

## MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 28, 2025  
ATTENTION: Members, Medical Board of California  
SUBJECT: Enforcement Program Summary  
STAFF CONTACT: Sharlene Smith, 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.

### Central Complaint Unit:

For the Fourth Quarter of FY 2024-2025, the Board initiated complaints in the Central Complaint Unit (CCU) within an average of 10 days which is within the timeframe mandated by Business and Professions Code section 129(b). The Board completed processing complaints in CCU within an average of 155 days. CCU staff and management continue to ensure communication with consumers is sent at various milestones throughout the complaint process, review new complaints, and send out requests for necessary information in a timely manner.

CCU currently has one (1) vacant Staff Services Manager II position, one (1) vacant Staff Services Analyst (SSA) position, and one (1) vacant Management Services Technician (MST) position. Advertisements for all vacancies were posted; management is reviewing applications and will conduct interviews.

The Medical Consultant Program recently launched an online medical consultant training in conjunction with the expert reviewer training project. The 24/7 accessible training is self-paced and available to all MCs. New medical consultants complete online training prior to the assignment of reviews. Program and Board staff share information about the Medical Consultant Program at outreach and professional events.

Advertisements in the Board's quarterly newsletter and on the Board's website continue with a focus on the need for the following specialties, in addition to Licensed Midwives:

- Colon and Rectal Surgery
- Neurological Surgery
- Orthopedic Surgery
- Otolaryngology
- Pain Medicine
- Pediatrics (All Sub-Specialties)
- Plastic Surgery
- Urology

Complainant Liaison Unit:

The Complainant Liaison Unit's (CLU) staff includes six (6) Associate Governmental Program Analysts (AGPAs) and one Staff Services Manager I. CLU is in the final stages of recruitment for two AGPA positions.

From the start of operations through July 22, 2025, CLU has received a total of 985 referred cases. Out of the 985 referrals, CLU analysts have extended interview invitations to 857 complainants. As of July 22, 2025, CLU has 128 pending referred cases awaiting interview offers.

Participation in these interviews is optional. The status of the 857 interview requests as of July 22<sup>nd</sup> is as follows:

Interview Offered:	169
Interview Scheduled:	10
Interview Declined:	29
Interview Conducted:	524
No Response from Complainant:	125

CLU participated in a *Statute of Limitations* training conducted by Office of the Attorney General (OAG) staff. Biweekly Teams meetings between CLU's assigned Deputy Attorney General and the CLU Manager, have been scheduled to regularly discuss cases and answer questions. An upcoming in-person training is scheduled for August 2025, with CLU staff and the OAG for additional training and case discussions.

Expert Reviewer Program:

As of July 22, 2025, there are 768 active experts in the Board's expert database. The Expert Reviewer Program continues to maintain and improve the recently launched online Expert Reviewer Training, which replaced the WebEx training platform. The new training is accessible 24/7, self-paced, and available to all expert reviewers. Efforts to fill a vacant analyst position in the Expert Reviewer Program is in progress. The previously vacant Staff Services Manager I position has been filled. Board staff continue to share information about the Expert Reviewer and Medical Consultant Programs at outreach and professional events. Advertisements for Expert Reviewers in the Board's quarterly newsletter and on the Board's website, with a focus on the need for the following specialties and Licensed Midwives, are continuously posted:

- Addiction medicine with added certification in Family, Internal, or Psychiatry
- Family Medicine
- General Surgery
- Pain Medicine
- Plastic Surgery

The following specialties were included in 2025's First Quarterly Newsletter:

- Cardiology
- Clinical Genetics
- Colon/Rectal Surgery
- Dermatology
- Gastroenterology
- Hematology
- Interventional Cardiology
- Midwife Reviewer
- Neurological Surgery
- Neurology
- Obstetrics and Gynecology (with added expertise in Gynecologic Oncology)
- Orthopaedic Surgery
- Pediatric Endocrinology
- Pathology (preferably from the following counties: Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, and Ventura)
- Pediatric Gastroenterology
- Pediatric Surgery
- Pediatric Cardiac Surgery
- Pediatric Critical Care
- Pediatric Pulmonology
- Psychiatry (Forensic and Addiction)
- Radiation Oncology
- Thoracic and Cardiac Surgery
- Urology (General and Gender Reassignment)

Complaint Investigation Office:

As of July 21, 2025, the Complaint Investigation Office's (CIO) non-sworn special investigators have a unit caseload of 282 cases which breaks down to approximately 47 cases each.

For physician and surgeon cases for the date range of April 1, 2025, through June 30, 2025, CIO has closed 38 cases and transmitted 24 cases to the OAG – 13 criminal conviction cases, 10 malpractice cases, one (1) fraud case, and four (4) petitions for reinstatement. Additionally, the CIO referred three (3) cases for Public Letters of Reprimand.

Probation Unit:

The vacancy in the Board's Cerritos office was filled following the promotion of an inspector I, who relocated from the Glendale office, effective July 1, 2025. The Probation Unit currently has four vacant probation monitoring positions, one (1) in Sacramento, one (1) in Glendale, and two (2) in San Dimas. All positions have been advertised on a continuous basis. The probation monitoring position in Concord will be

vacated effective August 1, 2025. Management has reached out to human resources to begin the recruitment process for this position.

