MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 23, 2022
ATTENTION: Members, Medical Board of California
SUBJECT: Enforcement Program Summary
STAFF CONTACT: Jenna Jones, Chief of Enforcement

Requested Action:

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

General Update:

The Enforcement team has been very busy this past quarter as we continue to identify ways to reduce timeframes and improve our processes to provide better customer service and notification. One area where the Board members could assist us is to ensure that cases pending panel vote are voted on in a timely manner. Timely voting would greatly assist our staff with workflow concerns.

Cost recovery legislation became effective January 1, 2022. The reinstatement of cost recovery enables the Board to seek cost recovery for investigation and legal expenses incurred after January 1, 2022, up through the time the matter goes to hearing, hearing costs are not recoverable. The figures identified and recovered to date may appear small; however, this is due to the timing for this current report because most of the cases resolved between January 1, 2022, and now involved investigations and the bulk of legal work completed prior to January 1, 2022. To date, we have identified 40 cases and approximately $239,000 that has been posted as recoverable. We are working with the Attorney General's Office to make modifications in the stipulation and proposed decision language regarding payment of the cost recovery amounts. The cost recovery will be due within 30 days of the effective date of the Order or the subject may enter a payment plan. Going forward, the figures will better reflect the costs and a more accurate picture of how much this will affect the Board's fund.

The Board has not issued any letters of advisement which were passed in last year's legislation. Before the Board may issue letters of advisement, regulations would need to be established and to date that has not been completed. The enacted legislative language includes that the letters of advisement can only be used in cases that do not involve patient care. This was not the intent of the original proposal for this new type of resolution tool; therefore, its potential for use is very limited. It is not justifiable to seek regulations for their use at this time.

On July 13, 2022, the firm awarded the Enforcement Monitor contract held an introduction meeting with staff from MBC, HQIU and the Attorney General's Office.

Expert Reviewer Program:

There are currently 627 active experts in the Board's expert database. Expert Program analysts receive monthly reports of experts with expiring contracts and utilize this information to renew contracts. Expert program analysts routinely process billing submitted by experts and work with HQIU, EPU and Deputy Attorney General staff to aid with selecting an expert for cases assigned to their units. Staff are sending recruitment letters to professional medical societies and organizations. Expert reviewer training is scheduled to be held via WebEx on September 17, 2022. The Expert Program and Medical Consultant Program staff created a survey to send to medical consultant and expert reviewers to request feedback on both programs. Staff in the Expert Program and Medical Consultant Program reviewed the results of the survey, categorized the findings, and considered areas of improvement needed. A memo conveying the findings was shared with the Chief of Enforcement, Executive team, and is attached. Advertisement for the following specialties were in the Board's April 2022 Newsletter:

- Addiction Medicine with added certification in Family or Internal or Psychiatry
- Cardiology
- Clinical Genetics
- Colon/Rectal Surgery
- Dermatology
- Family Medicine
- Gastroenterology
- Hematology
- Interventional Cardiology
- Neurological Surgery
- Neurology
- Obstetrics and Gynecology (with added expertise in Gynecologic Oncology)
- Orthopaedic Surgery
- Pathology (preferably from: Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, and Ventura Counties)
- Pediatric Endocrinology
- Pain Medicine
- Pediatric Gastroenterology
- Pediatric Surgery
- Pediatric Cardiac Surgery
- Pediatric Critical Care
- Pediatric Pulmonology
- Plastic Surgery
- Psychiatry (Forensic and Addiction)
- Radiation Oncology
- Surgery (General and Endocrine Surgery)

- Thoracic and Cardiac Surgery
- Urology (General and Gender Reassignment)
- Vascular Surgery
- Midwife Reviewer

Central Complaint Unit:

The average number of days to initiate a complaint in the Central Complaint Unit (CCU) is 5 for the fourth quarter of FY 2021-2022, which is within the timeframe mandated by Business and professions Code section 129(b). The average days to complete the processing of a complaint in CCU is 98 days. CCU staff and management continue to work diligently to ensure communication with consumers is sent out at various milestones throughout the complaint process, review new complaints in a timely manner, send out requests for necessary information in a timely manner, and reduce the overall aging of all complaint types. An article in the Board's April 2022 Newsletter provided consumers an overview of the complaint process.

CCU currently has two Management Service Technician (MST) vacancies, one part-time and one full-time position, one vacant part-time Associate Governmental Program Analyst (AGPA), one vacant Staff Services Analyst (SSA) position, and one vacant Staff Services Manager I (SSMI) position. Interviews for the MST vacancies, the part-time AGPA, and the vacant SSA vacancies were conducted, and management is working with human resources to finalize pending hiring clearances. The SSMI position was advertised, applications were reviewed, and interviews will be conducted this month.

The Medical Consultant Program receives a monthly report of consultants with expiring contracts and utilize this information to renew contracts. Staff continue assigning cases that require specialty review to consultants, follow up on cases checked out to consultants for 30 days or more, and routinely process billing submitted by consultants. Advertisement for the following specialties were in the Board's April 2022 newsletter:

- Cardiac Surgery
- Colon and Rectal Surgery
- Dermatology
- Gynecology
- Interventional Cardiology
- Interventional Radiology
- Neonatal/Perinatal
- Neurological Surgery
- Otolaryngology
- Pain Medicine
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Radiation Oncology
- Thoracic Surgery
- Vascular Surgery

Central Investigation Office

The Complaint Investigation Office (CIO) non-sworn investigators currently have a caseload of approximately 28 cases each. These findings are for physician and surgeon cases for the date range of April 1, 2022, through June 30, 2022.

The Complaint Investigation Office (CIO) non-sworn special investigators currently has a unit caseload of 179 cases which breaks down into approximately 28 cases each

Since the last enforcement summary, CIO has closed 30 cases and transmitted 20 cases to the Attorney General's Office – 7 criminal conviction cases, 6 malpractice cases, 6 vaccination exemption cases, one 805 report, and 3 petitions for reinstatement. Additionally, the CIO referred 0 cases to the Board's Cite and Fine Program and 5 cases for a PLR.

Discipline Coordination Unit:

The Discipline Coordination Unit (DCU) currently has three vacancies, two Associate Governmental Program Analyst (AGPA) positions and one Office Technician (OT) position. All vacancies have been advertised. Interviews for the OT position will be conducted in July 2022. Interviews for the AGPA positions will be conducted in August 2022. The vacant Staff Services Manager I position reported in the last summary has been filled and the employee reported to work on July 1, 2022.

DCU management and staff continue to work on updates to the procedure manual and needed documents, while also working to file administrative actions timely.

Probation Unit:

The Probation Unit currently has two vacant Inspector positions, one in San Dimas and one in Fresno. Both vacancies have been advertised but no desirable candidates have been identified. Probation management will continue advertisement of both positions.

