

TITLE 16. MEDICAL BOARD OF CALIFORNIA

NOTICE IS HEREBY GIVEN that the Medical Board of California (Board) is proposing to take the action described in the Informative Digest. Any person interested may present statements or arguments orally or in writing relevant to the action proposed at a hearing to be held at The Westin San Diego, 400 West Broadway, San Diego, CA 92101, 619-239-4500, at 9:00 a.m., on October 30, 2015.

Written comments, including those sent by mail, facsimile, or e-mail to the addresses listed under Contact Person in this Notice, must be received by the Board at its office not later than 5:00 p.m. on October 19, 2015, or must be received at the hearing. The Board, upon its own motion or at the instance of any interested party, may thereafter adopt the proposals substantially as described below or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption from the person designated in this Notice as the contact person and will be mailed to those persons who submit written or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

Authority and Reference: Pursuant to the authority vested by Section 2018 of the Business and Professions Code (BPC) and Section 11400.20 of the Government Code (GC), and to implement, interpret or make specific Sections 2227, 2228, and 2229 of the BPC, as well as Sections 11400.20, 11425.50(e), and 11529 of the GC, the Board is considering changes to Section 1361 of Division 13 of Title 16 of the California Code of Regulations (CCR) as follows:

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

A. Informative Digest

In reaching its disciplinary decisions, the Board uses the Manual of Model Disciplinary Orders and Disciplinary Guidelines (Disciplinary Guidelines) incorporated by reference into 16 CCR section 1361. Currently, the Board uses the 11th Edition of the Disciplinary Guidelines, which were adopted by regulation in 2011.

Proposed Amendment to 16 CCR section 1361:

This rulemaking proposes to amend 16 CCR section 1361 to incorporate by reference the 12th Edition/2015 of the Disciplinary Guidelines, instead of the 11th Edition/2011. It is necessary to incorporate the Disciplinary Guidelines by reference due to the size of the document.

Proposed Amendments to the Disciplinary Guidelines

The Disciplinary Guidelines will be amended to identify it as the 12th Edition, amended in 2015, instead of the 11th Edition, amended in 2011. Further, the Disciplinary Guidelines will be updated to reflect the new agency name of "Business, Consumer Services, and Housing Agency," from the prior name of "State and Consumer Services Agency."

The instructions for writing or calling the Board for additional copies of the Disciplinary Guidelines will be deleted, and interested parties will be advised that the document is accessible on the Board's website.

In the past, the Board has provided a summary of changes for each new addition at the beginning of the document. This summary will be deleted as it is unnecessary, since the rulemaking file is the official record for the justification and summary of all changes.

The Table of Contents will be changed to reflect the title changes to conditions 18, 19, and 28. Page number changes will be made, if necessary.

Conditions 9 (Controlled Substances – Abstain from Use), 10 (Alcohol – Abstain from Use), and 11 (Biological Fluid Testing) of the Disciplinary Guidelines currently authorize the issuance of a cease practice order for non-compliance, but require that an accusation be filed within 15 days, or the cease practice order will be dissolved. They also provide that a decision shall be received from the Administrative Law Judge (ALJ) or the Board within 15 days unless good cause can be shown for the delay.

The proposed amendments to **Conditions 9, 10, and 11** will reflect a change in GC 11529, effective January 1, 2014, which extended the timeframe for filing an accusation following the issuance of a suspension order from 15 days to 30 days. The proposed amendments to these conditions will also clarify that the ALJ and the Board would each have 15 days to issue a decision, and will define good cause for a delay in issuing such decision. Additionally, under **Condition 11**, the option to use a breathalyzer will be specifically included in the definition of "biological fluid testing."

Conditions 14 (Prescribing Practices Course), 15 (Medical Records Keeping Course), 17 (Professional Boundaries Program), 18 (Clinical Training Program), and 23 (Monitoring – Practice/Billing) currently specify that the courses are to be equivalent to the courses at the Physician Assessment and Clinical Education Program (PACE) at the University of California, San Diego School of Medicine.

The proposed amendments to these conditions will remove reference to PACE to eliminate the appearance of endorsing one program's courses over others.

Condition 18 (Clinical Training Program) describes the Board's requirements for a clinical training program. Current law requires a two-day comprehensive assessment of respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment related to the respondent's area of practice in which he or she was alleged to be deficient, and required a minimum 40-hour program of clinical education in that area.

Current law further provides that the program will advise the Board of its recommendations for any additional education, training, or treatment for any medical or psychological condition, or anything else affecting respondent's practice of medicine.

Current law also requires respondent to pass an examination at the end of any additional education or clinical training.

Under Option #1: Condition Precedent of Condition 18, current law allows a respondent to practice medicine in a clinical training program approved by the Board, and indicates that respondent's practice shall be restricted to that which is required by the approved training program.

Under the proposed amendments, Condition 18 will be renamed "Clinical Competence Assessment Program." Moreover, the specific time-frame requirements of a two-day assessment and a 40-hour program will be deleted to permit the program to design an assessment and program particular to each respondent's circumstance. The proposed amendments will require a comprehensive assessment of respondent's physical and mental health; and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and the American Board of Medical Specialties pertaining to respondent's current or intended area of practice. The proposed amendments identify what the program shall consider during its assessment of the respondent, and specifies that the program shall require the respondent's on-site participation for a minimum of three to five days as determined by the program.

The proposed amendments require the program to submit a comprehensive assessment to the Board that unequivocally states whether the respondent has demonstrated the ability to practice safely and independently, and provide its recommendations for any further education, clinical training, or evaluation or treatment for any medical or psychological condition, or anything else affecting respondent's practice of medicine.

The proposed amendments will eliminate the requirement that the respondent pass an examination at the completion of additional education or clinical training.

Under Option #1: Condition Precedent of Condition 18, the proposed amendment eliminates the exception allowing respondent to practice medicine in a clinical training program.

Condition 19 (Oral and/or Written Examination) currently provides for the option of requiring the respondent to submit to an oral or written examination when appropriate.

The proposed amendments will strike the option of an oral examination as a condition that could be ordered.

It also strikes the language indicating that the respondent shall be allowed to take a second exam if he or she fails the first one.

Condition 25 (Third Party Chaperone) currently allows a respondent to nominate a replacement chaperone within 60 days after a chaperone leaves the respondent's employ.

The proposed amendment will reduce the time allowed to replace a chaperone from 60 days to 30 days.

Condition 28 (Supervision of Physician Assistants) currently prohibits a respondent from supervising physician assistants while on probation.

The proposed amendment will prohibit a respondent from supervising physician assistants and advanced practice nurses, and will change the title of the condition from “Supervision of Physician Assistants” to “Supervision of Physician Assistants and Advanced Practice Nurses.”

Condition 31 (General Probation Requirements) currently provides that the respondent shall comply with the Board’s probation unit and all terms and conditions of the Decision.

The proposed amendment will eliminate the phrase “and all terms and conditions of this Decision,” to reflect different requirements for respondents residing within California, and those residing in other states, during periods of non-practice, as further described under Condition 33, below.

Condition 33 (Non-practice While on Probation) currently does not well-differentiate what is expected from a respondent who is not practicing medicine during probation while residing in California versus while residing in another state. Additionally, current law requires the completion of a clinical training program following a period of non-practice exceeding 18 months.

The proposed amendments clarify that a respondent residing in California during periods of non-practice shall comply with all terms and conditions of probation. A respondent residing outside of California will be relieved of the responsibility to comply with the probationary terms and conditions with the exception of this condition (Condition 33), and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

Additionally, the proposed amendments allow the respondent to complete the Special Purpose Examination (SPEX) before returning to practice in lieu of requiring a comprehensive assessment program after 18 months of non-practice.

The Titles of Probation Conditions in the Section on Recommended Range of Penalties for Violations currently references “Clinical Training Program” for Condition 18, and “Oral or Written Examination” for Condition 19. The proposed amendments will change the titles of these conditions to “Clinical Competence Assessment Program,” for each reference to Condition 18, and to “Written Examination” for the reference to Condition 19 to reflect the proposed changes to the titles of these conditions.

B. Anticipated Benefits of Proposal

This regulatory action will update the Board’s Disciplinary Guidelines used in its enforcement decisions, and will amend 16 CCR section 1361 to incorporate

these updated Disciplinary Guidelines by reference as the 12th Edition/2015. The proposed amendments make the Disciplinary Guidelines consistent with current law and the current educational and probationary environment, clarify the terms and conditions of probation to reduce the likelihood of misinterpretation, and strengthen consumer protection.

C. Consistency and Compatibility with Existing State Regulations

During the process of developing these regulations and amendments, the Board conducted a search of any similar regulations on this topic and has concluded that these regulations are neither inconsistent nor incompatible with existing state regulations.

D. Incorporated by Reference Document

Manual of Model Disciplinary Orders and Disciplinary Guidelines, 12th Edition, 2015.

FISCAL IMPACT ESTIMATES

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State: None.

Nondiscretionary Costs/Savings to Local Agencies: None.

Local Mandate: None.

Cost to Any Local Agency or School District for Which Government Code Sections 17500 - 17630 Require Reimbursement: None.

Business Impact:

The board has made an initial determination that the proposed regulatory action would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states. This initial determination is based on the fact that these proposed amendments to the Disciplinary Guidelines will simply make this document consistent with current law, amend the document to reflect the changes that have occurred in the educational and probationary environment since the last update, clarify terms and conditions of probation, and improve consumer protection.

Cost Impact on Representative Private Person or Business:

The Board is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action. The representative private persons or directly affected businesses are physicians and surgeons, advanced practice nurses, and clinical competence assessment programs.

Effect on Housing Costs: None.