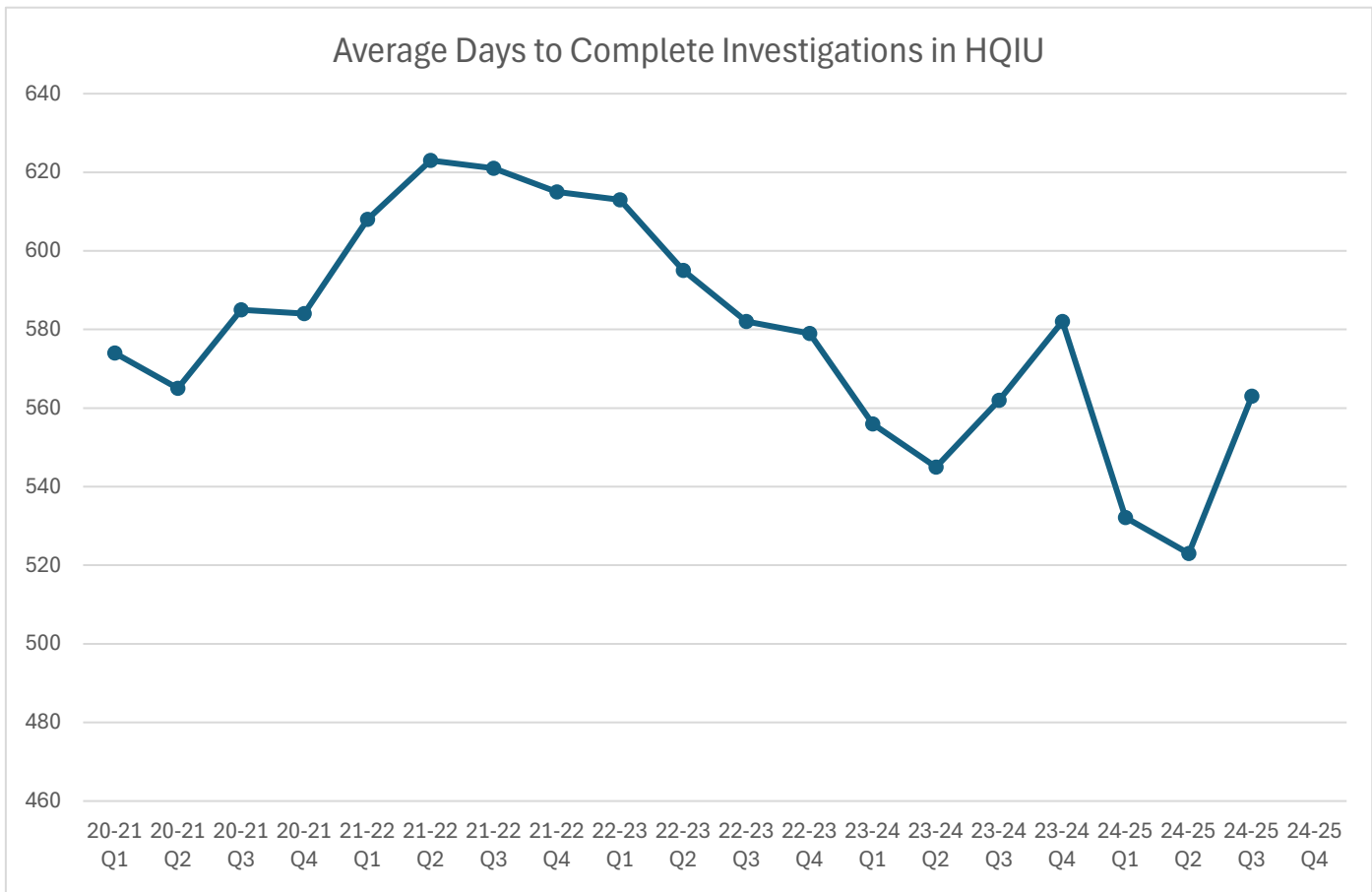
During the Fourth Quarter of FY 2024-2025, the Board placed 32 licensees on probation and issued two (2) probationary licenses. The Board placed three (3) licensees on probation with suspension. Twenty-four (24) licensees successfully completed probation, and nine (9) probationers surrendered their license while on probation. The Board issued three (3) Citations for violations of probation and four (4) Cease Practice Orders for violations of probation. The Board transmitted eight (8) Petitions to Revoke Probation and two (2) Accusations/Petitions to Revoke Probation to the Attorney General's Office. Additionally, the Board filed four (4) Petitions to Revoke Probation and five (5) Accusations/Petitions to Revoke Probation. As of July 1, 2025, there are 567 licensees currently on probation, both in and out of state.

#### Collaborative Process with HQIU, HQE, and MBC:

The Enforcement Monitor Report identified the need for collaboration between Health Quality Enforcement (HQE) and the Health Quality Investigation Unit (HQIU). Meetings between Board leadership, HQIU and HQE have been conducted and are ongoing. The parties have identified the case categories, roles and responsibilities, training opportunities, and communications to be included in the collaborative process. The implementation of this collaborative model is planned for 2025. The goals to be achieved are: reduce the number of cases returned to the HQIU for supplemental investigations; reduce the number of cases rejected by the Attorney General's Office (AGO); enhance the disciplinary outcomes of administrative actions; increase communication between investigators and deputy attorneys general; increase the alignment across investigations on the same subject or across related investigations into multiple subjects; and improve complaint processing timelines.

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

Quarter	Fiscal Year 20-21	Fiscal Year 21-22	Fiscal Year 22-23	Fiscal Year 23-24	Fiscal Year 24-25
Quarter 1	574	608	613	556	532
Quarter 2	565	623	595	545	523
Quarter 3	585	621	582	562	563
Quarter 4	584	615	579	582	



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 **45 days through March 2025**. Includes physician and surgeon data only.

## Average HQIU Investigation Days by Case Type

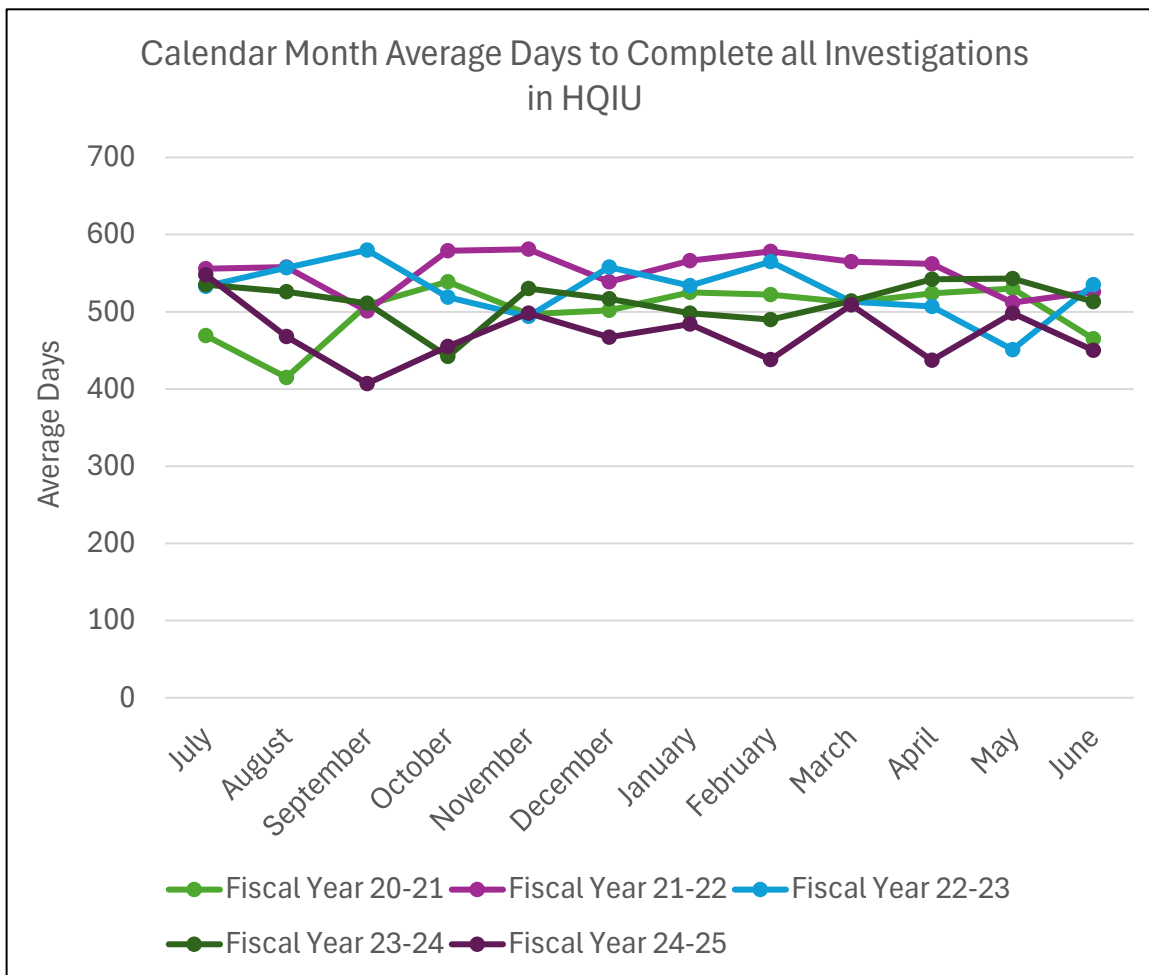
Case Type by Fiscal Year	20-21	21-22	22-23	23-24	24-25
Overall	584	615	579	582	535
Gross Negligence/Incompetence	588	632	621	588	497
Inappropriate Prescribing	651	714	634	598	565
Unlicensed Activity	659	636	577	538	485
Sexual Misconduct	460	580	490	540	496
Mental/Physical Illness	476	529	486	455	386
Self-Abuse of Drugs/Alcohol	416	445	469	521	390
Fraud	560	419	418	733	443
Conviction of a Crime	444	381	504	379	425
Unprofessional Conduct	483	564	526	620	506