During this quarter, six Petitions to Revoke Probation and two Accusations/Petitions to Revoke Probation have been transmitted to the Attorney General's Office. Eight Petitions to Revoke Probation have been filed. There were no Accusations/Petitions to Revoke Probation filed.

MEDICAL BOARD
OF CALIFORNIA
Protecting consumers by advancing high quality, safe medical care.

Agenda Item 8B
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Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

MEMORANDUM

Date: July 12, 2022

To: Jenna Jones, Chief of Enforcement
Sharlene Smith, Staff Services Manager II

From: Therese Kelly, Associate Governmental Program Analyst, on behalf of the Expert Reviewer and Medical Consultant Program Staff

Subject: Expert Reviewer and Medical Consultant Survey Results

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Survey summary:

This survey of Expert Reviewer (expert) and Medical Consultant (MC) Program participants was designed to gather program feedback and recommendations, for the Medical Board of California (Board), on recruitment and retention efforts. On April 5, 2022, 865 "active" experts and medical consultants (MCs) were sent an email with a link to Survey Monkey and asked to reply by April 15, 2022. The "Active" program participants contacted have current contracts, or contracts in the process of renewal, and meet current program requirements.

Data collection:

The survey was closed on Monday, April 18, 2022, and 191 of the 865 experts/MCs responded (22% response rate). Responses were pooled into one group since many MCs are also experts, and some experts may transfer to the MC program when they reduce work hours and no longer meet their program's requirements. The following seven (7) questions were asked, and below are the responses. The questions noted as "open-end" allowed the respondents to write their responses.

Program Feedback

1. **What do you like about our program? (open-end)**

33%	• Providing a fair evaluation process for consumers and physicians. • Improving the quality of care. • Diversity of cases. • Using the new electronic format for sharing case reviews and ensuring confidentiality.

19%	• Flexibility of the work assignments. • Working remotely, and online.
17%	• Opportunity to provide public service and to "give back" to the community.
17%	• Work is enjoyable, informative/educational. • Helps to improve one's skills, stay current in medicine, improve own medical practice. • Provides an understanding of how the Board operates.
14%	• Enjoy working with the Board/HQIU Staff. • Want more cases. • Staff is professional and provide good communication. • Information is easily accessed, organized.

The experts and MCs are engaged and want to continue providing their services, and hope that we will be able to present them an opportunity to serve us more frequently. MC and expert staff will develop ongoing training on different topics to keep experts and MCs interested, engaged, and ready when called upon to perform a review. This can be accomplished by posting online tutorials on different topics. Training is being developed for the MCs, all BOX users, and the Expert Reviewer Training continues to be offered.

2. Where do you feel improvement is needed? (open-end)

35%	• Pay should be increased. • Issue payments quicker.
14%	• Provide feedback on case reviews and information on case outcomes. • Assign more cases, evaluate case assignment process to ensure equality.
14%	• Technical problems – using "pdf" forms, accessing BOX, and accessing online materials (records/images). • Disorganized materials, duplicate records. • Too much time spent organizing records.
13%	• No recommendations.
10%	• Improve communications. • Explain why some cases not pursued, the Board needs stronger enforcement against doctors. • Why are cases assigned as "rush", why do some take so long? • Inform reviewers how many cases they should expect to receive, to help them plan.
8%	• Expert training is too long. • Need more examples as part of the training. • Regular technical updates.

	• Work with a "mentor" to observe what is required for a review.
6%	• Investigators not understanding the specialties, asking the wrong questions. • Required reports are too long. • More interaction with Board staff, social interaction to get to know one another.

Pay:

When the Board's fiscal condition improves, the MC program staff recommend increasing the MC pay from $75 per hour to $100 per hour, one-half of what the trained/certified experts receive.

Experts are reimbursed $150 per hour for review/report/preparation for hearing and $200 per hour up to $1600 per day for their testimony. Experts, have an opportunity to increase their reimbursement to $200 per hour for review/report/preparation for hearing and $250 per hour (up to $2,000 per day) for testimony by completing training (attendance to a training class and submit a sample report reviewed and approved by the Board as meeting the requirements for the higher rates).

Reduce payment timeframes:
The Board's expert and MC staff have taken over the task of submitting invoices directly to the Department of Consumer Affairs' (DCA) Accounts Payable Unit (AP). Relieving the Board's Business Services Office of this responsibility has improved payment timeframes by two weeks. However, the payment process is still cumbersome and takes approximately eight to ten weeks because three departments must process the invoices. First, the Board staff receives, reviews, obtains the managers' signature. Secondly, the DCA AP Unit reviews the invoice, and then submits the request for payment to the State Controller's Office (SCO) who issues the check, by mail. Per SCO's Personnel and Payroll Services Division, Direct Deposit is available to contractors; but requires our department (DCA) to enter into an interagency agreement with SCO and pay associated costs to implement.

Case outcomes, case assignments:
In our expert and MC training, we will include information on how the reviewers may get notifications from our Board's website. We will also explain the intermittent nature of the work so that all reviewers better understand the workload, and we will continue to spread the work equitably amongst our MCs. The expert program will continue to match cases with the most appropriate experts.

BOX Training, organization of the case documents:
BOX training is being developed for PC and MAC users. This self-guided video training will be available to reviewers anytime. Also, the Board's Help Desk staff continue to provide telephone support to BOX users. The expert and MC program staff will consult with management on how best to address disorganized documents that intake staff receive and scan/upload to the shared drives.

Communication:
The Board received a lot of useful feedback from this survey, this information will be used to refine our web site pages, our Newsletter ads, and our training materials. Our training may be expanded to provide online modules on aspects of the expert's and MC's review work. We can also encourage the experts and MCs to email our general email boxes and contact staff by telephone to share their thoughts and ask questions. The expert and MC programs will consider developing a bi-annual email blast to reach out to active participants to ask for feedback, send Board updates, ask for updated contact information, and most importantly, to say "Thank you" for their continued participation.

The expert and MC training can further elaborate as to why some cases are not pursued and clarify the Board's "burden of proof" that must be met for administrative action to be taken. Training can also answer the "rush" nature of some cases by explaining the Statute of Limitations.

Training:
The MC training may be self-paced; the expert training may not since the attendees receive continuing medical education (CME) credit for their training time and participation – which must be verified by staff. However, the training modules will likely be self-paced and will be much shorter. The MC staff can easily provide samples of reports for the consultant reviewers to study. The suggestion of a mentor reviewer/consultant is an excellent idea. This could be made available as needed. Experienced MCs would be happy to assist in this area. Available experts may be more difficult to enlist since they have a requirement of active medical practice in addition to their expert reviews.