EFFECT ON SMALL BUSINESS

The Board has made an initial determination that the proposed regulatory action will have no effect on small businesses. This initial determination is based on the fact that these proposed amendments to the Disciplinary Guidelines will simply make this document consistent with current law, amend the document to reflect the changes that have occurred in the educational and probationary environment since the last update, clarify terms and conditions of probation, and improve consumer protection.

RESULTS OF ECONOMIC IMPACT ASSESSMENT/ANALYSIS:

The Board has made the initial determination that this regulatory proposal will have the following impact:

- It is not likely to create or eliminate jobs within the State of California. This initial determination is based on the fact that these proposed amendments to the Disciplinary Guidelines will simply make this document consistent with current law, amend the document to reflect the changes that have occurred in the educational and probationary environment since the last update, clarify terms and conditions of probation, and improve consumer protection.
- It is not likely to create new businesses or eliminate existing businesses within the State of California. This initial determination is based on the fact that these proposed amendments to the Disciplinary Guidelines will simply make this document consistent with current law, amend the document to reflect the changes that have occurred in the educational and probationary environment since the last update, clarify terms and conditions of probation, and improve consumer protection.
- It will not likely affect the expansion of businesses currently doing business within the State of California. This initial determination is based on the fact that these proposed amendments to the Disciplinary Guidelines will simply make this document consistent with current law, amend the document to reflect the changes that have occurred in the educational and probationary environment since the last update, clarify terms and conditions of probation, and improve consumer protection.
- It will benefit the health and welfare of California residents because it updates and clarifies the terms and conditions of probation for physicians and surgeons subject to discipline, makes the Disciplinary Guidelines consistent with current law, and strengthens consumer protection.
- It will not have a significant impact on worker safety because these proposed amendments to the Disciplinary Guidelines will simply make this document consistent with current law, amend the document to reflect the changes that have occurred in the educational and probationary environment since the last update, clarify terms and conditions of probation, and improve consumer protection.

- It will not have an impact on the state's environment because these proposed amendments to the Disciplinary Guidelines will simply make this document consistent with current law, amend the document to reflect the changes that have occurred in the educational and probationary environment since the last update, clarify terms and conditions of probation, and improve consumer protection.

CONSIDERATION OF ALTERNATIVES

In accordance with GC section 11346.5(a)(13), the Board must determine that no reasonable alternative considered or brought to the attention of the Board would be more effective in carrying out the purpose for which this regulatory action is proposed or would be as effective and less burdensome to affected private persons than the proposed action or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

The Board invites interested persons to present statements or arguments with respect to alternatives to the proposed regulations at the scheduled hearing or during the written comment period.

INITIAL STATEMENT OF REASONS AND INFORMATION

The Board has prepared an initial statement of the reasons for the proposed action and has available all the information upon which the proposal is based.

TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations, and any document incorporated by reference, and of the initial statement of reasons, and all of the information upon which the proposal is based, may be obtained at the hearing or prior to the hearing upon request from the person designated in the Notice under Contact Person, below, or by accessing the Board's website at http://www.mbc.ca.gov/About_Us/Laws/Proposed_Regulations.

AVAILABILITY AND LOCATION OF THE FINAL STATEMENT OF REASONS AND RULEMAKING FILE

All the information upon which the proposed regulations are based is contained in the rulemaking file which is available for public inspection by contacting the person named below.

You may obtain a copy of the final statement of reasons once it has been prepared, by making a written request to the contact person named below or by accessing the website listed below.

CONTACT PERSON

Inquiries or comments concerning the proposed rulemaking action may be addressed to:

Name: Paulette Romero, Enforcement Program Manager
Address: 2005 Evergreen St, Ste. 1200
Sacramento, CA 95815
Telephone No.: (916) 263-2437
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E-Mail Address: paulette.romero@mbc.ca.gov

The backup contact person is:

Name: Kevin A Schunke, Regulations Manager
Address: Medical Board of California
2005 Evergreen St, Ste. 1200
Sacramento, CA 95815
Telephone No.: (916) 263-2368
Fax No.: (916) 263-8936
E-Mail Address: regulations@mbc.ca.gov

Website Access Materials regarding this proposal can be found at [http://www.mbc.ca.gov/About Us/Laws/Proposed Regulations](http://www.mbc.ca.gov/About_Us/Laws/Proposed_Regulations).

MEDICAL BOARD OF BOARD
INITIAL STATEMENT OF REASONS

Hearing Date: October 30, 2015

Subject Matter of Proposed Regulations: Manual of Model Disciplinary Orders and Disciplinary Guidelines (Disciplinary Guidelines)

Section(s) Affected: California Code of Regulations, Title 16, Division 13, Chapter 2, Article 4, Section 1361 (section 1361)

Specific Purpose of Each Adoption, Amendment, or Repeal:

1. Problem being addressed:

The current Disciplinary Guidelines (11th Edition/2011), incorporated by reference in section 1361, must be amended to be made consistent with current law. Additionally, the Disciplinary Guidelines must be amended to reflect changes that have occurred in the educational and probationary environments since the last update to clarify some conditions of probation, and to strengthen consumer protection. Accordingly, section 1361 must be amended to incorporate by reference the 12th Edition of the Disciplinary Guidelines as amended in 2015.

The Disciplinary Guidelines must be incorporated by reference because of the length of the document.

2. Anticipated benefits from this regulatory action:

This regulatory action will amend section 1361 to incorporate by reference the 12th Edition of the Disciplinary Guidelines. This 12th Edition makes the Disciplinary Guidelines consistent with current law, updates and clarifies the terms and conditions of probation for physicians and surgeons (physicians) subject to discipline, and strengthens consumer protection.

3. Specific Purpose of Each Amendment:

The purpose of this regulatory amendment is to incorporate by reference the 12th Edition of the Disciplinary Guidelines as amended in 2015. This 12th Edition makes the Disciplinary Guidelines consistent with current law, updates and clarifies the terms and conditions of probation for physicians subject to discipline, and strengthens consumer protection.

Factual Basis/Rationale

Currently, section 1316 incorporates by reference the 11th Edition of the Disciplinary Guidelines, as amended in 2011. In the last four years since the last amendment, there have been statutory changes that must be reflected in the Disciplinary Guidelines. Additionally, the Board has identified areas in need of technical changes to improve clarity in the conditions of probation, and to reflect the changing probationary environment. The Board has also identified changes necessary to improve consumer protection. Finally, the Board is proposing some additional non-substantive changes to the Disciplinary Guidelines.

The summary of changes to the Disciplinary Guidelines and the reasons therefore are as follows:

The Board seeks to amend the Disciplinary Guidelines to reflect the new agency name of “Business, Consumer Services, and Housing Agency,” and to identify the Disciplinary Guidelines as the 12th Edition, amended in 2015.

These amendments are necessary to reflect the current agency name, which has changed from “State and Consumer Services Agency,” to “Business, Consumer Services, and Housing Agency,” and to identify the new edition of the Disciplinary Guidelines being incorporated by reference in section 1361.

The Board seeks to add a statement advising interested parties that the Disciplinary Guidelines are available on the Board’s website, and to strike the section advising interested parties to write or call the Board for additional copies of the document.

This amendment is necessary to reflect the more efficient practice of obtaining Board documents online. This facilitates access to public documents, and improves efficiency for staff.

The Board seeks to strike the summary of changes that appears at the beginning of the Disciplinary Guidelines.

The rulemaking file is the official record for the justification and summary of all changes. There does not need to be a summary of changes included in the Disciplinary Guidelines.

The Board seeks to amend the Table of Contents as follows: Condition 18 will be amended to read “Clinical Competence Assessment Program;” Condition 19 will be amended to read “Written Examination;” and Condition 28 will be amended to read “Supervision of Physician Assistants and Advanced Practice Nurses.” Additionally, the page numbers in the Table of Contents will be changed, if necessary.

These changes to the Table of Contents are necessary because of the proposed amendments to the titles to Conditions 18, 19, and 28.

Further, it is likely that the page numbers of the conditions may change due to proposed additions and deletions to the Disciplinary Guidelines. If so, the Table of Contents will need to be amended for correctness.

Condition 9. Controlled Substances - Abstain from Use

The Board seeks to amend Condition 9 to make it consistent with a change in Government Code (GC) section 11529, effective January 1, 2014, which extended the timeframe for filing an accusation following the issuance of a suspension order from 15 days to 30 days. The proposed amendments to this condition will also clarify that the Administrative Law Judge (ALJ) and the Board each have 15 days to issue a decision, and will define good cause for the Board's delay in issuing such decision. The Board is proposing additional minor changes to add "the" and "is effective" to the following sentence: "The respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective."

The amendments are necessary to make Condition 9 consistent with the changes in GC section 11529, and to clarify that the ALJ and Board each have a separate 15 days to issue a decision before a cease practice order dissolves. The Board's deadline may be extended for good cause, and the amendments are necessary to define good cause. Minor changes are also proposed for clarity and ease of reading.

Condition 10. Alcohol - Abstain from Use

The Board seeks to amend Condition 10 to make it consistent with a change in GC section 11529, effective January 1, 2014, which extended the timeframe for filing an accusation following the issuance of a suspension order from 15 days to 30 days. The proposed amendments to this condition will also clarify that the ALJ and the Board would each have 15 days to issue a decision, and will define good cause for the Board's delay in issuing such decision. The Board is proposing additional minor changes to add "the" and "is effective" to the following sentence: "The respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective."

The amendments are necessary to make Condition 10 consistent with the changes in GC section 11529, and to clarify that the ALJ and Board each have a separate 15 days to issue a decision before a cease practice order dissolves. The Board's deadline may be extended for good cause, and the amendments are necessary to define good cause. Minor changes are also proposed for clarity and ease of reading.