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 **45 days through March 2025**. Includes physician and surgeon data only.

# Medical Board of California Enforcement Program

## Calendar Month Average Days to Complete All Investigations in HQIU

Month	Fiscal Year 20-21	Fiscal Year 21-22	Fiscal Year 22-23	Fiscal Year 23-24	Fiscal Year 24-25
July	469	556	533	535	548
August	415	558	557	526	468
September	509	501	580	511	407
October	539	579	519	442	455
November	497	581	494	530	498
December	502	539	558	517	467
January	525	566	534	498	484
February	522	578	565	490	438
March	512	565	513	514	509
April	524	562	507	542	437
May	530	512	451	543	498
June	465	526	535	513	450



Monthly investigation processing days are from the date the case was assigned to an HQIU Investigator until completion of the investigation in the calendar month. Includes physician and surgeon, licensed midwife, polysomnographic program, physician assistant, doctor of podiatric medicine, and osteopathic physician and surgeon data.

**Medical Board of California Enforcement Program  
Physician and Surgeon Complaints Received**

	<b>Fiscal Year 20-21</b>	<b>Fiscal Year 21-22</b>	<b>Fiscal Year 22-23</b>	<b>Fiscal Year 23-24</b>	<b>Fiscal Year 24-25</b>
Volume	10,103	9,943	9,521	9,715	9,707

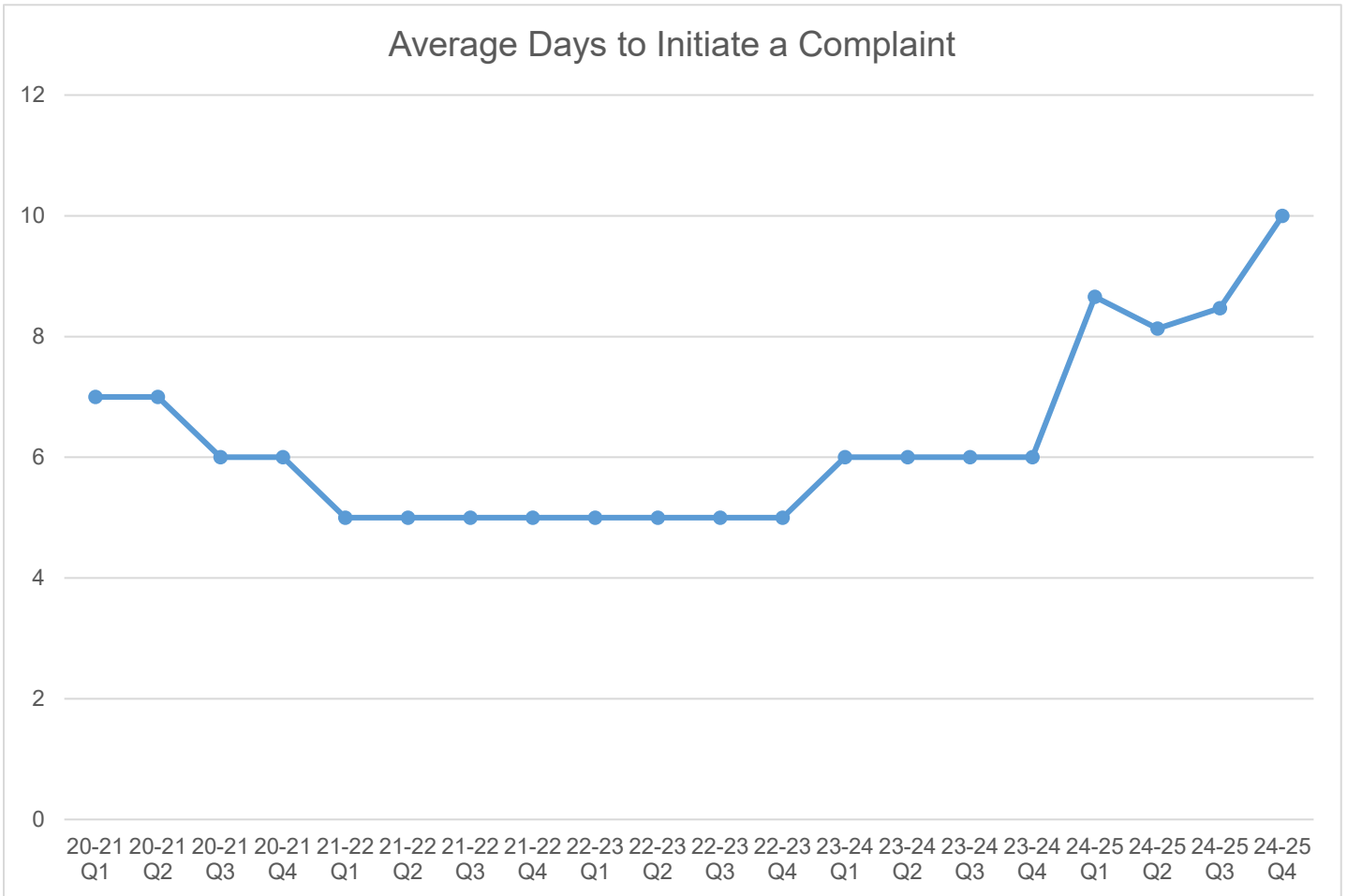


Complaints received by the Board through July, 2025.  
Includes physician and surgeon data only.