Training can address the communication challenges with our investigative staff and address the report requirements and length. Offering more training options will keep us in contact with program participants and help us engage. We have local consultants and experts who have been encouraged to come by the office (COVID restrictions permitting) to meet us and work on BOX access, or other questions they may have. These have been productive interactions. In future email blasts, we will encourage the program participants to contact us via email, phone, or in office so we can work together and obtain their feedback.

Training

3. What areas would you like to have training in?

The following multiple-choice options were provided, and respondents were asked to select all areas of training they desired. The data below reflects the total responses for each option.

(85 responses from 191 respondents)	Applicable Laws and Regulations.

(80 responses from 191 respondents)	How to Write a Report that Meets the Board's Expectations.
(72 responses from 191 respondents)	The Role of the Experts During the Legal Review Phase. (Question for Experts Only)
(53 responses from 191 respondents)	Complaint/Case Review.
(47 responses from 191 respondents)	Using the Cloud-Based File Sharing Program (BOX).
(29 responses from 191 respondents)	**"Other" (open-end) responses were related to these topics:** • BOX training related to access timeframes. • Regular, general refresher courses on reviews, reports, BOX, etc. • Alternatives to using electronic records, if any.
(15 responses from 191 respondents)	Billing

Surprisingly, applicable laws and regulations is the top area in which program participants would like more training. This can be addressed in our training and on the expert and MC web site pages. All the recommendations are feasible training items.

Referral

4. **Would you refer other licensed physicians and surgeons to our program?**
This was a "yes" or "no" question and included a comment field for responses.

86%	**"Yes."** Comments: • *Educational experience.* • *Provides the perspective of patients and the legal entities.* • *Important to the integrity of the profession.* • *Good way to keep clinical skills sharp.* • *Helpful to build one's resume.* • *Provides a reference point for the community standard.*
14%	**"No."** Comments: • *Too few cases.* • *Compensation too low to do the work in addition to their own work.*

The positive responses will be used in our recruitment/marketing efforts, i.e., improve our running ads in the quarterly newsletter, update our website to include these benefits, and add this information when we email interested parties, and when we reach out to medical associations**.**

As previously mentioned under question # 2, we can look at the number of cases assigned and ensure that they are spread out among program participants as best we can. We will also better explain the workload to program participants so that the expectations are aligned with the actual volume. When Budget Change Proposals (BCPs) are feasible, pay will certainly be addressed.

Training

5. What method do you prefer training to be delivered by the Board?

The following multiple-choice options were provided, and respondents were asked to select all methods of training they desired. The data below reflects the total responses for each option.

(98 responses from 191 respondents)	Online/Virtual (e.g., WebEx).
(65 responses from 191 respondents)	Self-Guided Training.
(44 responses from 191 respondents)	**One-Half Day** Training (Online or In-Person).
(41 responses from 191 respondents)	Module-by-Module Training.
(40 responses from 191 respondents)	Pre-Recorded Training (e.g., YouTube link).
(38 responses from 191 respondents)	In-Person Training.
(27 responses from 191 respondents)	**Full Day Training** (Online or In-Person).
(11 responses from 191 respondents)	Other: • Practice exercises. • Opportunity for commentary and exchange with the audience and presenters.

Online/Virtual Training, Pre-recorded Training:
Quarterly Expert Reviewer Training continues to be provided via WebEx. The forthcoming MC training will also be provided online, via WebEx, a pre-recorded presentation, or available in all three formats. Obviously, this is the most desired method of delivering training and has been successfully produced by the Expert Reviewer Program. The MC program can use the Expert Reviewer Training as a foundation to build its online training.

Self-Guided Training, One-Half and Full Day Training, Module-by-Module Training:
Not surprising, a significant number of respondents like self-guided training. Any future "module-by-module" training (on specific topics) should be self-guided and will be relatively brief. These methods of training would be best for technical updates, i.e., BOX, use of new forms, and trending topics.

Self-guided, modular, and half-day training could not replace the full day Expert Reviewer Training required for CME credit and qualify to receive the higher expert pay rates.

In-Person Training:
The ongoing COVID pandemic restricts large gatherings. As such, there is no estimated timeframe for the return of in-person training. Fortunately, the opportunity for interaction and exchange with presenters and attendees is available in many online formats, including WebEx.

Other:
BOX training is being developed and will be available via an online, self-guided tutorial. This training will be specific to the PC and MAC users. The comments we received relative to practice exercises, and exchange with presenters can easily be accommodated in our current and forthcoming training methods.

Recruitment and Retention Recommendations

6. **What recommendations do you have to recruit/retain program participants?** (Open-end)

39%	Increase pay.
21%	Perform outreach to the medical community: • Contact professional associations, medical societies, specialty boards and universities. • Sending mass emails to licensees. • Provide more detailed information about the expert and MC programs in the quarterly Newsletter (rather than just listing specialties needed). • Post ads in medical journals and, if COVID restrictions permit, set up tables during professional association/medical society meetings and events. • Hold virtual meetings to recruit participants.
15%	Communication: • Improve communication by providing updates regarding the expert and MC programs. • Implement recognition/appreciation practices. • Stay in touch with participants not often used (due to specialty or workload).

	• Provide follow-up information on the outcomes of cases reviewed.
12%	• No recommendations.
9%	Other Recommendations: • Provide additional training for MDs and Midwives. • Provide a clearer description of the work to be performed, the Board's expectations, and intermittent nature of the work. • Keep retired experts, reduce the required hours of practice for experts. • Provide CME credit for program work. • Develop alternative discipline methods to include mentoring by experts/consultants. • Continue telework work/hearing options. • Better organize the records uploaded to BOX.

Pay:
See narrative under question 2.

Outreach:
The survey respondents provided excellent and feasible recommendations to improve our recruitment and visibility. The expert and MC program staff will investigate these options and develop an outreach program.

Communication:
The feedback provided in question 2, and responses above are informative and can be implemented.

- Our respective program web sites can be updated with current program information (forthcoming training, forms...).

- Recognition is overdue; MC and expert programs will consider issuing a certificate of appreciation when experts and MCs retire from our programs. We will consider developing a letter of thanks to send to the experts and MCs when they have completed their case review. We may also consider sending email blasts yearly to express our gratitude, and to also let program participants know they are still on our list of "active" participants and encourage them to call or email us with any questions. The expert and MC program staff will discuss and develop methods of recognition.

- With regards to providing follow-up to case outcomes, our training programs can inform the experts and MCs that once their work on a complaint is done, there is no longer a need or right for them to know of the Board's complaint and investigative actions. As such, they will be encouraged to sign up/follow the *Board Alerts* to stay informed of *public* disciplinary actions. We will cite the applicable laws that keep investigations confidential. We can share with the MCs that if they wish to become

more involved, that they may want to consider applying to the Expert Reviewer Program.