Condition 11. Biological Fluid Testing

The Board seeks to amend Condition 11 to make it consistent with a change in GC section 11529, effective January 1, 2014, which extended the timeframe for

filing an accusation following the issuance of a suspension order from 15 days to 30 days. The proposed amendments to this condition will also clarify that the ALJ and the Board would each have 15 days to issue a decision, and will define good cause for the Board’s delay in issuing such decision. The Board is proposing additional minor changes to add “the” and “is effective” to the following sentence: “The respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective.”

The amendments are necessary to make Condition 11 consistent with the changes in GC section 11529, and to clarify that the ALJ and Board each have a separate 15 days to issue a decision before a cease practice order dissolves. The Board’s deadline may be extended for good cause, and the amendments are necessary to define good cause. Minor changes are also proposed for clarity and ease of reading.

Condition 14. Prescribing Practice Course

The Board seeks to amend Condition 14 to remove the reference to the Physician Assessment and Clinical Education Program (PACE) at the University of California, San Diego School of Medicine.

The amendments are necessary to eliminate the appearance of endorsing one program’s courses over others. The amendments will clarify that the respondent shall enroll in a prescribing practices course approved in advance by the Board or its designee.

Condition 15. Medical Record Keeping Course

The Board seeks to amend Condition 15 to remove the reference to PACE at the University of California, San Diego School of Medicine.

The amendments are necessary to eliminate the appearance of endorsing one program’s courses over others. The amendments will clarify that the respondent shall enroll in a medical record keeping course approved in advance by the Board or its designee.

Condition 17. Professional Boundaries Program

The Board seeks to amend Condition 17 to remove the reference to PACE at the University of California, San Diego School of Medicine.

The amendments are necessary to eliminate the appearance of endorsing one program’s courses over others. The amendments will clarify that the respondent shall enroll in a professional boundaries program approved in advance by the Board or its designee.

Condition 18. Clinical Training Program

The Board seeks to amend Condition 18 to remove the reference to PACE at the University of California, San Diego School of Medicine, and to modify the components of an approved clinical training program. It further proposes non-substantive, grammatical changes.

The amendment to remove reference to PACE is necessary to eliminate the appearance of endorsing one entity's clinical competence assessment program over others. This amendment will clarify that the respondent shall enroll in an assessment program approved in advance by the Board or its designee.

The current Disciplinary Guidelines describe the clinical training program as a comprehensive assessment program comprised of a two-day assessment of respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to respondent's area of practice in which respondent was alleged to be deficient, and at minimum, a 40-hour program of clinical education in the area of practice in which respondent was alleged to be deficient.

Amendments are needed to this condition to reflect changes to the educational and probationary environments. Under the proposed amendments, Condition 18 will be renamed "Clinical Competence Assessment Program." Moreover, the specific time-frame requirements of a two-day assessment and a 40-hour program will be deleted. The proposed amendments will require a comprehensive assessment of respondent's physical and mental health; and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and the American Board of Medical Specialties pertaining to the respondent's current or intended area of practice. The proposed amendments identify what the program shall consider during its assessment of the respondent, and specifies that the program shall require the respondent's on-site participation for a minimum of three to five days as determined by the program. These changes are necessary to better permit the program to design an assessment program particular to each respondent's circumstance to improve consumer protection and rehabilitation of the respondent.

The proposed amendments require the program to submit a comprehensive assessment to the Board that unequivocally states whether the respondent has demonstrated the ability to practice safely and independently, and provide its recommendations for any further education, clinical training, or evaluation or treatment for any medical or psychological condition, or anything else affecting respondent's practice of medicine. These changes are necessary to clarify expectations of the Board for approved clinical competence assessment programs.

The proposed amendments will eliminate the requirement that the respondent pass an examination at the completion of additional education or clinical training. The current language has been interpreted to require an exit examination. This language does not accurately reflect the process, and needs to be corrected.

Testing is done throughout the clinical competence assessment program at various steps in order for the program to draw its conclusions and to make recommendations for further evaluations and training.

Under Option #1: Condition Precedent of Condition 18, the proposed amendment eliminates the exception allowing respondent to practice medicine in a clinical training program. This change is necessary, because this language was deemed superfluous and confusing.

Condition 19. Oral and/or Written Examination

The Board seeks to amend Condition 19 to remove the oral examination as an evaluation tool that could be ordered. It also seeks to strike the language indicating that the respondent shall be allowed to take a second exam if he or she fails the first one.

Condition 19 provides an alternative method of evaluating a physician's medical knowledge when a clinical training program is not considered to be an appropriate condition to order for physicians charged with gross negligence or repeated negligent acts. This condition requires that an oral clinical examination be administered pursuant to the requirements outlined in Business and Professions Code section 2293. This evaluation component requires the Board to convene a panel of 3 experts to develop and administer an oral examination to the respondent. This evaluation tool has been the subject of frequent legal challenges and has been considered a less objective method of determining clinical competency.

In addition, the Board utilized the medical consultants located in each district office to facilitate and coordinate the administration of the oral clinical examination, if ordered. On July 1, 2014, pursuant to Senate Bill 304, the Board's sworn staff and their support staff, including the district medical consultants, were transferred to the Department of Consumer Affairs. The district medical consultants are no longer available to the Board's Probation Unit to provide the coordination of the oral clinical examination should it be ordered as a condition of probation.

As this evaluation tool has been considered a less objective method to test a physician's clinical competence and the Board no longer has the necessary resources to develop and administer the oral clinical examination, an amendment to this condition is required to eliminate the oral clinical examination as a condition that could be ordered.

The proposed amendment will also strike the language indicating that the respondent shall be allowed to take a second exam if he or she fails the first one. This deletion is necessary because it results in an inconsistency with subsequent language in the regulation that indicates that the failure to pass the examination within 180 calendar days after the effective date of the Decision is a probation violation. Accordingly, this change will not limit the number of times that the

respondent can take the written exam, but it will maintain the time limitation for completing this condition of probation.

Condition 23. Monitoring – Practice/Billing

The Board seeks to amend Condition 23 to remove the reference to PACE at the University of California, San Diego School of Medicine.

The amendments are necessary to eliminate the appearance of endorsing one program's courses over others. The amendments will clarify that, in lieu of a monitor, the respondent may participate in a professional enhancement program approved in advance by the Board or its designee.

Condition 25. Third Party Chaperone

The Board seeks to amend Condition 25 to reduce the time allowed to replace a chaperone from 60 days to 30 days.

Condition 25 is ordered in cases where a physician's conduct with a patient has been found to be inappropriate. In order to ensure adequate patient protection measures are in place, a third-party chaperone must be present when patients are being examined. Routinely, the third-party chaperone function is performed by one of the physician's employees such as a medical assistant or another health care professional. The proposed amendment requires the replacement of a chaperone within 30 days. Amending the language in this condition to require that the physician replace the third-party chaperone within 30 days, rather than within 60 days, is appropriate in order to provide increased patient protection from a licensee already disciplined for inappropriate conduct with a patient.

Condition 28. Supervision of Physician Assistants

The Board seeks to amend the title and the terms of this condition to prohibit the supervision of advanced practice nurses in addition to physician assistants.

It has been a well-established requirement that physicians on probation are prohibited from supervising physician assistants. Similar to physician assistants, advanced practice nurses work under the general supervision of a physician, pursuant to established standardized procedures. An amendment to this condition is necessary to add the prohibition to supervise advanced practice nurses.

Condition 31. General Probation Requirements

The Board seeks to amend the language that requires the respondent to comply with all terms and conditions of probation.

This amendment is necessary because Condition 31, which outlines general probation requirements, was found to contain confusing language when read

together with Condition 33, Non-Practice While on Probation. Condition 33 states, in part, that periods of non-practice will relieve the respondent of the responsibility to comply with some of their probationary terms. However, Condition 31 states, in part, that “the respondent shall comply with the Board’s Probation Unit and all terms and conditions of this Decision.” An amendment is required to eliminate the phrase “and all terms and conditions of this Decision.”

Condition 33, as described below, will address the difference between respondents residing in California, who must comply with all terms and conditions of probation, even during periods of non-practice, and respondents residing in another state, who are relieved of the responsibility of complying with certain probationary terms during periods of non-practice.

Condition 33. Non-practice While on Probation

The Board seeks to amend the language to clarify that physicians residing in California are required to comply with all terms and conditions of probation, even during periods of non-practice. Physicians residing outside of California are relieved of complying with the terms and conditions of probation except for this condition (Condition 33), and the following terms and conditions: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing. Additionally, the Board seeks to amend the requirement that physicians complete a clinical training program if their period of non-practice exceeds 18 months, and instead requires the respondent to successfully complete the Federation of State Medical Board’s (FSMB) Special Purpose Examination (SPEX).

When the Disciplinary Guidelines were revised in 2011, two conditions that described what was expected from a physician who was not practicing medicine during probation, either in California or out-of-state, were consolidated into one condition, Non-practice While on Probation. The new language stated that periods of non-practice relieved the respondent of the responsibility to comply with the terms of probation except for this condition (Condition 33), and the conditions entitled “Obey All Laws” and “General Probation Requirements.” After implementation, it was discovered that the new language inadvertently conflicted with the existing policy on what was required of non-practicing physicians residing in California. The 10th Edition of the Disciplinary Guidelines (Condition 34) stated that physicians residing in California but not practicing were expected to comply with all terms and condition of probation. Under these same guidelines, physicians residing out of state were only expected to comply with general conditions such as “obey all laws” and “probation unit compliance.” An amendment to the language is required to address this inconsistency and clarify the requirements for compliance with terms and conditions of probation during periods of non-practice for respondents residing in California and those residing in other states.

