/31/16



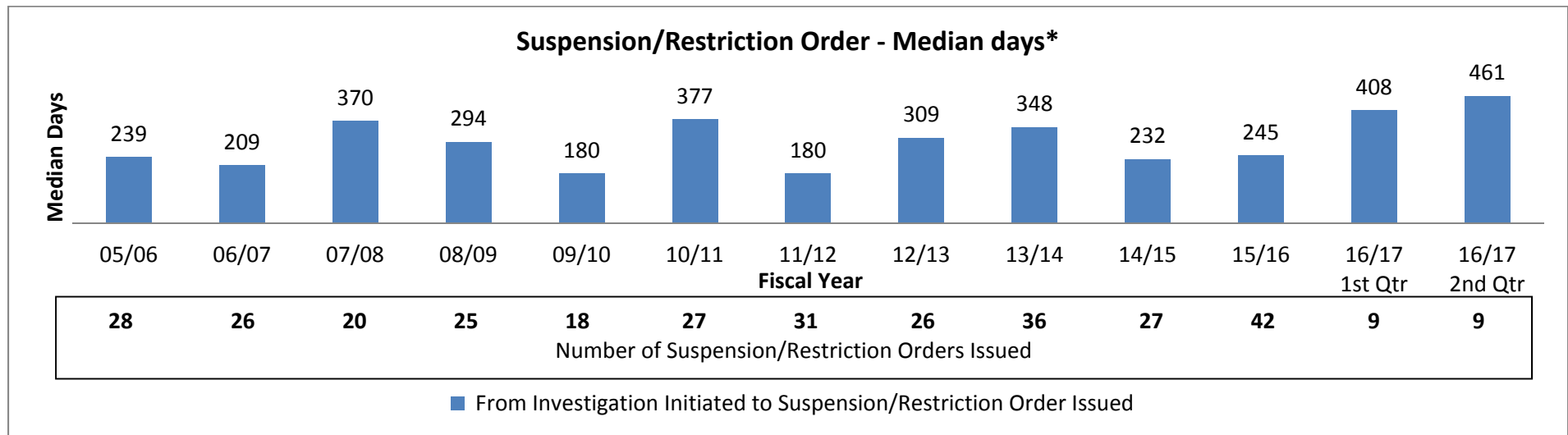
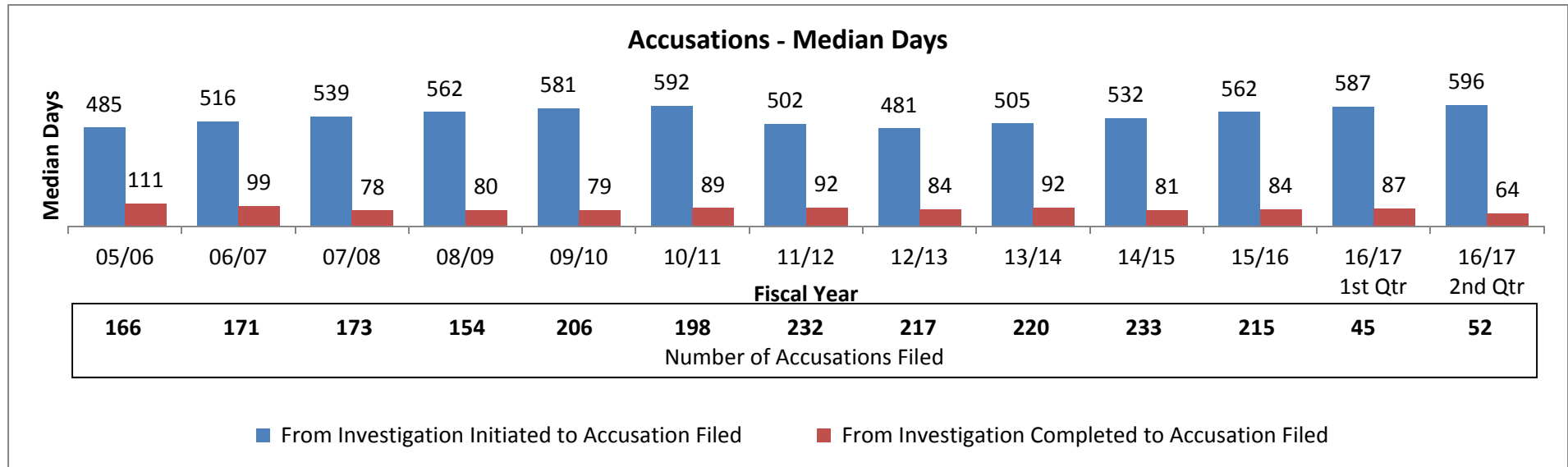
# Vertical Enforcement/Prosecution Cases - Median Days



\* This decrease is due to the Board initiating, in July 2014, a complaint investigation office of non-sworn special investigators who began investigating cases that would have been sent to HQIU.