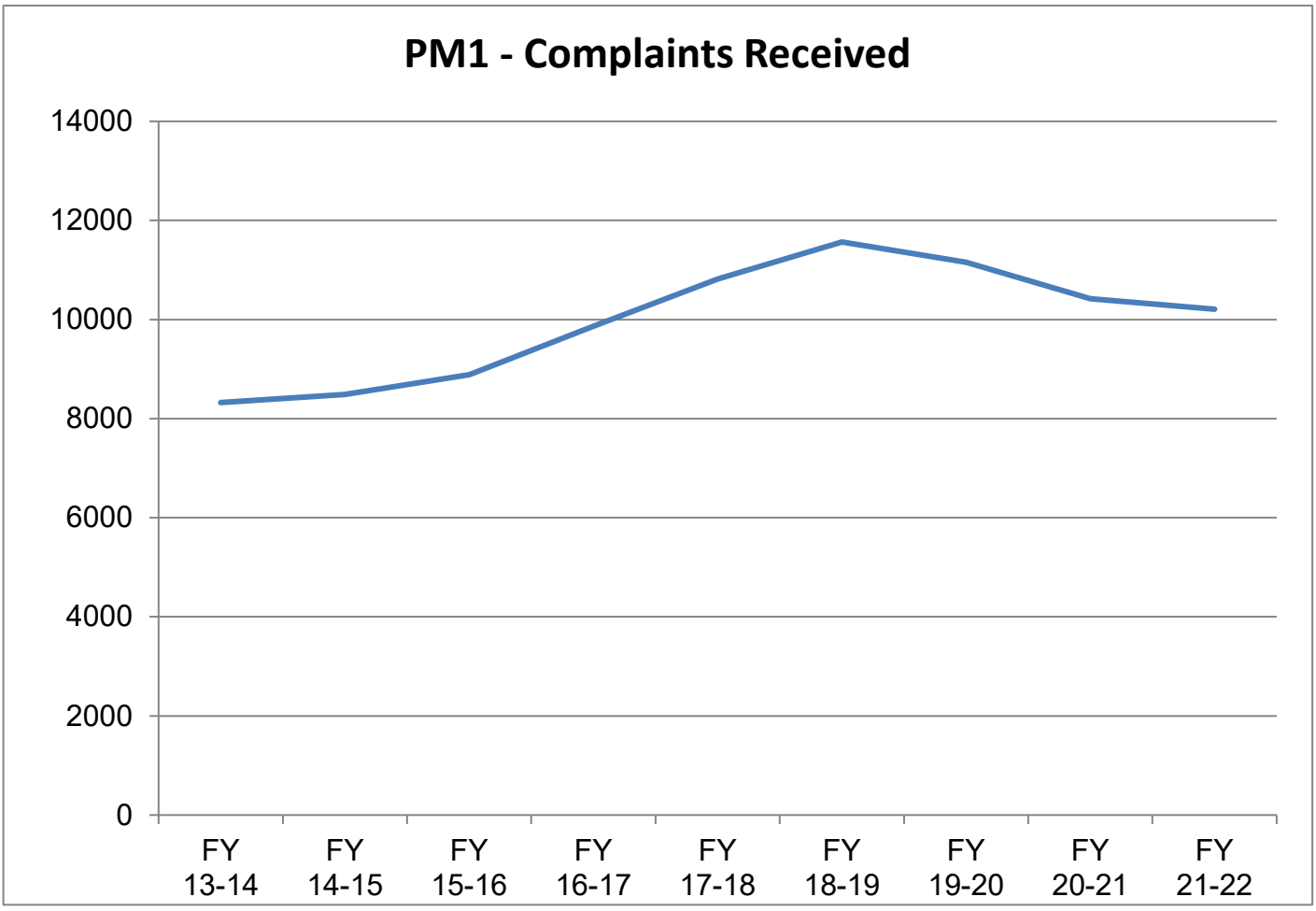
Decision to become an MC/expert

7. **Why did you decide to become a consultant/expert reviewer?**
(Open-end)

30%	• Opportunity for professional growth. • Opportunity to support and improve their profession
21%	• Contribute to the quality of care, improve patient care, and provide public protection.
17%	• The work is important and interesting.
16%	• Opportunity to give back to their communities.
11%	• The flexibility of the work. • Additional income.
5%	• They enjoy the investigative and legal nature of the work. • They were approached by Board or HQIU staff and asked to apply.

The expert and MC programs will use these results to inform our recruitment information on the Board's website, our ads in the Board's quarterly *Newsletter*, in our future outreach efforts, and we will share this positive feedback with prospective participants.