**Medical Board of California Enforcement Program  
Average Days to Initiate a Complaint in the Central Complaint Unit**

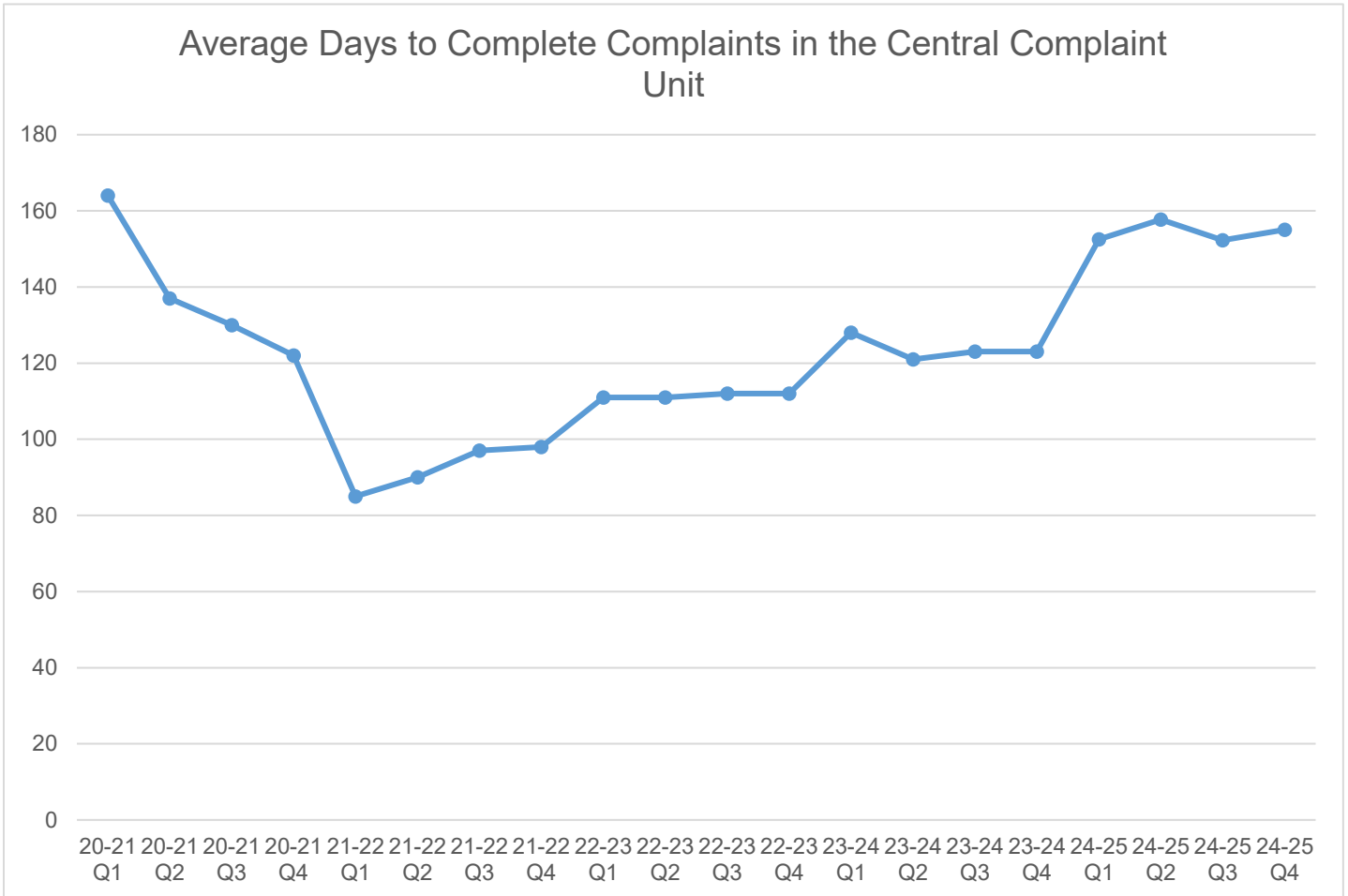
Quarter	Fiscal Year 20-21	Fiscal Year 21-22	Fiscal Year 22-23	Fiscal Year 23-24	Fiscal Year 24-25
Quarter 1	7	5	5	6	9
Quarter 2	7	5	5	6	8
Quarter 3	6	5	5	6	8
Quarter 4	6	5	5	6	10



Average Days to Initiate a Complaint in the Complaint Unit.  
Includes physician and surgeon data only.