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

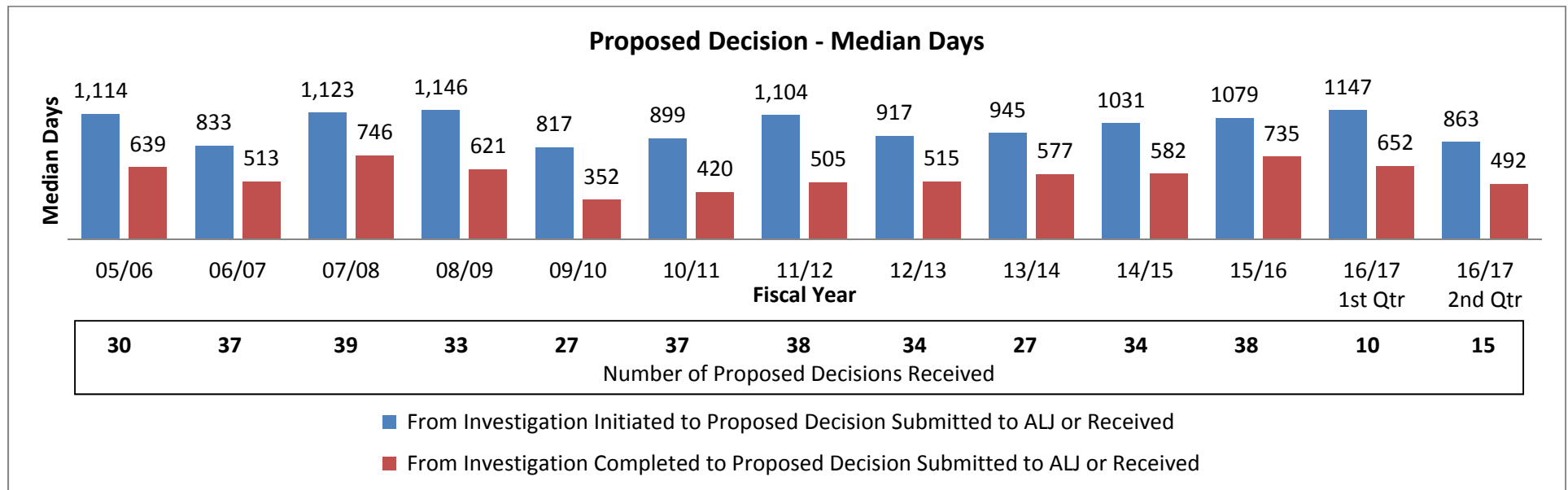
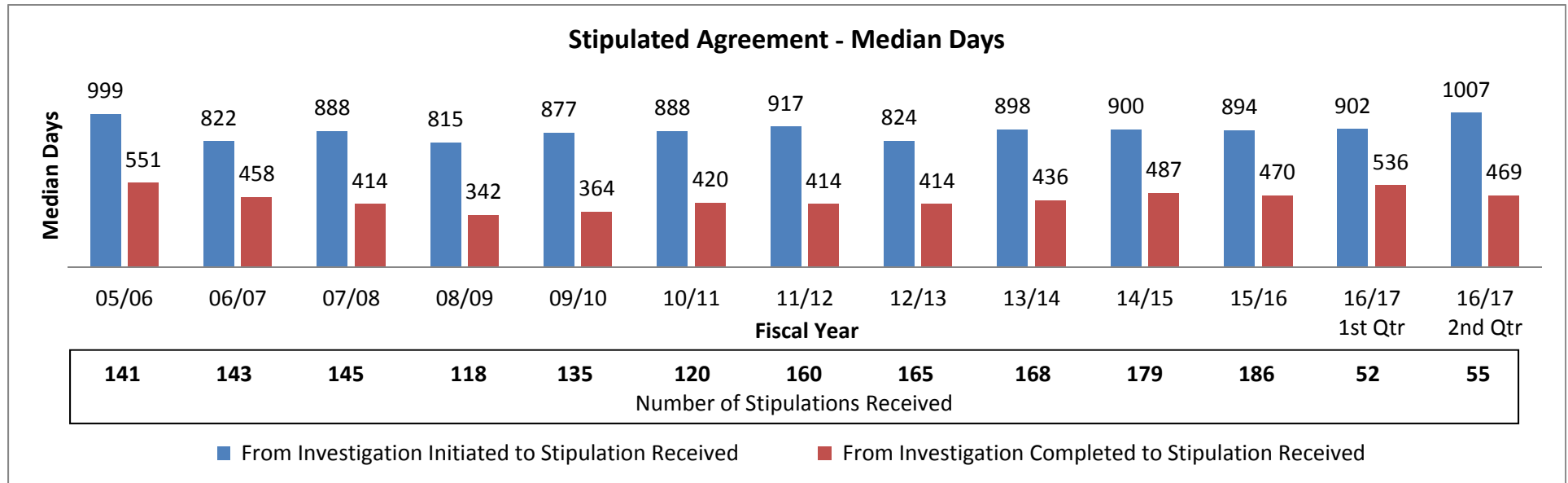
## Vertical Enforcement/Prosecution Cases - Median Days