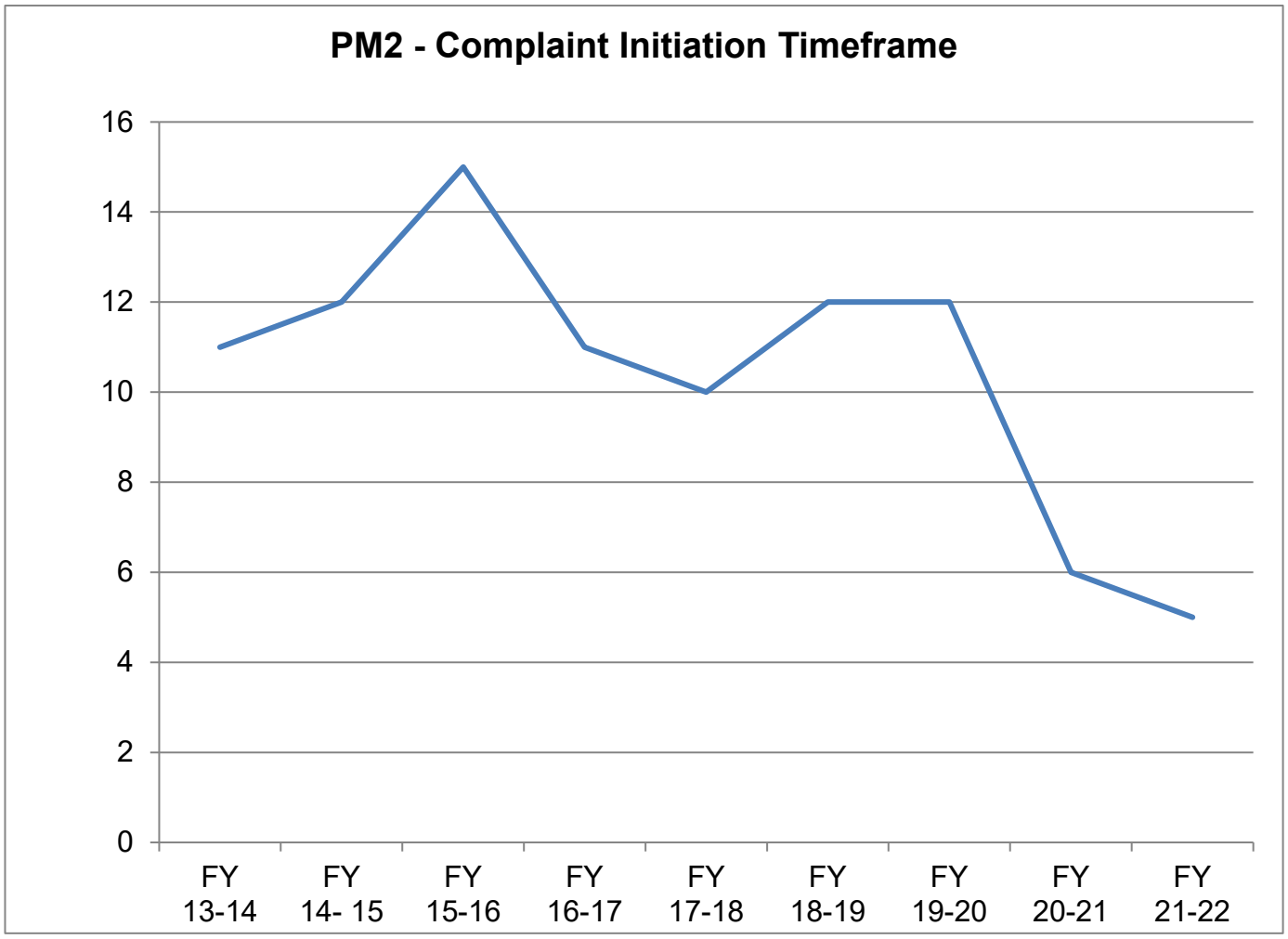
Medical Board of California Enforcement Program
PM1 - Complaints Received



Month	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22
Volume	8325	8490	8885	9862	10817	11565	11155	10418	10209

This chart displays the number of complaints received for all license types under the Medical Board (Licensed Midwife, Physician's and Surgeon's, Research Psychoanalyst, Fictitious Name Permit, Special Programs – Individual, Special Programs – Organization, Special Faculty Permit, Polysomnographic, BPC 853 Pilot Program Physician, Postgraduate Training License, and Medical Expert). When reporting Performance Measures data, the inclusion of all license types under the Medical Board is mandated by DCA. FY 21-22 figures are for date range July 1, 2021 through June 30, 2022.

Medical Board of California Enforcement Program
PM2 - Complaint Initiation Timeframe

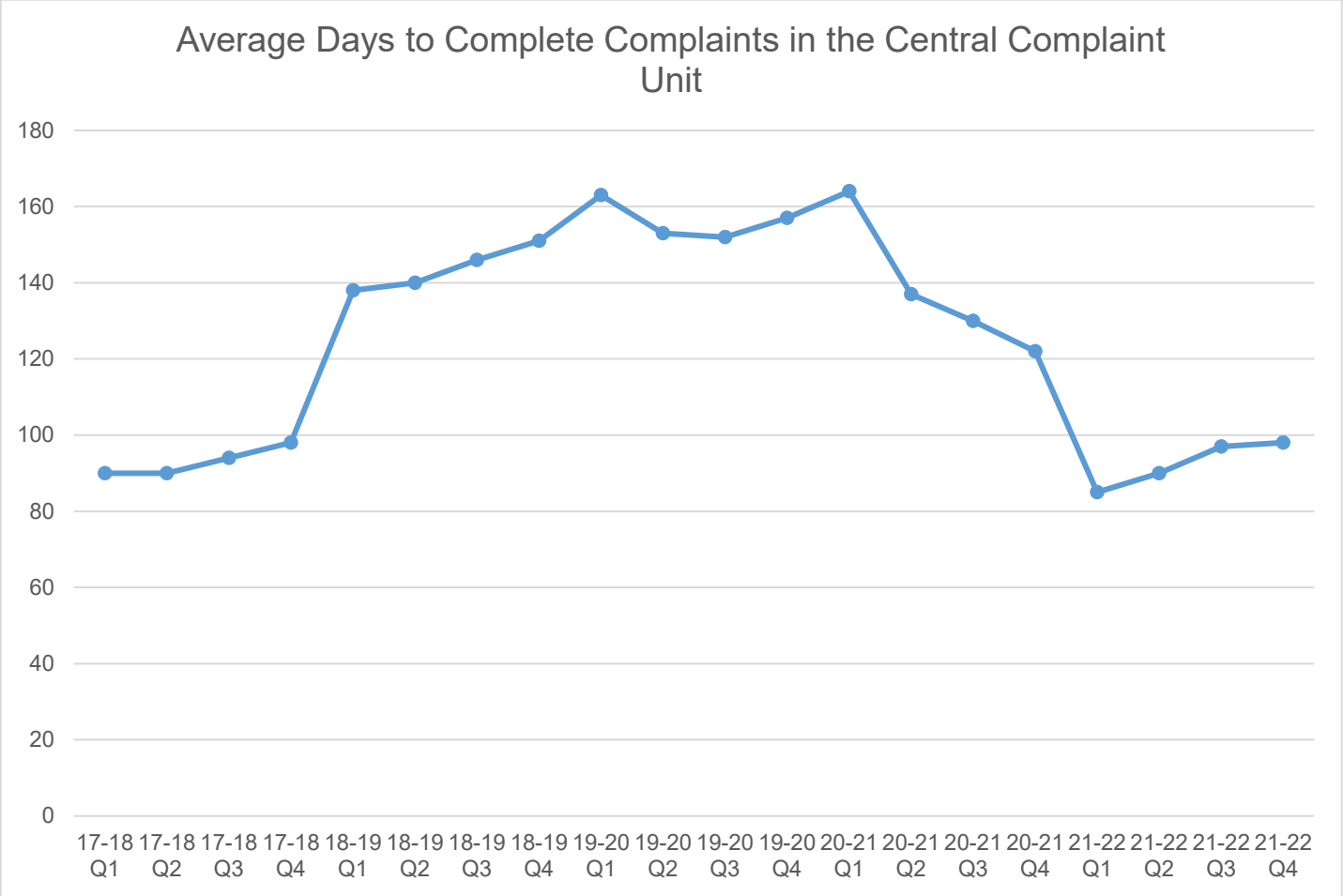


Month	FY 13-14	FY 14- 15	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22
Cycle Time	11	12	15	11	10	12	12	6	5

This chart displays the average number of days to open/process a complaint received for all license types under the Medical Board (Licensed Midwife, Physician's and Surgeon's, Research Psychoanalyst, Fictitious Name Permit, Special Programs – Individual, Special Programs – Organization, Special Faculty Permit, Polysomnographic, BPC 853 Pilot Program Physician, Postgraduate Training License, and Medical Expert). When reporting Performance Measures data, the inclusion of all license types under the Medical Board is mandated by DCA. FY 21-22 figures are for date range July 1, 2021 through June 30, 2022.