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

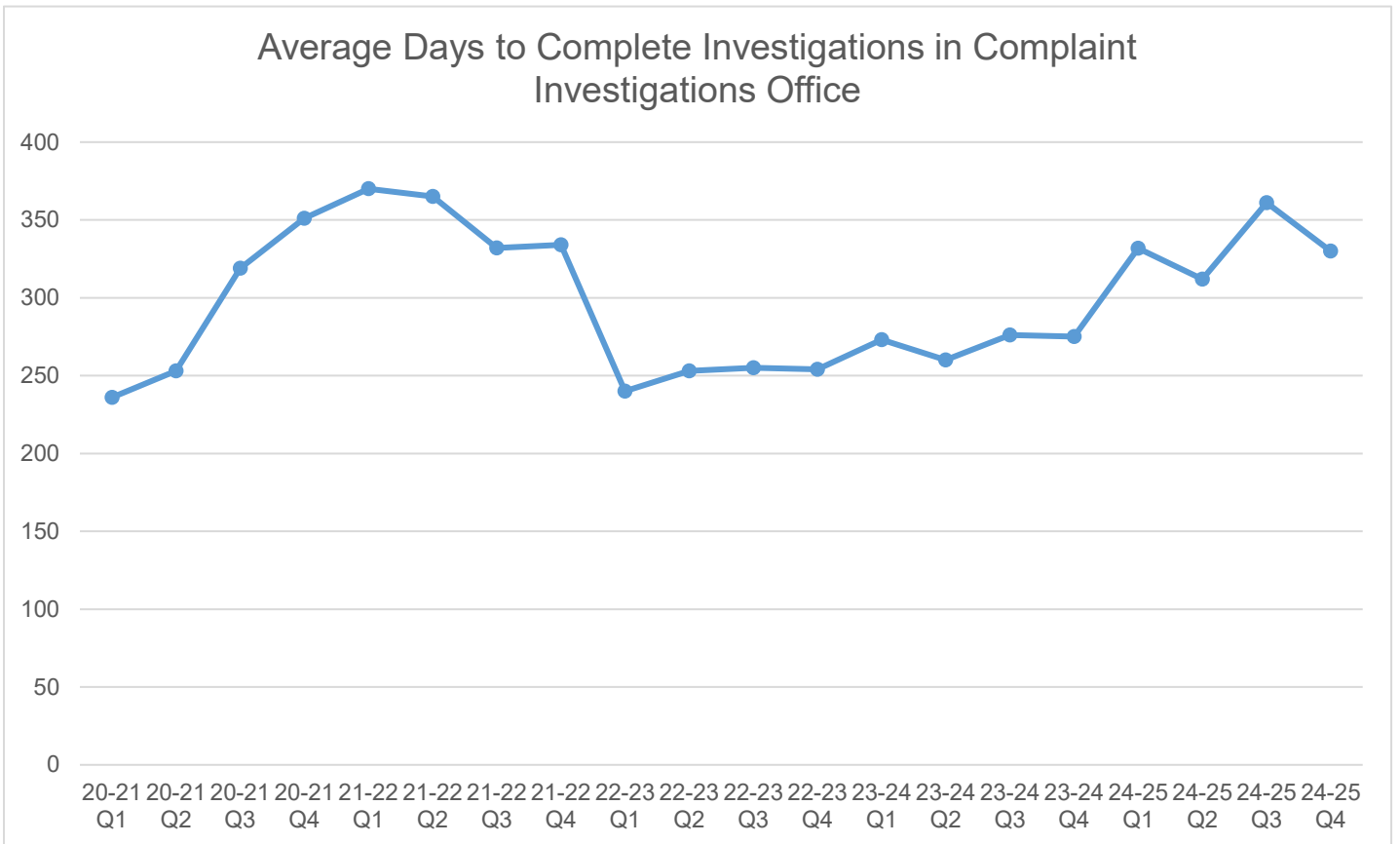
Quarter	Fiscal Year 20-21	Fiscal Year 21-22	Fiscal Year 22-23	Fiscal Year 23-24	Fiscal Year 24-25
Quarter 1	164	85	111	128	153
Quarter 2	137	90	111	121	158
Quarter 3	130	97	112	123	152
Quarter 4	122	98	112	123	155



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**

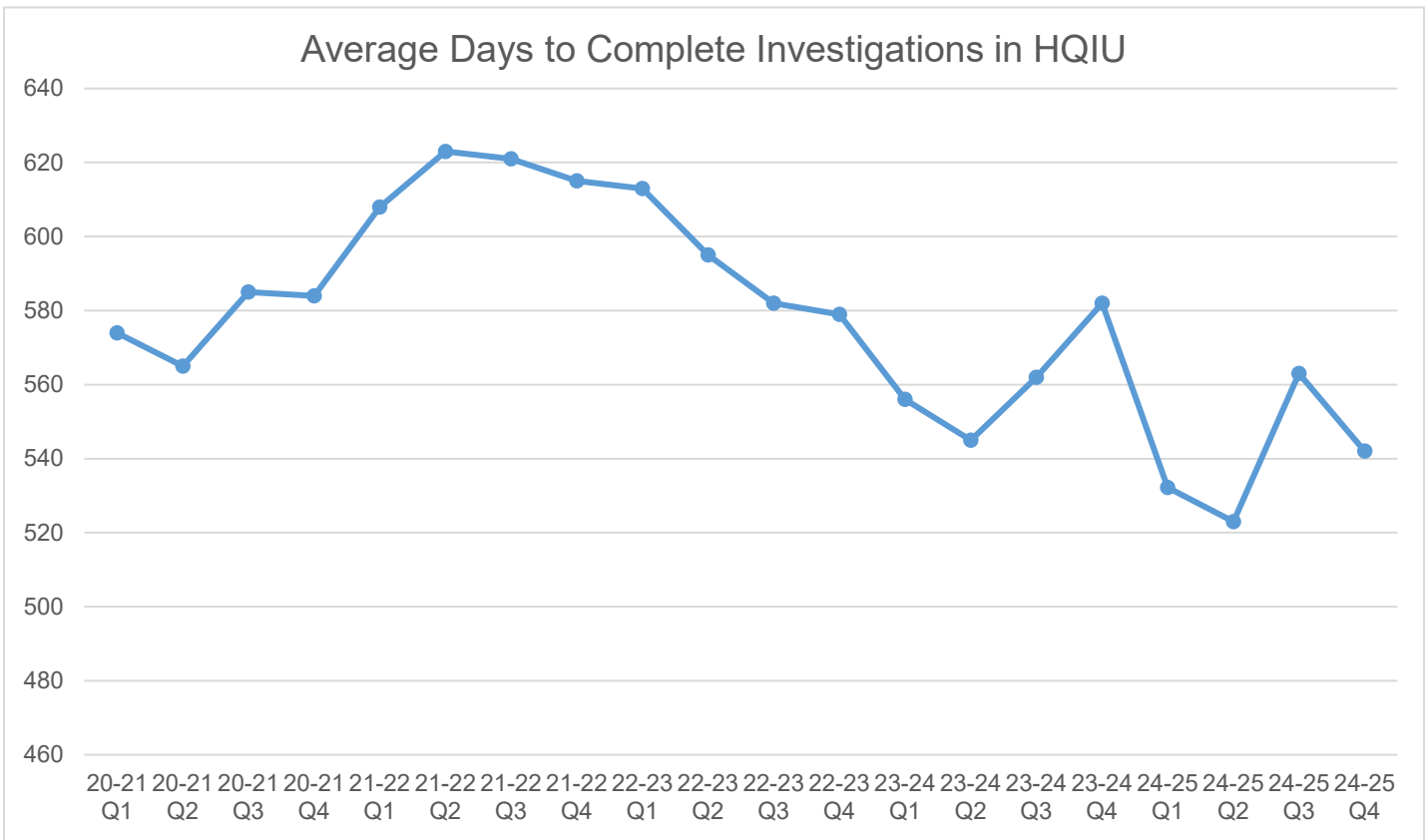
Quarter	Fiscal Year 20-21	Fiscal Year 21-22	Fiscal Year 22-23	Fiscal Year 23-24	Fiscal Year 24-25
Quarter 1	236	370	240	273	332
Quarter 2	253	365	253	260	312
Quarter 3	319	332	255	276	361
Quarter 4	351	334	254	275	330



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 20-21	Fiscal Year 21-22	Fiscal Year 22-23	Fiscal Year 23-24	Fiscal Year 24-25
Quarter 1	574	608	613	556	532
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Quarter 3	585	621	582	562	563
Quarter 4	584	615	579	582	542



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 **36 days through March 2025**. Includes physician and surgeon data only.