\* This data includes: 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.

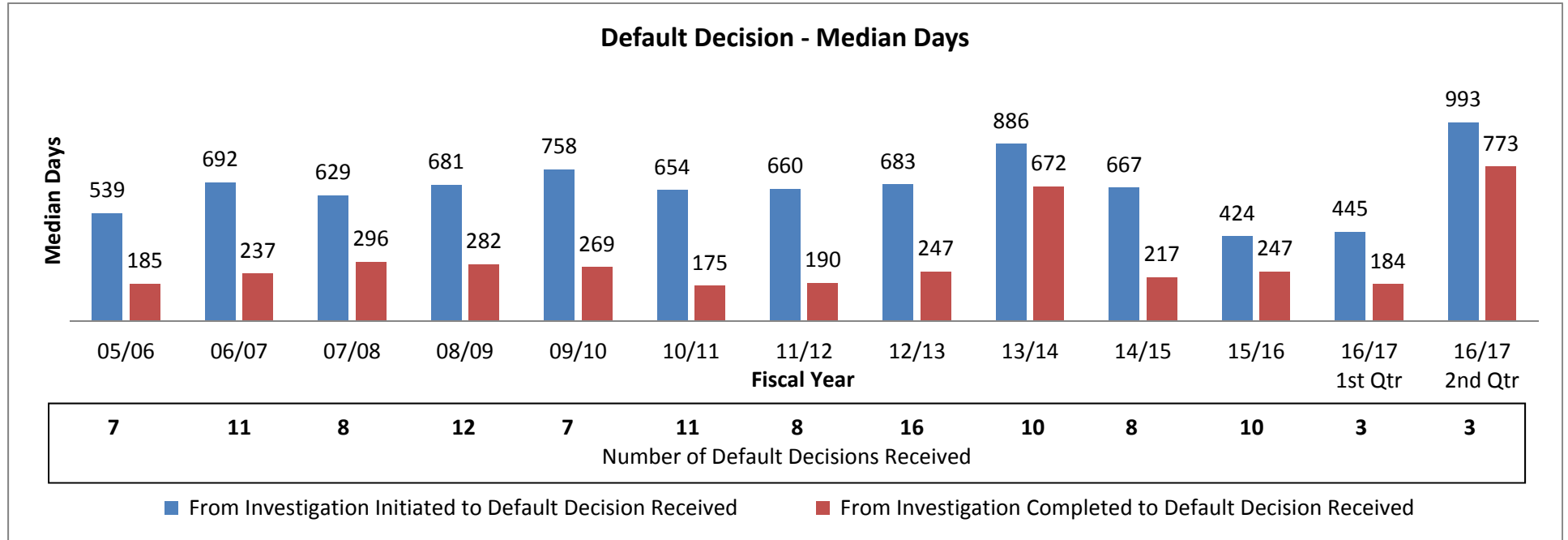
The graphs above exclude the following case types: out-of-state, headquarters, Operation Safe Medicine, probation violations, petitions for modification/termination of probation terms, and petitions for reinstatement. They also exclude all cases that were referred solely to the District/City Attorney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

## Vertical Enforcement/Prosecution Cases - Median Days



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

## Vertical Enforcement/Prosecution Cases - Median Days



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