Medical Board of California Enforcement Program
Average Days to Complete Complaints in the Central Complaint Unit

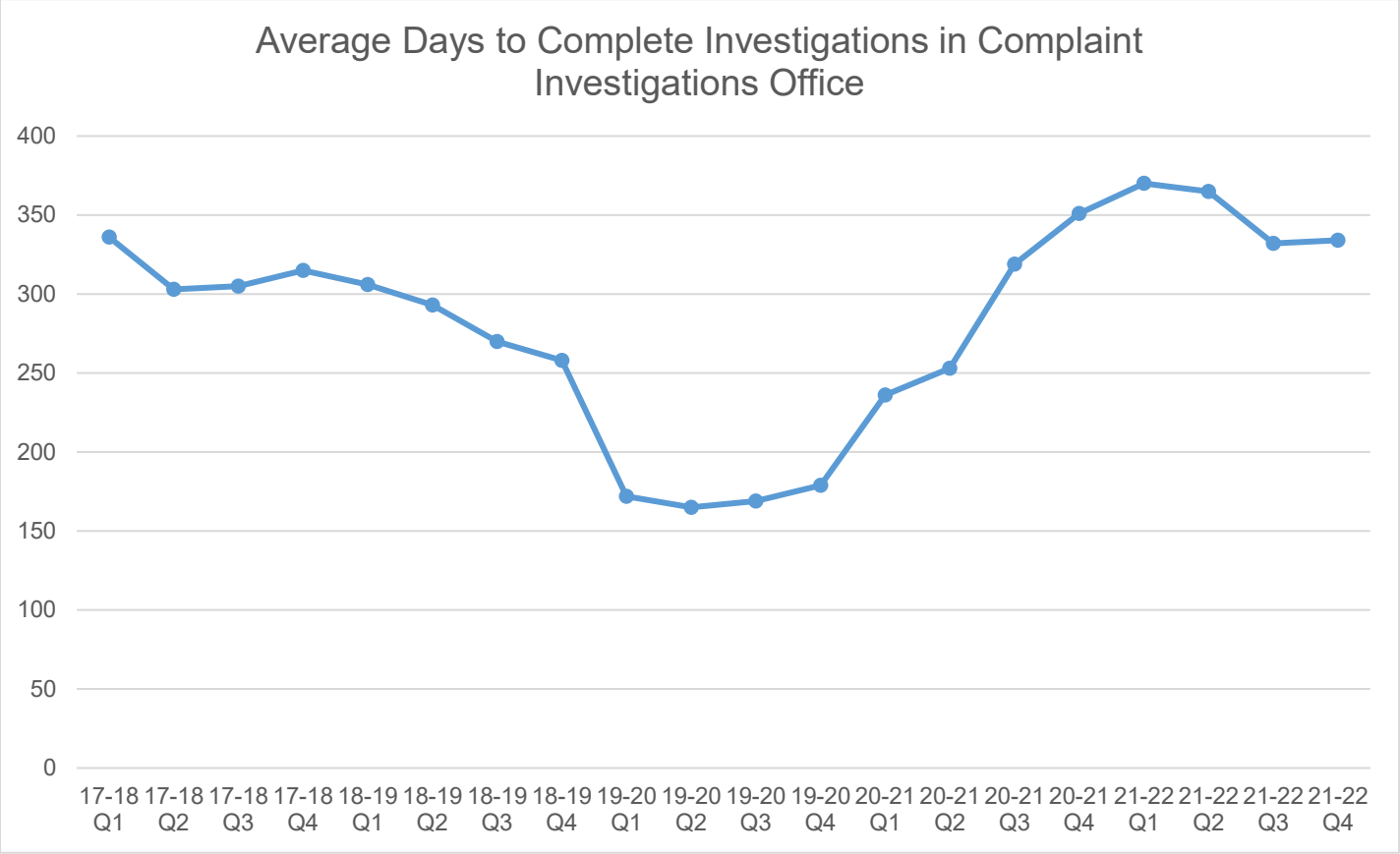
Quarter	Fiscal Year 17-18	Fiscal Year 18-19	Fiscal Year 19-20	Fiscal Year 20-21	Fiscal Year 21-22
Quarter 1	90	138	163	164	85
Quarter 2	90	140	153	137	90
Quarter 3	94	146	152	130	97
Quarter 4	98	151	157	122	98