**California Enforcement Program**  
**Average HQIU Investigation Days by Case Type**

Agenda Item 7C

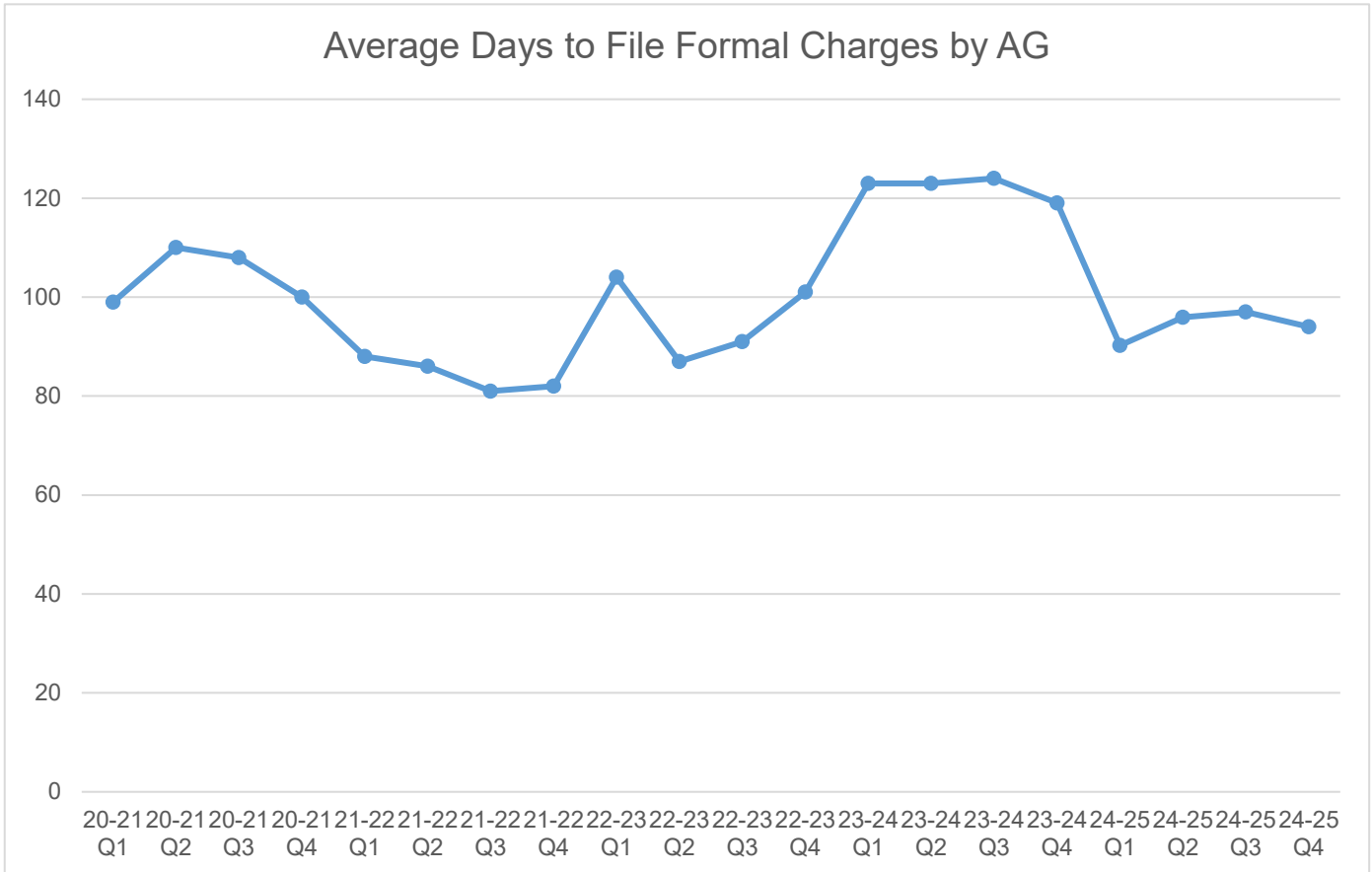
<b>Case Type by Fiscal Year</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>	<b>24-25</b>
Overall	584	615	579	582	542
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Agenda Item 7C

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

Quarter	Fiscal Year 20-21	Fiscal Year 21-22	Fiscal Year 22-23	Fiscal Year 23-24	Fiscal Year 24-25
Quarter 1	99	88	104	123	90
Quarter 2	110	86	87	123	96
Quarter 3	108	81	91	124	97
Quarter 4	100	82	101	119	94



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.

Types of Outcomes	FY 24-25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
<b>Administrative Outcomes</b>					
License Revoked	9	6	12	10	37
License Surrendered (in Lieu of Accusation or with Accusation Pending)	16	28	17	27	88
License Placed on Probation with Suspension	1	0	1	3	5
License Placed on Probation	33	32	29	32	126
Probationary License Issued	4	2	3	2	11
Public Reprimand	23	21	29	25	98
Other Action	1	0	0	0	1
<b>Referral and Compliance Actions</b>					
Citation and Administrative Fines Issued	14	5	46	114	179

Types of Outcomes	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
<b>Administrative Outcomes</b>					
License Revoked	49	36	36	23	37
License Surrendered (in Lieu of Accusation or with Accusation Pending)	125	106	89	102	88
License Placed on Probation with Suspension	4	7	4	2	5
License Placed on Probation	132	156	153	137	126
Probationary License Issued	19	14	17	10	11
Public Reprimand	154	118	76	97	98
Other Action	2	1	4	3	1
<b>Referral and Compliance Actions</b>					
Citation and Administrative Fines Issued	51	122	195	135	179