The Board is also proposing that, in lieu of requiring the respondent to enroll in a comprehensive assessment program after 18 months of non-practice, the

respondent be allowed to complete the SPEX, instead. When the Disciplinary Guidelines were revised in 2011, the Board added the requirement that if the period of non-practice exceeded 18 months, an assessment and clinical training program must be completed before the physician could resume practice. This requirement was added to address the Board's concern that a lengthy absence from the practice of medicine could impact the physician's clinical knowledge and skill set. Any disciplinary action taken against a physician for concerns about the quality of care provided, however, will have already included the requirement that the physician complete the clinical assessment program, where appropriate. Condition 33, however, applies to all cases, whether a quality of care concern was involved or not in the underlying discipline. The Board has concluded that any concerns about the physician's current clinical knowledge or skills can be addressed by requiring the physician to successfully complete the SPEX. This test is developed and administered through the FSMB and is used as a component in the testing performed by all approved clinical training programs currently accepted by the Board. This change will provide for consumer protection, and rehabilitation of the physician.

Changes to the Titles of Probation Conditions in the Section on Recommended Range of Penalties for Violations

The Board seeks to change the titles for probation conditions in the section on Recommended Range of Penalties for Violations to correspond with the proposed title changes to these conditions for consistency. The Board is seeking to change "Clinical Training Program" to Clinical Competence Assessment Program," for each reference to Condition 18, and "Oral or Written Examination" to "Written Examination" for the reference to Condition 19.

These amendments are necessary for the document's internal consistency with condition titles in the body, as well as in the Table of Contents.

Technical, Theoretical, and/or Empirical Study Reports, or Documents

- Senate Bill 304, which made statutory changes to GC section 11529.
- Staff report for the July 24-25, 2014 Board Meeting (agenda item 18).
- The relevant section of the approved minutes of the July 24-25, 2014 Board Meeting.
- Staff report for the July 30-31, 2015 Board Meeting (agenda item 16).
- The relevant section of the draft minutes of the July 31, 2015 Board Meeting is included in this rulemaking file, and will be replaced with the approved minutes following Board approval.
- Proposed changes to Condition 18 are based, in part, upon the

recommendations of representatives from PACE, including William Norcross, M.D., Peter Boal, and Kate Seippel, M.P.H. These recommendations were presented at the October 23, 2014 Enforcement Committee Meeting. A copy of the presentation is included in this rulemaking file.

- The relevant section of the approved minutes of the October 23, 2014 Enforcement Committee Meeting.

Business Impact

The Board has made an initial determination that the proposed regulatory action would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states. This initial determination is based on the fact that these proposed amendments to the Disciplinary Guidelines will simply make this document consistent with current law, amend the document to reflect the changes that have occurred in the educational and probationary environment since the last update, clarify terms and conditions of probation, and improve consumer protection.

Economic Impact Assessment

The Board has made the initial determination that this regulatory proposal will have the following impact:

- It is not likely to create or eliminate jobs within the State of California. This initial determination is based on the fact that these proposed amendments to the Disciplinary Guidelines will simply make this document consistent with current law, amend the document to reflect the changes that have occurred in the educational and probationary environment since the last update, clarify terms and conditions of probation, and improve consumer protection.
- It is not likely to create new businesses or eliminate existing businesses within the State of California. This initial determination is based on the fact that these proposed amendments to the Disciplinary Guidelines will simply make this document consistent with current law, amend the document to reflect the changes that have occurred in the educational and probationary environment since the last update, clarify terms and conditions of probation, and improve consumer protection.
- It will not likely affect the expansion of businesses currently doing business within the State of California. This initial determination is based on the fact that these proposed amendments to the Disciplinary Guidelines will simply make this document consistent with current law, amend the document to reflect the changes that have occurred in the educational and probationary environment since the last update, clarify terms and conditions of probation, and improve consumer protection.

- It will benefit the health and welfare of California residents because it updates and clarifies the terms and conditions of probation for physicians subject to discipline, makes the Disciplinary Guidelines consistent with current law, and strengthens consumer protection.
- It will not have a significant impact on worker safety because these proposed amendments to the Disciplinary Guidelines will simply make this document consistent with current law, amend the document to reflect the changes that have occurred in the educational and probationary environment since the last update, clarify terms and conditions of probation, and improve consumer protection.
- It will not have an impact on the state's environment because these proposed amendments to the Disciplinary Guidelines will simply make this document consistent with current law, amend the document to reflect the changes that have occurred in the educational and probationary environment since the last update, clarify terms and conditions of probation, and improve consumer protection.

Specific Technologies or Equipment

This regulation does not mandate the use of specific technologies or equipment.

Consideration of Alternatives

No reasonable alternative to the regulatory proposal would be either more effective in carrying out the purpose for which the action is proposed or would be as effective or less burdensome to affected private persons and equally effective in achieving the purposes of the regulation in a manner that ensures full compliance with the law being implemented or made specific. The public is invited to submit such alternatives during the public comment period.

Set forth below are the alternatives which were considered and the reasons each alternative was rejected:

1. Do not seek a change. This alternative was rejected because it would result in the Disciplinary Guidelines being inconsistent with current law, outdated, and containing language that has been deemed confusing and inconsistent with public protection.
2. Adopt the proposed regulatory amendments. This alternative was determined to be the most appropriate because it provides the public with Disciplinary Guidelines which reflect recent changes in law, changes in educational and probationary environments, and which is amended for clarity and consistency, and improvement in public protection.

**MEDICAL BOARD OF CALIFORNIA
DISCIPLINARY GUIDELINES**

PROPOSED TEXT

Legend

Underlined Indicates proposed amendments or additions to the existing regulation.
~~Strikeout~~ Indicates proposed deletions to the existing regulation.

1. Amend section 1361 in Article 4 of Chapter 2, Division 13, Title 16 of the California Code of Regulations to read as follows:

1361. Disciplinary Guidelines and Exceptions for Uniform Standards Related to Substance-Abusing Licensees

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code section 11400 et seq.), the Medical Board of California shall consider the disciplinary guidelines entitled “Manual of Model Disciplinary Orders and Disciplinary Guidelines” (~~11th Edition/2014~~, 12th Edition/2015) which are hereby incorporated by reference. Deviation from these orders and guidelines, including the standard terms of probation, is appropriate where the Board in its sole discretion determines by adoption of a proposed decision or stipulation that the facts of the particular case warrant such a deviation - for example: the presence of mitigating factors; the age of the case; evidentiary problems.

(b) Notwithstanding subsection (a), the Board shall use the Uniform Standards for Substance-Abusing Licensees as provided in section 1361.5, without deviation, for each individual determined to be a substance-abusing licensee.

(c) Nothing in this section or section 1361.5 shall be construed as a limitation on the Board's authority to seek an interim suspension order against a licensee pursuant to section 11529 of the Government Code.

Note: Authority cited: Sections 315, 315.2, 315.4 and 2018, Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 315, 315.2, 315.4, 2227, 2228, 2229 and 2234, Business and Professions Code; and Sections 11400.20, ~~and 11425.50(e)~~, and 11529, Government Code.

2. Amend the “Manual of Model Disciplinary Orders and Disciplinary Guidelines” incorporated by reference into section 1361 in Article 4 of Chapter 2, Division 13, Title 16 of the California Code of Regulations to read as follows:

State of California

~~State and Consumer Services Agency~~
Business, Consumer Services, and Housing Agency

MEDICAL BOARD OF CALIFORNIA

**MANUAL OF MODEL DISCIPLINARY ORDERS
AND DISCIPLINARY GUIDELINES**



44th 12th Edition
2014 2015

STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA

State of California
~~State and Consumer Services Agency~~
~~Business, Consumer Services, and Housing Agency~~
MEDICAL BOARD OF CALIFORNIA
MANUAL OF MODEL DISCIPLINARY ORDERS
AND DISCIPLINARY GUIDELINES
11th 12th Edition
~~2011-2015~~
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA

The Board produced this Manual of Model Disciplinary Orders and Disciplinary Guidelines, 11th 12th Edition for the intended use of those involved in the physician disciplinary process: Administrative Law Judges, defense attorneys, physicians-respondents, trial attorneys from the Office of the Attorney General, and the Board's disciplinary panel members who review proposed decisions and stipulations and make final decisions. These guidelines are not binding standards.

The Federation of State Medical Boards and other state medical boards have requested and received this manual. All are welcome to use and copy any part of this material for their own work.

To view this document visit http://www.mbc.ca.gov/Enforcement/disciplinary_guide.pdf
For additional copies of this manual, please write to the address below or visit
http://www.medbd.ca.gov/publications/disciplinary_guide.pdf:

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
Phone (916) 263-2466

Revisions to the Manual of Model Disciplinary Orders and Disciplinary Guidelines are made periodically. Listed below are the most recent changes included in the 11th 12th edition approved by the Board following open discussion at a public meeting.

Summary of Changes

The former "Disciplinary Guidelines – Index" printed after the last "Standard Conditions" has been moved to the Table of Contents (a formatting change only) and has been renamed the "Recommended Range of Penalties for Violations" for clarity.

Model Condition Number:

~~5. Controlled Substances – Total Restriction~~

Eliminated the term "good faith" prior examination to reflect amendments made to statute that now requires an "appropriate prior examination and a medical indication" and adds "furnish" to the list of prohibited activities.