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

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

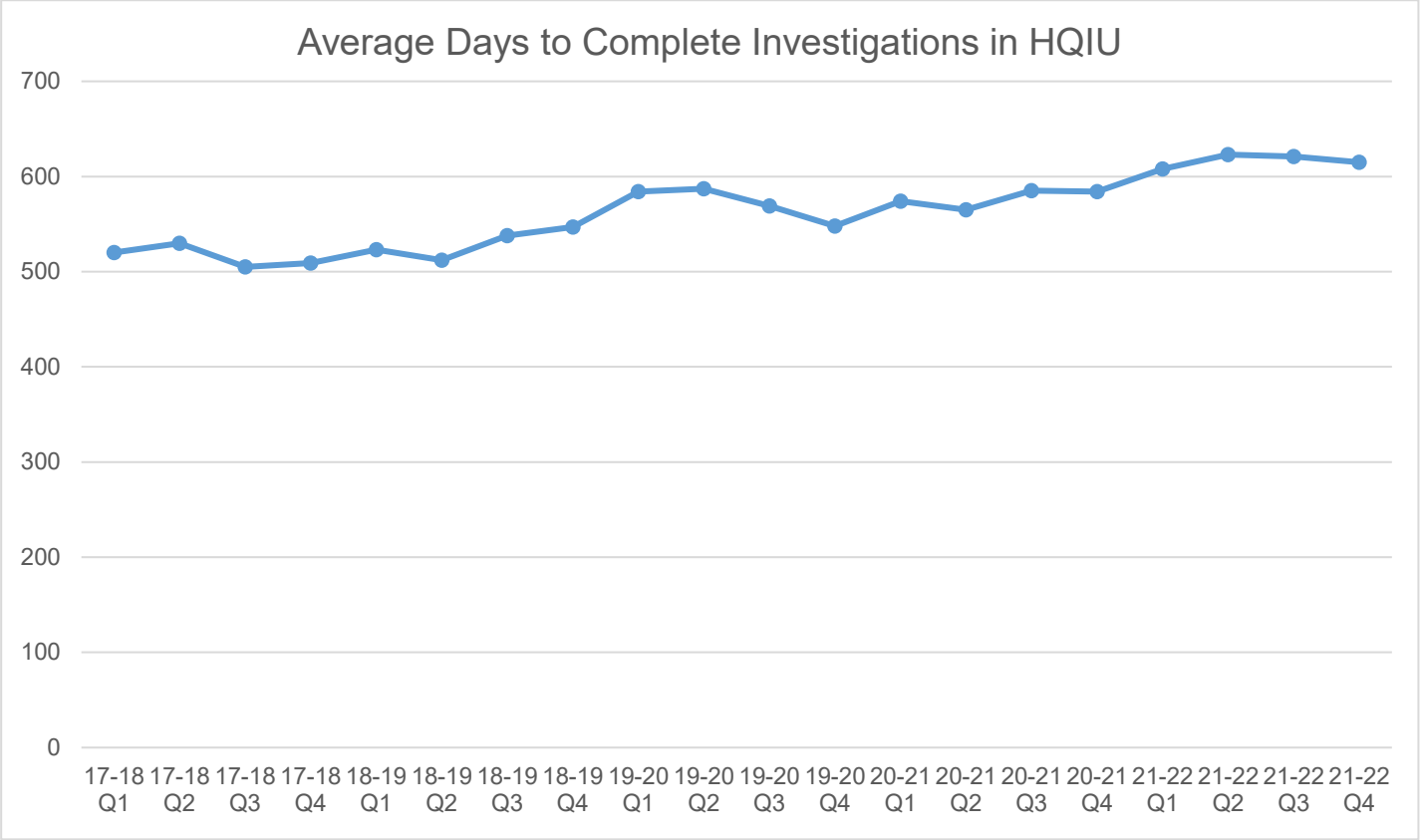
Quarter	Fiscal Year 17-18	Fiscal Year 18-19	Fiscal Year 19-20	Fiscal Year 20-21	Fiscal Year 21-22
Quarter 1	336	306	172	236	370
Quarter 2	303	293	165	253	365
Quarter 3	305	270	169	319	332
Quarter 4	315	258	179	351	334



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

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

Quarter	Fiscal Year 17-18	Fiscal Year 18-19	Fiscal Year 19-20	Fiscal Year 20-21	Fiscal Year 21-22
Quarter 1	520	523	584	574	608
Quarter 2	530	512	587	565	623
Quarter 3	505	538	569	585	621
Quarter 4	509	547	548	584	615



Effective 7/1/18 investigation processing days are from the date the case was referred to HQIU until closure or referral (this does not include Complaint Unit processing days for complaints completed at HQIU). This includes post-investigation processing time by HQIU, and review time by the Attorney General and Board after the investigation is completed, which is an average of 11 days through June 2022. Includes physician and surgeon data only.

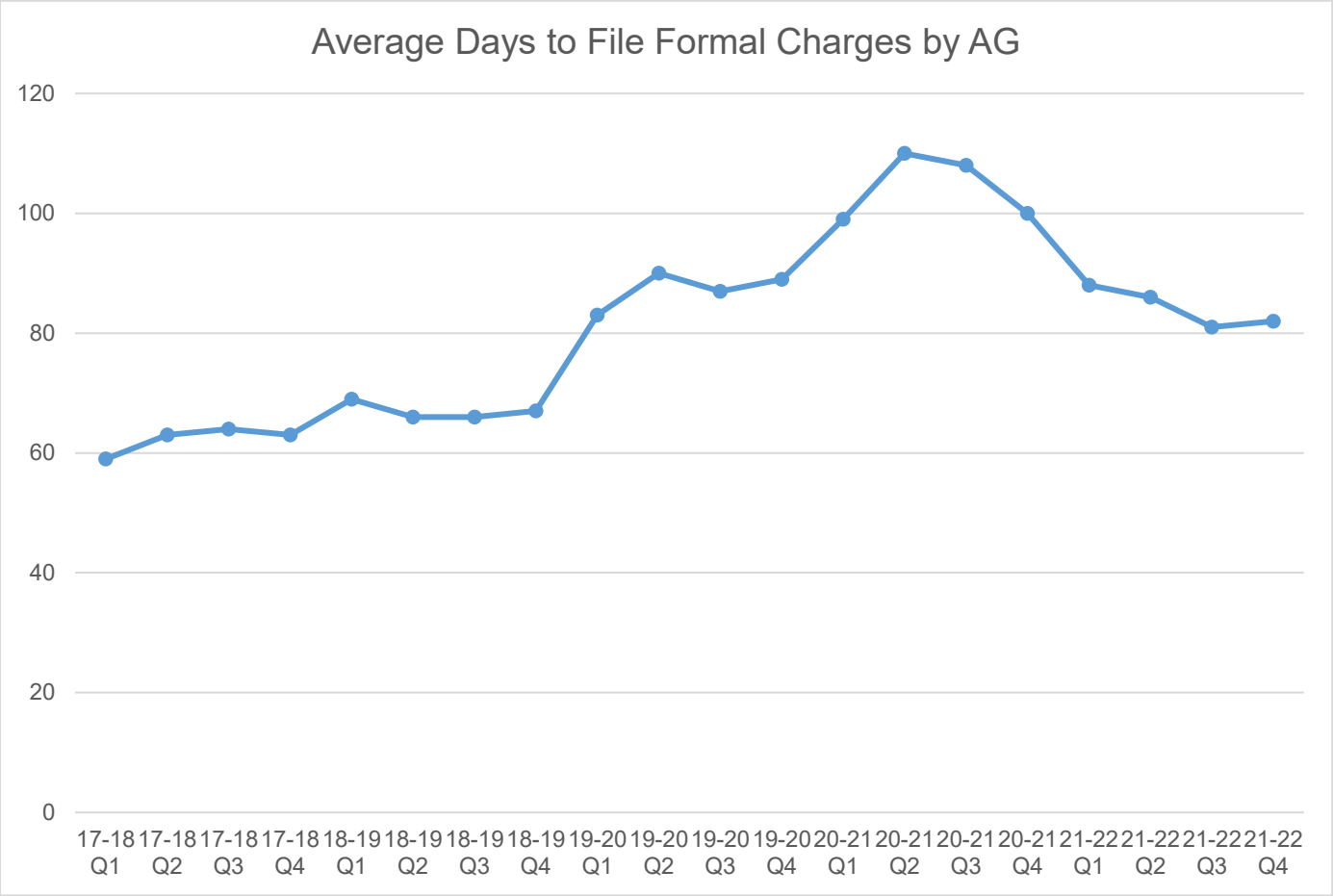
California Enforcement Program
Average HQIU Investigation Days by Case Type