ENFORCEMENT TIMEFRAMES

Fiscal Year	20-21 Average	20-21 Median	21-22 Average	21-22 Median	22-23 Average	22-23 Median	23-24 Average	23-24 Median	24-25 <sup>1</sup> Average	24-25 <sup>1</sup> Median
COMPLAINT PROCESSING	122	54	98	55	112	63	123	52	155	67
INVESTIGATION PROCESSING - MBC - CIO (Complaint Investigation Office)	351	283	334	251	254	210	275	240	330	282
INVESTIGATION PROCESSING - HQIU (Health Quality Investigation Unit)	584	585	615	633	579	563	582	556	542	524
<b>TOTAL MBC &amp; HQIU DAYS</b>	143	68	176	81	175	97	177	77	217	101
<b>TOTAL MBC &amp; HQIU YEARS</b>	0.39	0.19	0.48	0.22	0.48	0.27	0.48	0.21	0.59	0.28
AG PREP - Attorney General Preparation for Accusation/Petition to Revoke/Accusation & Petition to Revoke/Statement of Issues	100	72	82	62	101	81	120	94	94	80
POST - Accusation/Petition to Revoke/Accusation & Petition to Revoke/Statement of Issues	384	351	388	372	487	432	439	392	400	320
ACCUSATION DECLINED BY AG	45	30	57	36	63	38	58	36	66	40
<b>TOTAL AG DAYS</b>	470	447	478	449	577	514	539	475	514	434
<b>TOTAL AG YEARS</b>	1.29	1.22	1.31	1.23	1.58	1.41	1.48	1.30	1.41	1.19
<b>TOTAL MBC &amp; AG DAYS</b>	1129	1193	1167	1239	1343	1413	1261	1305	1,168	1,156
<b>TOTAL MBC &amp; AG YEARS</b>	3.09	3.27	3.20	3.39	3.68	3.87	3.45	3.58	3.20	3.17

Years calculated using 365 days per year  
<sup>1</sup> Data through 6/30/2025.  
Includes physican and surgeon data only.



**Pending Enforcement Caseload Summary<sup>1</sup>****Data Current as of July 1, 2025**

	0-3 Months	4-6 Months	7-9 Months	10-12 Months	1 Year	2 Years	3 Years	4 Years	Over 4 Years	<b>Total by Group</b>	Previous Quarter Data	Variance	% Variance
<b>Central Complaint Unit</b>	1,555	1,019	521	477	1,008	140	0	0	0	<b>4,720</b>	<b>4,570</b>	150	3%
<b>Complaint Investigation Unit</b>	67	67	38	28	59	22	1	0	0	<b>282</b>	<b>262</b>	20	8%
<b>Health Quality Investigation Unit</b>	181	160	136	139	236	45	1	0	0	<b>898</b>	<b>1,024</b>	-126	-12%
<b>Completed Investigations Awaiting Disposition<sup>2</sup></b>	141	16	1	0	0	0	0	0	0	<b>158</b>	<b>94</b>	64	68%
<b>Citation and Fine Desk</b>	103	27	11	2	2	0	0	0	0	<b>145</b>	<b>91</b>	54	59%
<b>Out-of-State Desk</b>	86	99	38	40	128	15	0	0	0	<b>406</b>	<b>287</b>	119	41%
<b>AG Services<sup>3</sup></b>	26	15	6	6	5	3	0	0	0	<b>61</b>	<b>53</b>	8	15%
<b>AG-Pre<sup>4</sup></b>	88	53	25	25	57	10	2	1	0	<b>261</b>	<b>265</b>	-4	-2%
<b>AG-Post<sup>5</sup></b>	64	62	41	31	42	11	5	0	0	<b>256</b>	<b>276</b>	-20	-7%
<b>Total by Age</b>	<b>2,311</b>	<b>1,518</b>	<b>817</b>	<b>748</b>	<b>1,537</b>	<b>246</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>7,187</b>	<b>6,922</b>	265	4%

<sup>1</sup> Includes physician and surgeon data only.<sup>2</sup> Represents the number of completed investigations returned by HQIU to the Board for review and determination of outcome.<sup>3</sup> AG Services includes petitions to compel, subpoena enforcement, and referrals for citation appeals.<sup>4</sup> 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.<sup>5</sup> 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.

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July 31, 2025

Medical Board of the State of California  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815-5401

**RE: Attorney General's Office Quarterly Update, August, 2025 Board Meeting**

Dear Board Members:

Thank you for the opportunity to provide the Attorney General's Office Quarterly update. The Health Quality Enforcement Section works collegially and closely with Executive Director Reji Varghese, Deputy Executive Director Marina O'Connor, Chief of Enforcement Sharlene Smith, and their staff. We meet frequently with the Office of Administrative Hearings to assist in managing your administrative litigation work. We continue to work with the Department of Consumer Affairs' Health Quality Investigation Unit and your Complaint Investigation Office to litigate your filed Accusations matters and manage other legal services.

It is an honor and privilege to serve you. Should you ever have any requests for a presentation or would like to pose specific questions, we are always available to assist you.

Sincerely,



GLORIA L. CASTRO  
Senior Assistant Attorney General

For ROB BONTA  
Attorney General



# **MEDICAL BOARD OF CALIFORNIA**

## **Enforcement Monitor Findings & Recommendations *Status Report***

## Section 1 – CCU Complaints

### 1.1.1 – 1.1.3 - Serious Injury or Death Complaints Closed Without HQUI Investigation.

Findings: Complaints involving patient deaths do not retain sufficient documentation to support actions taken. The current one-year retention period is insufficient to provide adequate historical documentation and for potential internal/external inquiries.

### 1.2.1 – Complaint Tracking Systems Project.

Findings: A critical factor in the success of this project is to determine what information can legally be provided to the public. There may be limitations given privacy statutes and confidentiality requirements.

Recommendations		Status		Comments/Notes
1.1.1	Lengthen the record retention policy for complaints with no issues.	N/A		Board staff reviewed laws, policy, internal processes, and determined that the current record retention schedule meets legal requirements and went through the state's approval process.
1.1.2	Have DCA's Internal Audit Office perform an internal audit to assess the risk (s) associated with the MBC's current data retention practices, which includes complaints regarding patient deaths as well as all high-priority complaints per BPC section 2220.05.	N/A		Board staff reviewed the current record retention policy and determined it is appropriate, and the Board is in compliance. The retention policy went through the state's approval process. Therefore, an audit is not necessary.
1.1.3	Conduct interviews with the patient rep. or individual who filed a complaint involving patient deaths & prior to the next sunset review, assess whether this process should be expanded to other types of complaints with serious allegations.	Completed	Ongoing	The Complainant Liaison Unit (CLU) is fully operational. The CLU duties include, but are not limited to, communicating with the public about the complaint review and enforcement process, coordinate and support public outreach activities, obtain patient impact statements, and coordinate with field investigators on patient interviews related to egregious cases as well as quality of care cases. Board staff will conduct periodic reviews and obtain feedback to evaluate the effectiveness of this new program.