7. ~~Controlled Substances – Partial Restriction~~

~~Eliminated the term “good faith” prior examination to reflect amendments made to statute that now requires an “appropriate prior examination and a medical indication” and adds “furnish” to the list of prohibited activities.~~

8. ~~Controlled Substances – Maintain Records and Access To Records and Inventories~~

~~Deleted language that failure to comply is a violation of probation because the language is unnecessary as any failure to comply with the terms or conditions of probation is a violation of probation.~~

9. ~~Controlled Substances – Abstain From Use~~

~~Added language that respondent shall cease the practice of medicine based upon a positive biological fluid test and that the Board must meet time requirements for filing an Accusation and/or Petition to Revoke and hold a hearing.~~

10. ~~Alcohol – Abstain From Use~~

~~Added language that respondent shall cease the practice of medicine based upon a positive biological fluid test and that the Board must meet requirements for filing an Accusation and/or Petition to Revoke and hold a hearing.~~

11. ~~Biological Fluid Testing –~~

~~Deleted language that failure to comply is a violation of probation because the language is unnecessary as any failure to comply with the terms or conditions of probation is a violation of probation. Expands the parameters of biological fluid testing to include various testing mechanisms. Added language that respondent shall cease the practice of medicine for failing to cooperate with biological fluid testing and that the Board must meet requirements for filing an Accusation and/or Petition to Revoke and hold a hearing.~~

12. ~~Community Service – Free Services~~

~~Reworded the language regarding non-medical community service.~~

13. ~~Education Course~~

~~Deleted language limiting the education program or course to classroom, conference or seminar settings.~~

14. ~~Prescribing Practices Course~~

~~Added language to require the course be equivalent to the course offered at the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine. Also added language requiring the respondent to provide pertinent documents to the program and amended the language regarding completion of the course.~~

15. ~~Medical Record Keeping Course~~

~~Added language to require the course be equivalent to the course offered at the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine. Also added language requiring the respondent to provide pertinent documents to the program and amended the language regarding completion of the course.~~

16. ~~Professionalism Program (Ethics Course)~~

~~Amended the name and language to comport with subsequent regulations setting requirements for a professionalism program (previously referred to as an ethics course). Also added~~

language requiring the respondent to provide pertinent documents to the program and amended the language regarding completion of the course.

17. Professional Boundaries Program

Deleted language that failure to comply is a violation of probation because the language is unnecessary as any failure to comply with the terms or conditions of probation is a violation of probation. Added language permitting discretionary acceptance of a course taken prior to the effective date of the decision.

18. Clinical Training Program

Amended the language regarding completion of program and replaced the terms specialty and sub-specialty with area of practice in which respondent was deficient.

Added language that respondent shall cease the practice of medicine for failing to successfully complete the clinical training program. Also eliminated the subsequent optional term and made it a requirement.

19. Oral or Written Examination

Added that if the examination is an oral examination, it is to be administered in accordance with Business and Professions Code section 2293(a) and (b). Also eliminated the subsequent optional term and made it a requirement. Made technical changes.

20. Psychiatric Evaluation

Deleted language that failure to comply is a violation of probation because the language is unnecessary as any failure to comply with the terms or conditions of probation is a violation of probation.

21. Psychotherapy

Deleted language that failure to comply is a violation of probation because the language is unnecessary as any failure to comply with the terms or conditions of probation is a violation of probation.

22. Medical Evaluation and Treatment

Added language requiring the respondent to provide pertinent documents/information to the evaluating physician. Deleted language that failure to comply is a violation of probation because the language is unnecessary as any failure to comply with the terms or conditions of probation is a violation of probation.

23. Monitoring - Practice/Billing

Restructured the formatting to clarify the type of monitor required. Deleted language that failure to comply is a violation of probation because the language is unnecessary as any failure to comply with the terms or conditions of probation is a violation of probation. Added language that respondents shall cease the practice of medicine until they obtain a monitor if they do not meet the required timeline for obtaining a monitor.

24. Solo Practice Prohibition

Clarified the title to show it was a prohibition and clarified what constitutes solo practice. Added language that respondent shall cease the practice of medicine for failing to secure an approved practice setting within 60 days.

~~25. Third Party Chaperone~~

~~Restructured the formatting to clarify the type of patient in which respondent is required to have a chaperone. Deleted language that failure to comply is a violation of probation because the language is unnecessary as any failure to comply with the terms or conditions of probation is a violation of probation. In addition, language was added prohibiting employment termination of a chaperone for reporting to the Board. Added language that respondent shall cease the practice of medicine for failing to have an approved third-party chaperone.~~

~~26. Prohibited Practice~~

~~Restructured the formatting of the condition to clarify the type of practice prohibition and to require that all patients be notified of prohibition. Deleted language that required a written notification in addition to oral. Deleted language that failure to comply is a violation of probation because the language is unnecessary as any failure to comply with the terms or conditions of probation is a violation of probation.~~

~~27. Notification~~

~~Required notification to be within seven days of the effective date of the decision rather than prior to practicing medicine.~~

~~28. Supervision of Physician Assistants~~

~~No change.~~

~~29. Obey All Laws~~

~~No change.~~

~~30. Quarterly Declarations~~

~~No change.~~

~~31. General Probation Requirements~~

~~Reformatted the conditions and added clarification regarding notification of residence or practice out-of-state and of email and telephone number.~~

~~32. Interview with the Board or its designee~~

~~Reworded for clarity.~~

~~Formerly 33. Residing or Practicing Out-of-State~~

~~Deleted condition due to combining conditions 33 and 34 to clarify non-practice regardless of physician location.~~

~~Formerly 34. Failure to Practice Medicine- California Resident~~

~~Deleted condition due to combining conditions 33 and 34 to clarify non-practice regardless of physician location.~~

~~New 33. Non-Practice While on Probation~~

~~Combined former conditions #33 and #34. Clarified non-practice regardless of physician location. Added clinical training for non-practice of more than 18 calendar months, defined non-practice, and required physician to practice in two years.~~

34. ~~Completion of Probation~~

~~Formerly # 35, it is re-numbered to reflect the combination of conditions #33 and #34. Reference to “cost recovery” is deleted condition due to elimination of authority to order cost recovery. See Business and Professions Code section 125.3(k).~~

35. ~~Violation of Probation~~

~~Formerly # 36, it is re-numbered to reflect the combination of conditions #33 and #34.~~

~~Formerly 37. Cost Recovery~~

~~Deleted condition due to elimination of authority to order cost recovery. See Business and Professions Code section 125.3(k).~~

36. ~~License Surrender~~

~~Formerly 38, it is re-numbered to reflect the combination of conditions #33 and #34 and the deletion of condition #37. Also, reworded for clarity.~~

37. ~~Probation Monitoring Costs~~

~~Formerly 39, it is re-numbered to reflect the combination of conditions #33 and #34 and the deletion of condition #37. Also, deleted language that failure to comply is a violation of probation because the language is unnecessary as any failure to comply with the terms or conditions of probation is a violation of probation.~~

**STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
MANUAL OF MODEL DISCIPLINARY ORDERS AND
DISCIPLINARY GUIDELINES**

Business and Professions Code section 2229 mandates protection of the public shall be the highest priority for the Medical Board and for the Administrative Law Judges of the Medical Quality Hearing Panel. Section 2229 further specifies that, to the extent not inconsistent with public protection, disciplinary actions shall be calculated to aid in the rehabilitation of licensees. To implement the mandates of section 2229, the Board has adopted the Manual of Model Disciplinary Orders and Disciplinary Guidelines (guidelines), 11-12th Edition. Consistent with the mandates of section 2229, these guidelines set forth the discipline the Board finds appropriate and necessary for the identified violations. In addition to protecting the public and, where not inconsistent, rehabilitating the licensee, the Board finds that imposition of the discipline set forth in the guidelines will promote uniformity, certainty and fairness, and deterrence, and, in turn, further public protection.

The Board expects that, absent mitigating or other appropriate circumstances such as early acceptance of responsibility, demonstrated willingness to undertake Board- ordered rehabilitation, the age of the case, and evidentiary problems, Administrative Law Judges hearing cases on behalf of the Board and proposed settlements submitted to the Board will follow the guidelines, including those imposing suspensions. Any proposed decision or settlement that departs from the disciplinary guidelines shall identify the departures and the facts supporting the departure.

The Model Disciplinary Orders contain three sections: three (3) Disciplinary Orders; twenty-three (23) Optional Conditions whose use depends on the nature and circumstances of the particular case; and eleven (11) Standard Conditions that generally appear in all probation cases. All orders should place the Disciplinary Order(s) first, Optional Condition(s) second, and Standard Condition(s) third.

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MODEL DISCIPLINARY ORDERS

1. Revocation - Single Cause

Certificate No. _____ issued to respondent _____ is revoked.

2. Revocation - Multiple Causes

Certificate No. _____ issued to respondent _____ is revoked pursuant to determination of Issues (e.g. I, II, and III), separately and for all of them.

3. Standard Stay Order

However, revocation stayed and respondent is placed on probation for (e.g., ten) years upon the following terms and conditions.

OPTIONAL CONDITIONS

4. Actual Suspension

As part of probation, respondent is suspended from the practice of medicine for (e.g., 90 days) beginning the sixteenth (16th) day after the effective date of this decision.

5. Controlled Substances - Total Restriction

Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined in the California Uniform Controlled Substances Act.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5.

If respondent forms the medical opinion, after an appropriate prior examination and a medical indication, that a patient's medical condition may benefit from the use of marijuana, respondent shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and a medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, respondent shall inform the patient or the patient's primary caregiver that respondent is prohibited from issuing a recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

6. Controlled Substances - Surrender of DEA Permit

Respondent is prohibited from practicing medicine until respondent provides documentary proof to the Board or its designee that respondent's DEA permit has been surrendered to the Drug Enforcement Administration for cancellation, together with any state prescription forms and all controlled substances order forms. Thereafter, respondent shall not reapply for a new DEA permit without the prior written consent of the Board or its designee.