Case Type by Fiscal Year	17-18	18-19	19-20	20-21	21-22
Overall	509	548	548	584	615
Gross Negligence/Incompetence	549	597	561	588	632
Inappropriate Prescribing	564	548	665	651	714
Unlicensed Activity	450	482	529	659	636
Sexual Misconduct	493	494	426	460	580
Mental/Physical Illiness	399	460	481	476	529
Self-Abuse of Drugs/Alcohol	528	413	417	416	445
Fraud	328	661	469	560	419
Conviction of a Crime	396	585	528	444	381
Unprofessional Conduct	504	565	492	483	564

Effective 7/1/18 investigation processing days are from the date the case was referred to HQIU until closure or referral (this does not include Complaint Unit processing days for complaints completed at HQIU). This includes post-investigation processing time by HQIU, and review time by the Attorney General and Board after the investigation is completed, which is an average of 11 days through June 2022. Includes physician and surgeon data only.

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

Quarter	Fiscal Year 17-18	Fiscal Year 18-19	Fiscal Year 19-20	Fiscal Year 20-21	Fiscal Year 21-22
Quarter 1	59	69	83	99	88
Quarter 2	63	66	90	110	86
Quarter 3	64	66	87	108	81
Quarter 4	63	67	89	100	82



Average Days to File Formal Charges are the days from the date the case is referred to the AG's Office until formal charges are filed. Includes physician and surgeon data only.

ENFORCEMENT TIMEFRAMES

Fiscal Year	17-18 Average	17-18 Median	18-19 [1] Average	18-19 [1] Median	19-20 Average	19-20 Median	20-21 Average	20-21 Median	21-22 [2] Average	21-22 [2] Median
COMPLAINT PROCESSING	98	58	151	122	157	111	122	54	98	55
INVESTIGATION PROCESSING - MBC - CIO (Complaint Investigation Office)	316	251	258	127	179	133	351	283	334	251
INVESTIGATION PROCESSING - HQIU (Health Quality Investigation Unit)	510	483	547	502	548	517	584	585	615	633
TOTAL MBC & HQIU DAYS	119	68	179	141	171	127	143	68	176	81
TOTAL MBC & HQIU YEARS	0.33	0.19	0.49	0.39	0.47	0.35	0.39	0.19	0.48	0.22
AG PREP - Attorney General Preparation for Accusation/Petition to Revoke/Accusation & Petition to Revoke/Statement of Issues	63	51	67	55	89	70	100	72	82	62
POST - Accusation/Petition to Revoke/Accusation & Petition to Revoke/Statement of Issues	322	285	333	311	369	345	384	351	388	372
ACCUSATION DECLINED BY AG	114	19	53	32	48	29	45	30	57	36
TOTAL AG DAYS	327	286	339	312	374	354	470	447	478	449
TOTAL AG YEARS	0.90	0.78	0.93	0.85	1.02	0.97	1.29	1.22	1.31	1.23
TOTAL MBC & AG DAYS	926	939	1016	1057	1090	1110	1129	1193	1167	1239
TOTAL MBC & AG YEARS	2.54	2.57	2.78	2.90	2.99	3.04	3.09	3.27	3.20	3.39

Years calculated using 365 days per year

[1] Effective 7/1/18 investigation processing days are from the date the case was referred to HQIU for investigation until closure or referral (this does not include Complaint Unit processing days for complaints completed at HQIU).

[2] Data through 6/30/22.

Includes physican and surgeon data only.

Pending Enforcement Caseload Summary[1]

Data Current as of July 28, 2022

	0-3 Months	4-6 Months	7-9 Months	10-12 Months	1 Year	2 Years	3 Years	4 Years	Over 4 Years	**Total by Group**	Previous Quarter Data	Variance	% Variance
Central Complaint Unit	1,315	792	500	312	27	1	0	0	0	**2,947**	2,827	120	4%
Complaint Investigation Unit	39	41	31	27	21	3	0	0	0	**162**	164	-2	-1%
Health Quality Investigation Unit	196	208	137	130	419	112	6	0	0	**1,208**	1,271	-63	-5%
Completed Investigations Awaiting Disposition [2]	38	0	0	0	0	0	0	0	0	**38**	59	-21	-36%
Citation and Fine Desk	46	24	9	20	64	29	0	0	0	**192**	201	-9	-4%
Out-of-State Desk	69	67	24	18	4	0	0	0	0	**182**	113	69	61%
AG Services[3]	25	12	17	7	2	0	0	0	0	**63**	65	-2	-3%
AG-Pre[4]	108	42	25	14	41	11	6	7	2	**256**	242	14	6%
AG-Post[5]	69	68	53	65	119	15	9	3	6	**407**	380	27	7%
Total by Age	**1,905**	**1,254**	**796**	**593**	**697**	**171**	**21**	**10**	**8**	**5,455**	5,322	133	2%

[1] Includes physician and surgeon data only.
[2] Represents the number of completed investigations returned by HQIU to the Board for review and determination of outcome.
[3] AG Services includes petitions to compel, subpoena enforcement, and referrals for citation appeals.
[4] AG-Pre includes cases transmitted to the AG but the Accusation/Petition to Revoke/Accusation & Petition to Revoke/Statement of Issues is not yet filed.
[5] AG-Post includes Accusation/Petition to Revoke/Accusation & Petition to Revoke/Statement of Issues that have been filed.
* Probation Monitoring caseload removed at the request of the Board.

Administrative Outcomes for Physicians and Surgeons by Quarter

Types of Outcomes	FY 21/22 Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Administrative Outcomes					
License Revoked	11	7	7	11	36
License Surrendered (in Lieu of Accusation or with Accusation Pending)	25	26	29	26	106
License Placed on Probation with Suspension	0	3	2	2	7
License Placed on Probation	39	36	51	30	156
Probationary License Issued	4	4	1	5	14
Public Reprimand	30	33	37	18	118
Other Action	1	0	0	0	1
Referral and Compliance Actions					
Citation and Administrative Fines Issued	28	36	33	25	122

Types of Outcomes	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22
Administrative Outcomes					
License Revoked	59	60	35	49	36
License Surrendered (in Lieu of Accusation or with Accusation Pending)	98	95	96	125	106
License Placed on Probation with Suspension	5	2	4	4	7
License Placed on Probation	139	158	144	132	156
Probationary License Issued	16	22	22	19	14
Public Reprimand	133	135	108	154	118
Other Action	0	0	0	2	1
Referral and Compliance Actions					
Citation and Administrative Fines Issued	150	158	62	51	122