1.2.1	Aligning the public's expectations of complaint tracking functionality with delivered legally allowable functionality is critical to project success.	In progress	Interested Parties meetings were held on March 6, 2023, and June 21, 2023, to provide a dedicated and extended opportunity for public comment of the original presentation given at the May 2022 Board Meeting. Additional suggestions from the interested parties were collected and reviewed for technical and legal feasibility. A document tracking the suggestions and the feasibility study results were posted and reviewed as part of the November 2023 Board Meeting. Development work is near completion and the project is beginning to switch focus from development to testing where more legal and enforcement resources will be required. Development screenshots were shared at the May 2025 Board Meeting and an early testing build demonstration will be shown at the August 2025 Board meeting.
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## Section 2 – Investigation and Discipline Process

### 2.1.1 – 2.1.3 – HQ Referred Investigation Rejection and Returned for Supplemental Investigation Analysis.

Findings: The elimination of vertical enforcement resulted in the lack of collaboration and communication between HQIU investigators and HQE prosecutors. This ultimately has affected the quality of cases overall and increased case aging.

### 2.2.1 – 2.2.5 – Medical Expert Review.

Findings: Shortage of experts.

### 2.3 – Manual of Model Disciplinary Orders and Disciplinary Guidelines in the Board's Application of Sanctions or Discipline.

Findings: the guidelines provide a structured protocol for imposing minimum and maximum disciplines relative to a specific violation but does not identify procedures for departing from the guidelines.

Recommendations		Status		Comments/Notes
2.1.1	Maintain the sworn investigation function with HQIU & the prosecution functions within OAG HQE. Establish a structured collaboration between HQIU & HQE ensuring effective communication.	Completed	Ongoing	Board staff continuously meet with HQIU & OAG HQE to increase communication, establish better working relationships, provide support, if needed, and resolve issues. The Board, HQE and HQIU developed a new enforcement collaboration model that is on target to be implemented in 2025.

2.1.2 2.1.2 A 2.1.2 B 2.1.2 C	If the above can't be achieved, restructure the enforcement program, as published in prior reports (historical reports), considering all options. <ul style="list-style-type: none"> <li>• Move Investigators to DOJ</li> <li>• Move Investigators to MBC</li> <li>• Move Prosecutors to MBC</li> </ul>	N/A		Accomplished (refer to 2.1.1)
2.1.3	Have DCA's Internal Audits Office conduct a detailed analysis of the files reviewed by the enforcement monitor to determine their conclusions and findings.	N/A		The Board, HQUI, and HQE are on target to implement a collaboration model in 2025 to further the Board's mission and will be conducting case reviews as part of its collaborative efforts. An audit is not warranted. (refer to 2.1.1)
2.2.1	The recruitment method for medical experts should be held in person or virtually to allow potential candidates to ask questions of program staff. This will provide an opportunity to emphasize the significance of the medical expert function and how the function impacts the integrity of the MBC enforcement program.	Completed	Ongoing	Recruitment is addressed within the expert program daily. Advertisements are included in the Board's newsletters and outreach to specialty groups. Online research and direct outreach are conducted when necessary and when opportunities present themselves. Board staff are seeking potential improvements to recruitment efforts with the Board's public information office.
2.2.2	Require all medical experts to participate in expert training and eliminate the current two-tier pricing structure.	Completed	Ongoing	The Expert Reviewer Program launched the new online, self-paced training accessible 24/7 and all newly onboarded experts are required to take the training. Board staff are reevaluating the expert reviewer fee structure.
2.2.3	Establish a formal process for soliciting medical expert training feedback. Periodically review completed medical expert review training to identify the strengths and weaknesses of the program.	In progress	Ongoing	The new online training platform is capable of soliciting user feedback and Board staff are evaluating the best method to integrate this module into the Expert Reviewer Training.

2.2.4	Conduct a medical expert compensation assessment to determine the level of compensation.	Completed	Ongoing	<p>The Board's Budget Change Proposal was approved to increase rates for Neurosurgeons, Orthopedic surgeons, and pain medicine, effective July 1, 2025.</p> <p>Board staff will continue to periodically review market rates and increase hourly rates as necessary.</p>
2.2.5	Consider mandating licensees to participate in the medical expert reviewer program.	Completed		<p>Board staff work diligently to evaluate recruitment measures and implement changes to increase the pool of experts, where needed. An evaluation of this proposal was completed in the event it could be used to increase recruitment before the Board's next sunset and it was determined that compulsory service by licensees would not be a viable option to support successful case outcomes and public protection.</p>
2.3.1	A review of the guidelines and the procedures used when departing from identified disciplines relative to associated violations.	In progress		<p>Board staff are reviewing other healing arts boards' guidelines as well as other state medical boards to determine areas that the Board may improve upon. A working group discussion will be held in August 2025 with management and probation staff to further discuss and outline potential updates to better assist in enforcement efforts.</p>

### Section 3 – Physician and Surgeon Demographic Data Analysis

Findings: The potential for bias in the complaint process is a complex issue that requires detailed data analytics.			
Recommendations		Status	Comments/Notes
3.1	Establish a formal process by which self-identified race/ethnicity information would be periodically extracted, analyzed, and reviewed to provide insight on demographic trends that should be made publicly available.	Pending	Board staff will work on developing the framework on the tasks needed to meet this recommendation, including a review of the Jan. 2017 audit.

## Section 4 – Additional Enforcement Program Issues

Findings: Potential program enhancements improving enforcement protocols and procedures.				
Recommendations		Status		Comments/Notes
1	Update standard of “Clear and Convincing Proof to a Reasonable Certainty” vs. “Preponderance of Evidence”	On hold		The Board presented this request at its last sunset hearing; however, it was not approved by the Legislature. Board staff will continue to review enforcement processes and request appropriate legislative changes that will improve its enforcement program to protect the public. The Board may determine whether this issue will be revisited at its next sunset review.
2	Revise the current requirements of the Statute of Limitations (SOL) to allow sufficient time for the Board to obtain necessary records and conduct interviews.	Completed		If the Board must proceed with a subpoena enforcement action to obtain medical records, any statute of limitations against a licensee shall be tolled during the period the licensee or health care facility is out of compliance with the court order to produce the records and during any related appeals (BPC section 2225.5 (b)(2)(4)).
3	Without a signed release from the patient, the Board cannot obtain medical records which may compromise the Board’s mission of protecting the public relative to standard of care violations.	Completed	Ongoing	Any action of a licensee, or another person acting on their behalf, intended to cause their patient or their patient’s authorized representative to rescind their consent to release the patient’s medical records to the Board or its investigators is unprofessional conduct (BPC section 2234 (h)). Board staff will continue to seek potential options to address obtaining medical records when a patient does not sign a release of records.
4	Increase licensing fees to address critical funding issues. The current and projected revenue is not adequate for sustaining medical board program operations, as well as meeting statutory obligations and stated mission and objectives.	Completed		The Board’s funding issues have been resolved, and the current fund condition shows the Board will remain solvent without the need for additional loans. In addition, as of June 30, 2025, the Board repaid all three loans, with interest, it received from other DCA entities. The Board’s financial position continues to improve with the control of expenditures, internal changes, and seeking options that are more suitable for the Board.