7. Controlled Substances - Partial Restriction

Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined by the California Uniform Controlled Substances Act, except for those drugs listed in Schedule(s) _____ (e.g., IV and V) of the Act.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. If respondent forms the medical opinion, after an appropriate prior examination and medical indication, that a patient's medical condition may benefit from the use of marijuana, respondent shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, respondent shall inform the patient or the patient's primary caregiver that respondent is prohibited from issuing a recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

Note: Also use Condition 8, which requires that separate records be maintained for all controlled substances prescribed.

(Option)

Respondent shall immediately surrender respondent's current DEA permit to the Drug Enforcement Administration for cancellation and reapply for a new DEA permit limited to those Schedules authorized by this order. Within 15 calendar days after the effective date of this Decision, respondent shall submit proof that respondent has surrendered respondent's DEA permit to the Drug Enforcement Administration for cancellation and re-issuance. Within 15 calendar days after the effective date of issuance of a new DEA permit, respondent shall submit a true copy of the permit to the Board or its designee.

8. Controlled Substances- Maintain Records and Access to Records and Inventories

Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the

personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all the following: 1) the name and address of patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

9. Controlled Substances - Abstain From Use

Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to respondent by another practitioner for a bona fide illness or condition.

Within 15 calendar days of receiving any lawfully prescribed medications, respondent shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone number; medication name, strength, and quantity; and issuing pharmacy name, address, and telephone number.

If respondent has a confirmed positive biological fluid test for any substance (whether or not legally prescribed) and has not reported the use to the Board or its designee, respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. The respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within ~~45~~ 30 days of the notification to cease practice. If the respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide the respondent with a hearing within 30 days of the request, unless the respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. A decision shall be received from the Administrative Law Judge or the Board within 15 days unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within ~~45~~ 30 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

10. Alcohol - Abstain From Use

Respondent shall abstain completely from the use of products or beverages containing alcohol.

If respondent has a confirmed positive biological fluid test for alcohol, respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. The respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board ~~within 45~~ 30 days of the notification to cease practice. If the respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide the respondent with a hearing within 30 days of the request, unless the respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. ~~A decision shall be received from the Administrative Law Judge or the Board within 15 days unless good cause can be shown for the delay.~~ Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within ~~45~~ 30 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

11. Biological Fluid Testing

Respondent shall immediately submit to biological fluid testing, at respondent's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee. Prior to practicing medicine, respondent shall contract with a laboratory or service approved in advance by the Board or its designee that will conduct random, unannounced, observed, biological fluid testing. The contract shall require results of the tests to be transmitted by the laboratory or service directly to the Board or its designee within four hours of the results becoming available. Respondent shall maintain this laboratory or service contract during the period of probation.

A certified copy of any laboratory test result may be received in evidence in any proceedings between the Board and respondent.

If respondent fails to cooperate in a random biological fluid testing program within the specified time frame, respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. The respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board ~~within 45~~ 30 days of the notification to cease practice. If the respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide the respondent with a hearing within 30 days of the request, unless the respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. ~~A decision shall be received from the Administrative Law Judge or the Board within 15~~

~~days unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board.~~ The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within ~~45~~30 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

12. Community Service - Free Services

[Medical community service shall only be authorized in cases not involving quality of care.]

Within 60 calendar days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval a community service plan in which respondent shall within the first 2 years of probation, provide _____ hours of free services (e.g., medical or nonmedical) to a community or non-profit organization. If the term of probation is designated for 2 years or less, the community service hours must be completed not later than 6 months prior to the completion of probation.

Prior to engaging in any community service respondent shall provide a true copy of the Decision(s) to the chief of staff, director, office manager, program manager, officer, or the chief executive officer at every community or non-profit organization where respondent provides community service and shall submit proof of compliance to the Board or its designee within 15 calendar days. This condition shall also apply to any change(s) in community service.

Community service performed prior to the effective date of the Decision shall not be accepted in fulfillment of this condition.

13. Education Course

Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

14. Prescribing Practices Course

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in prescribing practices ~~equivalent to the Prescribing Practices Course at the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program),~~ approved in advance by the Board or its designee. Respondent shall provide the ~~program~~ approved course provider with any information and documents that the ~~Program~~ approved course provider may deem pertinent. Respondent shall participate in and

successfully complete the classroom component of the course not later than six (6) months after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

15. Medical Record Keeping Course

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in medical record keeping ~~equivalent to the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program)~~, approved in advance by the Board or its designee. Respondent shall provide the ~~program~~ approved course provider with any information and documents that the ~~Program~~ approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

16. Professionalism Program (Ethics Course)

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at

respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the program would have been approved by the Board or its designee had the program been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

17. Professional Boundaries Program

Within 60 calendar days from the effective date of this Decision, respondent shall enroll in a professional boundaries program equivalent to the ~~Professional Boundaries Program offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine ("Program")~~ approved in advance by the Board or its designee. Respondent, at the Pprogram's discretion, shall undergo and complete the Pprogram's assessment of respondent's competency, mental health and/or neuropsychological performance, and at minimum, a 24 hour program of interactive education and training in the area of boundaries, which takes into account data obtained from the assessment and from the Decision(s), Accusation(s) and any other information that the Board or its designee deems relevant. The Pprogram shall evaluate respondent at the end of the training and the Pprogram shall provide any data from the assessment and training as well as the results of the evaluation to the Board or its designee.

Failure to complete the entire Pprogram not later than six (6) months after respondent's initial enrollment shall constitute a violation of probation unless the Board or its designee agrees in writing to a later time for completion. Based on respondent's performance in and evaluations from the assessment, education, and training, the Pprogram shall advise the Board or its designee of its recommendation(s) for additional education, training, psychotherapy and other measures necessary to ensure that respondent can practice medicine safely. Respondent shall comply with Pprogram recommendations. At the completion of the Pprogram, respondent shall submit to a final evaluation. The Pprogram shall provide the results of the evaluation to the Board or its designee. The professional boundaries program shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

The Pprogram has the authority to determine whether or not respondent successfully completed the Pprogram.

A professional boundaries course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

(Option # 1: Condition Precedent)

Respondent shall not practice medicine until respondent has successfully completed the Pprogram and has been so notified by the Board or its designee in writing.

(Option # 2: Condition Subsequent)

If respondent fails to complete the Pprogram within the designated time period, respondent shall cease the practice of medicine within three (3) calendar days after being notified by the Board or its designee that respondent failed to complete the Pprogram.

18. Clinical Competence Assessment Training Program

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a clinical competence assessment training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program") approved in advance by the Board or its designee. Respondent shall successfully complete the Pprogram not later than six (6) months after respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The Pprogram shall consist of a Comprehensive Assessment ~~program comprised of an two-day assessment of respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment~~ and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to respondent's current or intended area of practice in which respondent was alleged to be deficient, and at minimum, a 40-hour program of clinical education in the respondent's area of practice in which respondent was alleged to be deficient and. The program shall which takes into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require respondent's on-site participation for a minimum of 3 to 5 days as determined by the program for the assessment and clinical education evaluation.

At the end of the evaluation, the program will submit a report to ~~Based on respondent's performance and test results in the assessment and clinical education, the Program will advise the Board or its designee~~ which unequivocally states whether the respondent has demonstrated the ability to practice safely and independently. Based on respondent's performance on the Clinical Competence Assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition, treatment for any or psychological condition, or anything else affecting respondent's practice of medicine. Respondent shall comply with the Pprogram's recommendations.

~~At the completion of any additional educational or clinical training, respondent shall submit to and pass an examination. Determination as to whether respondent successfully completed the examination or successfully completed the~~ clinical competence assessment program is solely within the program's jurisdiction.

[Note: The following language shall be included in this condition unless Option #1 is included: If respondent fails to enroll, participate in, or successfully complete the clinical competence assessment training program within the designated time period, respondent shall receive a

notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment training program have been completed. If the respondent did not successfully complete the clinical competence assessment training program, the respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.]

(Option #1: Condition Precedent)

Respondent shall not practice medicine until respondent has successfully completed the Pprogram and has been so notified by the Board or its designee in writing, ~~except that respondent may practice in a clinical training program approved by the Board or its designee. Respondent's practice of medicine shall be restricted only to that which is required by the approved training program.~~

(Option #2)

Within 60 days after respondent has successfully completed the clinical competence assessment training program, respondent shall participate in a professional enhancement program ~~equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine~~ approved in advance by the Board or its designee, which shall include quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation, or until the Board or its designee determines that further participation is no longer necessary.

19. ~~Oral and/or~~ Written Examination

[NOTE: This condition should **only** be used where a clinical training program is not appropriate.]

Within 60 calendar days of the effective date of this Decision, respondent shall take and pass an oral and/or a written examination, ~~administered by the Board or its designee. The Board or its designee shall designate a subject matter and administer the oral and/or written.~~

~~If the examination is an oral examination, it shall be conducted in accordance with section 2293(a) and (b) of the Code.~~

~~If respondent is required to take and pass a written exam, that examination shall be either the Special Purpose Examination (SPEX) or an equivalent examination as determined by the Board or its designee.~~

~~If respondent fails the first examination, respondent shall be allowed to take and pass a second examination.~~

Failure to pass the required oral and/or written examination within 180 calendar days after the effective date of this Decision is a violation of probation. Respondent shall pay the costs of all examinations.

[Note: The following language shall be included in this condition unless Option #1 is included: If respondent fails to pass the first written examination, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days

after being so notified. Respondent shall not practice medicine until respondent successfully passes the examination, as evidenced by written notice to respondent from the Board or its designee.]

(Option 1: Condition Precedent)

Respondent shall not practice medicine until respondent has passed the required examination and has been so notified by the Board or its designee in writing. This prohibition shall not bar respondent from practicing in a clinical training program approved by the Board or its designee. Respondent's practice of medicine shall be restricted only to that which is required by the approved training program.

Note: The condition precedent option is particularly recommended in cases where respondent has been found to be incompetent, repeatedly negligent, or grossly negligent.

20. Psychiatric Evaluation

Within 30 calendar days of the effective date of this Decision, and on whatever periodic basis thereafter may be required by the Board or its designee, respondent shall undergo and complete a psychiatric evaluation (and psychological testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall consider any information provided by the Board or designee and any other information the psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all psychiatric evaluations and psychological testing.

Respondent shall comply with all restrictions or conditions recommended by the evaluating psychiatrist within 15 calendar days after being notified by the Board or its designee.

(Option: Condition Precedent)

Respondent shall not engage in the practice of medicine until notified by the Board or its designee that respondent is mentally fit to practice medicine safely. The period of time that respondent is not practicing medicine shall not be counted toward completion of the term of probation.

21. Psychotherapy

Within 60 calendar days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval the name and qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. Upon approval, respondent shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the Board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board or its designee. Respondent shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent.

Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require respondent to undergo psychiatric

evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of probation, respondent is found to be mentally unfit to resume the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over respondent's license and the period of probation shall be extended until the Board determines that respondent is mentally fit to resume the practice of medicine without restrictions.

Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

Note: This condition is for those cases where the evidence demonstrates that the respondent has had impairment (impairment by mental illness, alcohol abuse and/or drug self-abuse) related to the violations but is not at present a danger to respondent's patients.

22. Medical Evaluation and Treatment

Within 30 calendar days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the Board or its designee, respondent shall undergo a medical evaluation by a Board-appointed physician who shall consider any information provided by the Board or designee and any other information the evaluating physician deems relevant and shall furnish a medical report to the Board or its designee. Respondent shall provide the evaluating physician any information and documentation that the evaluating physician may deem pertinent.

Following the evaluation, respondent shall comply with all restrictions or conditions recommended by the evaluating physician within 15 calendar days after being notified by the Board or its designee. If respondent is required by the Board or its designee to undergo medical treatment, respondent shall within 30 calendar days of the requirement notice, submit to the Board or its designee for prior approval the name and qualifications of a California licensed treating physician of respondent's choice. Upon approval of the treating physician, respondent shall within 15 calendar days undertake medical treatment and shall continue such treatment until further notice from the Board or its designee.

The treating physician shall consider any information provided by the Board or its designee or any other information the treating physician may deem pertinent prior to commencement of treatment. Respondent shall have the treating physician submit quarterly reports to the Board or its designee indicating whether or not the respondent is capable of practicing medicine safely. Respondent shall provide the Board or its designee with any and all medical records pertaining to treatment, the Board or its designee deems necessary.

If, prior to the completion of probation, respondent is found to be physically incapable of resuming the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over respondent's license and the period of probation shall be extended until the Board determines that respondent is physically capable of resuming the practice of medicine without restrictions. Respondent shall pay the cost of the medical evaluation(s) and treatment.

(Option- Condition Precedent)

Respondent shall not engage in the practice of medicine until notified in writing by the Board or its designee of its determination that respondent is medically fit to practice safely.

Note: This condition is for those cases where the evidence demonstrates that medical illness or disability was a contributing cause of the violations.

23. Monitoring - Practice/Billing

Within 30 calendar days of the effective date of this Decision, if the respondent is providing direct patient care, the respondent shall submit to the Board or its designee for prior approval as a _____ [insert: practice, billing, or practice and billing] monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in respondent's field of practice, and must agree to serve as respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, respondent's _____ [insert: practice, billing, or practice and billing] shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of respondent's performance, indicating whether respondent's practices are within the standards of practice of _____ [insert: medicine or billing, or both], and whether respondent is practicing medicine safely, billing appropriately or both. It shall be the sole responsibility of respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, respondent may participate in a professional enhancement program ~~equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine~~ approved in advance by the Board or

its designee, that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation.

24. Solo Practice Prohibition

Respondent is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: 1) respondent merely shares office space with another physician but is not affiliated for purposes of providing patient care, or 2) respondent is the sole physician practitioner at that location.

If respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the effective date of this Decision, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The respondent shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, the respondent's practice setting changes and the respondent is no longer practicing in a setting in compliance with this Decision, the respondent shall notify the Board or its designee within 5 calendar days of the practice setting change. If respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The respondent shall not resume practice until an appropriate practice setting is established.

25. Third Party Chaperone

During probation, respondent shall have a third party chaperone present while consulting, examining or treating _____ [insert: male, female, or minor] patients. Respondent shall, within 30 calendar days of the effective date of the Decision, submit to the Board or its designee for prior approval name(s) of persons who will act as the third party chaperone.

If respondent fails to obtain approval of a third party chaperone within 60 calendar days of the effective date of this Decision, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a chaperone is approved to provide monitoring responsibility.

Each third party chaperone shall sign (in ink or electronically) and date each patient medical record at the time the chaperone's services are provided. Each third party chaperone shall read the Decision(s) and the Accusation(s), and fully understand the role of the third party chaperone.

Respondent shall maintain a log of all patients seen for whom a third party chaperone is required. The log shall contain the: 1) patient initials, address and telephone number; 2) medical record number; and 3) date of service. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

Respondent is prohibited from terminating employment of a Board-approved third party chaperone solely because that person provided information as required to the Board or its designee.

If the third party chaperone resigns or is no longer available, respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name of the person(s) who will act as the third party chaperone. If respondent fails to obtain approval of a replacement chaperone within ~~30~~ 60-calendar days of the resignation or unavailability of the chaperone, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement chaperone is approved and assumes monitoring responsibility.

(Option)

Respondent shall provide written notification to respondent's patients that a third party chaperone shall be present during all consultations, examination, or treatment with **[insert: male, female or minor]** patients. Respondent shall maintain in the patient's file a copy of the written notification, shall make the notification available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the notification for the entire term of probation.

26. Prohibited Practice

During probation, respondent is prohibited from _____ **[insert: practicing, performing, or treating]** _____ **[insert: a specific medical procedure; surgery; on a specific patient population]**. After the effective date of this Decision, all patients being treated by the respondent shall be notified that the respondent is prohibited from _____ **[insert: practicing, performing or treating]** _____ **[insert: a specific medical procedure; surgery; on a specific patient population]**. Any new patients must be provided this notification at the time of their initial appointment.

Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

STANDARD CONDITIONS

27. Notification

Within seven (7) days of the effective date of this Decision, the respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent, at any other facility where respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

28. Supervision of Physician Assistants and Advanced Practice Nurses

During probation, respondent is prohibited from supervising physician assistants and advanced practice nurses.

29. Obey All Laws

Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

30. Quarterly Declarations

Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

31. General Probation Requirements

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit ~~and all terms and conditions of this Decision.~~

Address Changes

Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event respondent should leave the State of California to reside or to practice respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

32. Interview with the Board or its Designee

Respondent shall be available in person upon request for interviews either at respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

33. Non-practice While on Probation

Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of respondent's return to practice. Non-practice is defined as any period of time respondent is not practicing medicine in California as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If respondent resides in California and is considered to be in non-practice, respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve respondent from complying with all the terms and conditions of probation.

In the event respondent's period of non-practice while on probation exceeds 18 calendar months, respondent shall successfully complete the Federation of State Medical Board's Special Purpose Examination ~~a clinical training program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines"~~ prior to resuming the practice of medicine. Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice for a respondent residing outside of California, will relieve respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; and General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

34. Completion of Probation

Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's certificate shall be fully restored.

35. Violation of Probation

Failure to fully comply with any term or condition of probation is a violation of probation. If respondent violates probation in any respect, the Board, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

36. License Surrender

Following the effective date of this Decision, if respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request to surrender his or her license. The Board reserves the right to evaluate respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

37. Probation Monitoring Costs

Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

RECOMMENDED RANGE OF PENALTIES FOR VIOLATIONS

DISCIPLINARY ACTION TAKEN BY OTHERS [B&P 141(a) & 2305]

Minimum penalty: Same for similar offense in California

Maximum penalty: Revocation

MISLEADING ADVERTISING (B&P 651 & 2271)

Minimum penalty: Stayed revocation, 1 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more [4]
2. Education Course [13]
3. Professionalism Program (Ethics Course) [16]
4. Monitoring-Practice/Billing [23]
5. Prohibited Practice [26]

EXCESSIVE PRESCRIBING (B&P 725), or PRESCRIBING WITHOUT AN APPROPRIATE PRIOR EXAMINATION (B&P 2242)

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more [4]
2. Controlled Substances-Total DEA restriction [5],
Surrender DEA permit [6] or
Partial DEA restriction [7]
3. Maintain Records and Access to Records and Inventories [8]
4. Education Course [13]
5. Prescribing Practices Course [14]
6. Medical Record Keeping Course [15]
7. Professionalism Program (Ethics Course) [16]
8. Clinical Competence Assessment Training-Program [18]
9. Monitoring-Practice/Billing [23]

EXCESSIVE TREATMENTS (B&P 725)

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more [4]
2. Education Course [13]
3. Medical Record Keeping Course [15]
4. Professionalism Program (Ethics Course) [16]
5. Clinical Competence Assessment Training-Program [18]
6. Monitoring-Practice/Billing [23]
7. Prohibited Practice [26]

SEXUAL MISCONDUCT (B&P 726)

Minimum penalty: Stayed revocation, 7 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more [4]
2. Education Course [13]
3. Professionalism Program (Ethics Course) [16]
4. Professional Boundaries Program [17]
5. Psychiatric Evaluation [20]
6. Psychotherapy [21]
7. Monitoring-Practice/Billing [23]
8. Third Party Chaperone [25]
9. Prohibited Practice [26]

SEXUAL EXPLOITATION (B&P 729)

Minimum penalty: Revocation

Effective January 1, 2003, Business and Professions Code 2246 was added to read, "Any proposed decision or decision issued under this article that contains any finding of fact that the licensee engaged in any act of sexual exploitation, as described in paragraphs (3) to (5), inclusive, of subdivision (b) of Section 729, with a patient shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge."

MENTAL OR PHYSICAL ILLNESS (B&P 820)

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

1. ~~Oral~~ Written Examination [19]
2. Psychiatric Evaluation [20]
3. Psychotherapy [21]
4. Medical Evaluation and Treatment [22]
5. Monitoring-Practice/Billing [23]
6. Solo Practice Prohibition [24]
7. Prohibited Practice [26]

REGISTRATION AS A SEX OFFENDER (B&P 2232)

Minimum penalty: Revocation

Section 2232(a) of the Business and Professions Code provides that "Except as provided in subdivisions (b), (c), and (d), the board shall promptly revoke the license of any person who, at any time after January 1, 1947, has been required to register as a sex offender pursuant to the provisions of section 290 of the Penal Code."

**GENERAL UNPROFESSIONAL CONDUCT (B&P 2234), or
GROSS NEGLIGENCE [B&P 2234 (b)], or
REPEATED NEGLIGENT ACTS [B&P 2234(c)], or
INCOMPETENCE [B&P 2234(d)], or
FAILURE TO MAINTAIN ADEQUATE RECORDS (B&P 2266)**

Minimum penalty: Stayed revocation, 5 years probation

NOTE: In cases charging repeated negligent acts with one patient, a public reprimand may, in appropriate circumstances, be ordered.

Maximum penalty: Revocation

1. Education course [13]
2. Prescribing Practices Course [14]
3. Medical Record Keeping Course [15]
4. Professionalism Program (Ethics Course) [16]
5. Clinical Competence Assessment ~~Training~~-Program [18]
6. Monitoring-Practice/Billing [23]
7. Solo Practice Prohibition [24]
8. Prohibited Practice [26]

DISHONESTY - Substantially related to the qualifications, functions or duties of a physician and surgeon and *arising from* or occurring during patient care, treatment, management or billing [B&P 2234(e)]

Minimum penalty: Stayed revocation, one year suspension at least 7 years probation

Maximum penalty: Revocation

1. Professionalism Program (Ethics Course) [16]
2. Psychiatric Evaluation [20]
3. Medical Evaluation [22]
4. Monitoring-Practice/Billing [23]
5. Solo Practice Prohibition [24]
6. Prohibited Practice [26]
7. Victim Restitution

DISHONESTY - Substantially related to the qualifications, function or duties of a physician and surgeon but *not arising from* or occurring during patient care, treatment, management or billing [BP 2234 (e)]

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more [4]
2. Community Service [12]
3. Professionalism Program (Ethics Course) [16]
4. Psychiatric Evaluation [20]
5. Medical Evaluation [22]
6. Monitoring-Practice/Billing (if financial dishonesty or conviction of financial crime) [23]
7. Victim Restitution

PROCURING LICENSE BY FRAUD (B&P 2235)

1. Revocation [1] [2]

CONVICTION OF CRIME - Substantially related to the qualifications, functions or duties of a physician and surgeon and *arising from* or occurring during patient care, treatment, management or billing (B&P 2236)

Minimum penalty: Stayed revocation, one year suspension, at least 7 years probation

Maximum penalty: Revocation

1. Community Service [12]
2. Professionalism Program (Ethics Course) [16]
3. Psychiatric Evaluation [20]
4. Medical Evaluation and Treatment [22]
5. Monitoring-Practice/Billing [23]
6. Solo Practice Prohibition [24]
7. Prohibited Practice [26]
8. Victim Restitution

CONVICTION OF CRIME - Felony conviction substantially related to the qualifications, functions or duties of a physician and surgeon but *not arising from* or occurring during patient care, treatment, management or billing (B&P 2236)

Minimum penalty: Stayed revocation, 7 years probation

Maximum penalty: Revocation

1. Suspension of 30 days or more [4]
2. Community Service [12]
3. Professionalism Program (Ethics Course) [16]
4. Psychiatric Evaluation [20]
5. Medical Evaluation and Treatment [22]
6. Monitoring-Practice/Billing (if dishonesty or conviction of a financial crime) [23]
7. Victim Restitution

CONVICTION OF CRIME - Misdemeanor conviction substantially related to the qualifications, functions or duties of a physician and surgeon but *not arising from* or occurring during patient care, treatment, management or billing (B&P 2236)

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

1. Community Service [12]
2. Professionalism Program (Ethics Course) [16]
3. Psychiatric Evaluation [20]
4. Medical Evaluation and Treatment [22]
5. Victim Restitution

**CONVICTION OF DRUG VIOLATIONS (B&P 2237), or
VIOLATION OF DRUG STATUTES (B&P 2238), or
EXCESSIVE USE OF CONTROLLED SUBSTANCES (B&P 2239), or
PRACTICE UNDER THE INFLUENCE OF NARCOTIC (B&P 2280)**

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more [4]
2. Controlled Substances - Total DEA restriction [5],
Surrender DEA permit [6], or
Partial DEA restriction [7]

3. Maintain Drug Records and Access to Records and Inventories [8]
4. Controlled Substances - Abstain From Use [9]
5. Alcohol-Abstain from Use [10]
6. Biological Fluid Testing [11]
7. Education Course [13]
8. Prescribing Practices Course [14]
9. Medical Record Keeping Course [15]
10. Professionalism Program (Ethics Course) [16]
11. Psychiatric Evaluation [20]
12. Psychotherapy [21]
13. Medical Evaluation and Treatment [22]
14. Monitoring-Practice/Billing [23]
15. Prohibited Practice [26]

ILLEGAL SALES OF CONTROLLED SUBSTANCES (B&P 2238)

Revocation [1] [2]

**EXCESSIVE USE OF ALCOHOL (B&P 2239) or
PRACTICE UNDER THE INFLUENCE OF ALCOHOL (B&P 2280)**

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more [4]
2. Controlled Substances-Abstain From Use [9]
3. Alcohol-Abstain from Use [10]
4. Biological Fluid Testing [11]
5. Professionalism Program (Ethics Course) [16]
6. Psychiatric Evaluation [20]
7. Psychotherapy [21]
8. Medical Evaluation and Treatment [22]
9. Monitoring-Practice/Billing [23]

PRESCRIBING TO ADDICTS (B&P 2241)

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more [4]
2. Controlled Substances- Total DEA restriction [5],
Surrender DEA permit [6], or
Partial restriction [7]
3. Maintain Drug Records and Access to Records and Inventories [8]
4. Education Course [13]
5. Prescribing Practices Course [14]
6. Medical Record Keeping Course [15]
7. Professionalism Program (Ethics Course) [16]
8. Clinical Competence Assessment Training Program [18]
9. Monitoring-Practice/Billing [23]
10. Prohibited Practice [26]

ILLEGAL CANCER TREATMENT (B&P 2252 and 2258)

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more [4]
2. Education course [13]
3. Prescribing Practices Course [14]
4. Professionalism Program (Ethics Course) [16]
5. Clinical Competence Assessment Training Program [18]
6. Monitoring-Practice/Billing [23]
7. Prohibited Practice [26]

**MAKING FALSE STATEMENTS (B&P 2261), or
ALTERATION OF MEDICAL RECORDS (B&P 2262)**

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more [4]
2. Medical Record Keeping Course [15]
3. Professionalism Program (Ethics Course) [16]
4. If fraud involved, see “Dishonesty” guidelines

AIDING AND ABETTING UNLICENSED PRACTICE (B&P 2264)

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more [4]
2. Education Course [13]
3. Professionalism Program (Ethics Course) [16]
4. Monitoring-Practice/Billing [23]
5. Prohibited Practice [26]

FICTITIOUS NAME VIOLATION (B&P 2285)

Minimum penalty: Stayed revocation, one year probation

Maximum penalty: Revocation

IMPERSONATION OF APPLICANT IN EXAM (B&P 2288)

1. Revocation [1] [2]

PRACTICE DURING SUSPENSION (B&P 2306)

1. Revocation [1] [2]

BUSINESS ORGANIZATION IN VIOLATION OF CHAPTER (B&P 2417)

Minimum penalty: Revocation

Effective January 1, 2002, Business and Professions Code section 2417 was added to read, in part, "(b) A physician and surgeon who practices medicine with a business organization knowing that it is owned or operated in violation of Section 1871.4 of the Insurance Code, Section 14107 or 14107.2 of the Welfare and Institutions Code, or Section 549 or 550 of the Penal Code shall have his or her license to practice permanently revoked."

VIOLATION OF PROBATION

Minimum penalty: 30 day suspension

Maximum penalty: Revocation

The maximum penalty should be given for repeated similar offenses or for probation violations revealing a cavalier or recalcitrant attitude. A violation of any of the following conditions of probation should result in, at minimum, a 60 day suspension:

1. Controlled Substances -Maintain Records and Access to Records and Inventories [8]
2. Biological Fluid Testing [11]
3. Professional Boundaries Program [17]
4. Psychiatric Evaluation [20]
5. Psychotherapy [21]
6. Medical Evaluation and Treatment [22]
7. Third Party Chaperone [25]

It is the expectation of the Medical Board of California that the appropriate penalty for a physician who did not successfully complete a clinical training program ordered as part of his or her probation is revocation.