MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: October 26 2026

ATTENTION: Members, Medical Board of California

SUBJECT: Enforcement Program Summary

STAFF CONTACT: Jason Pritchard, 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) quarterly meeting. No action is needed at this time.

Enforcement Program:

The Enforcement Program selected its former Complainant Liaison Unit Manager to serve as its Deputy Chief of Enforcement, effective October 18, 2026, strengthening leadership capacity and ensuring continued oversight and support of the CIO, CCU, and CLU to maintain operational efficiency and alignment with the Board's mission.

Central Complaint Unit:

For the first quarter of FY 2026-2027, the Board initiated complaints in the Central Complaint Unit (CCU) within an average of nine days, which is within the timeframe mandated by Business and Professions Code section 129(b). The average complaint processing time in CCU is 233 days. During CCU's complaint review process, staff may need to request additional information from complainants, licensees, other providers involved in patient care, obtain records from physicians and facilities, and, in quality-of-care cases, gather all information for review by a medical consultant. The Board may also need to obtain records by subpoena, which may delay complaint processing. The average processing time for a complaint includes the review and processing time in the Complainant Liaison Unit (CLU).

The Board received 2,944 complaints during the first quarter of FY 2026-2027 and closed 1,986 complaints during the same period, as reflected in the accompanying pie chart. As of October 1, 2026, CCU had 8,864 pending complaints, an increase of 751 complaints, or 9.3 percent, from the previous quarter.

CCU currently has three vacant positions, a permanent Analyst II, one limited-term Management Services Technician (MST), and one Supervisor I position. Management is currently going through the recruitment process to fill each of these positions. Both the Analyst II and MST positions are in the early stages of the hiring process, whereas the Supervisor I position is in the final stages of selecting a candidate.

Management continues to identify and implement new operational process efficiencies. CCU has begun using technology tools to help Intake staff convert written text into electronic text for entering complaint information into BreEZe. Management is also continuing to review policies and procedures to improve efficiency, save time, and assist with overall case aging.

Complainant Liaison Unit:

The Complainant Liaison Unit (CLU) currently has one vacant Analyst II position. Management is aiming to fill the position by the end of November. CLU staff continue to respond to calls and emails about complaint status, processes, and other general questions. CLU staff also continue to work on re-establishing contact with complainants whose complaints are pending closure due to the complainants' failure to respond to previous medical record authorization requests from the Board.

From January 1, 2025, through October 13, 2026, CLU received a total of 2,896 referred cases from CCU.

Of these, 2,444 complainants were invited to participate in interviews (participation is optional).

As of October 13, 2026, the status of the 2,444 interview requests is as follows:

Interview Offered, awaiting response:	92
Accepted (Interview Scheduled):	11
Declined (Interview Declined):	102
No Response (from Complainant):	649
Completed (Interview Conducted):	1,590

Expert Reviewer and Medical Consultant Program:

The Expert Reviewer and Medical Consultant (MC) Program is actively recruiting new participants. A recruitment announcement in the Board's quarterly Newsletter invites Licensed Midwives and Medical Doctors from all specialties to apply. The need for specific medical specialties is listed in each edition.

From August through October, program staff delivered presentations to department chairs and faculty at the University of California, San Diego, Departments of Psychiatry, Orthopedic Surgery, Medicine, and Gastroenterology. Recruitment efforts also included exhibiting at the *California Academy of Family Physicians' Prism of Practice* conference in San Diego, the *California Society for Addiction Medicine 2026 Conference* in Orange County, and the *California Medical Association House of Delegates 2026 Conference* in Sacramento.

Staff plan to record an informative recruitment video to be shared with licensees at a variety of meetings and conferences, expanding the visibility of the Expert Reviewer and Medical Consultant Programs.

Medical Experts and Medical Consultants continue to be enrolled in the Board's online, self-paced Expert Reviewer and Medical Consultant Training programs. In September

2026, the Board purchased 50 additional training licenses, increasing total capacity to 100 training slots to accommodate new and current program participants. Staff are also finalizing an online training module for Expert Reviewers who conduct mental and physical evaluations pursuant to Business and Professions Code section 820.

Complaint Investigation Office:

For the first quarter of FY 2026-2027, the Complaint Investigation Office's (CIO) non-sworn special investigators had a unit caseload of 244 cases, which breaks down to approximately 38 cases per Special Investigator.

During this same period, CIO closed 42 physician and surgeon cases. Of those, 21 cases were referred to the Attorney General's Office:

- 14 criminal conviction cases
- 3 malpractice cases
- 4 vaccination exemption cases

Post-Investigation Complaint Processing

Post-Investigation Complaint Processing averaged 97 days during the first quarter of FY 2026-2027, compared with 69 days during the same quarter of FY 2025-2026 and 48 days during FY 2024-2025. Previous vacancies in the Chief and Deputy Chief of Enforcement positions contributed to this increase in processing time, however, the board continued to move urgent cases. Now that these positions have been filled, the Board is evaluating enforcement resources and processes to reduce these timelines. As of October 1, 2026, 381 completed investigations were awaiting disposition.

Discipline Coordination Unit:

The Discipline Coordination Unit (DCU) filled its vacant Office Technician position and the new employee started on October 13, 2026.

DCU Management continues to work closely with the analyst assigned to Out-of-State Discipline (OOSD) cases to reduce both the overall pending caseload and the number of aged cases. As reflected in the statistical reports provided to the Board, there are currently 81 OOSD cases pending, a 50% variance from the 163 cases pending in the previous quarter. This includes 15 cases aged one year or older, a 44% variance from the 34 cases aged one year or older in the previous quarter. Focused coordination and workload monitoring remain ongoing priorities for managing the OOSD caseload, and the OOSD analyst continues to work toward the goal of consistently processing newly received cases within 0–3 months.

Probation Unit:

The Probation Unit currently has four vacant probation monitoring positions, one in Sacramento, two in San Dimas, and one in Cerritos. One position in Sacramento has been filled, with the new employee starting on October 15, 2026. The remaining vacancies have been advertised, and recruitment efforts are underway.

During the first quarter of FY 2026-2027:

- 31 licensees were placed on probation
- 3 licensees were reinstated with probation
- 5 probationary licenses were issued
- 21 licensees successfully completed probation
- 3 probationers surrendered their licenses while on probation
- 3 citations were issued for probation violations
- 2 Cease Practice Orders were issued for probation violations
- 5 Petitions to Revoke Probation were filed
- 1 Accusation/Petition to Revoke Probation was filed
- 9 Petitions to Revoke Probation that were previously filed resulted in 3 revocations, 4 surrenders, and 2 additional probation terms

As of October 1, 2026, there are 536 licensees currently on probation, both in and out of state.

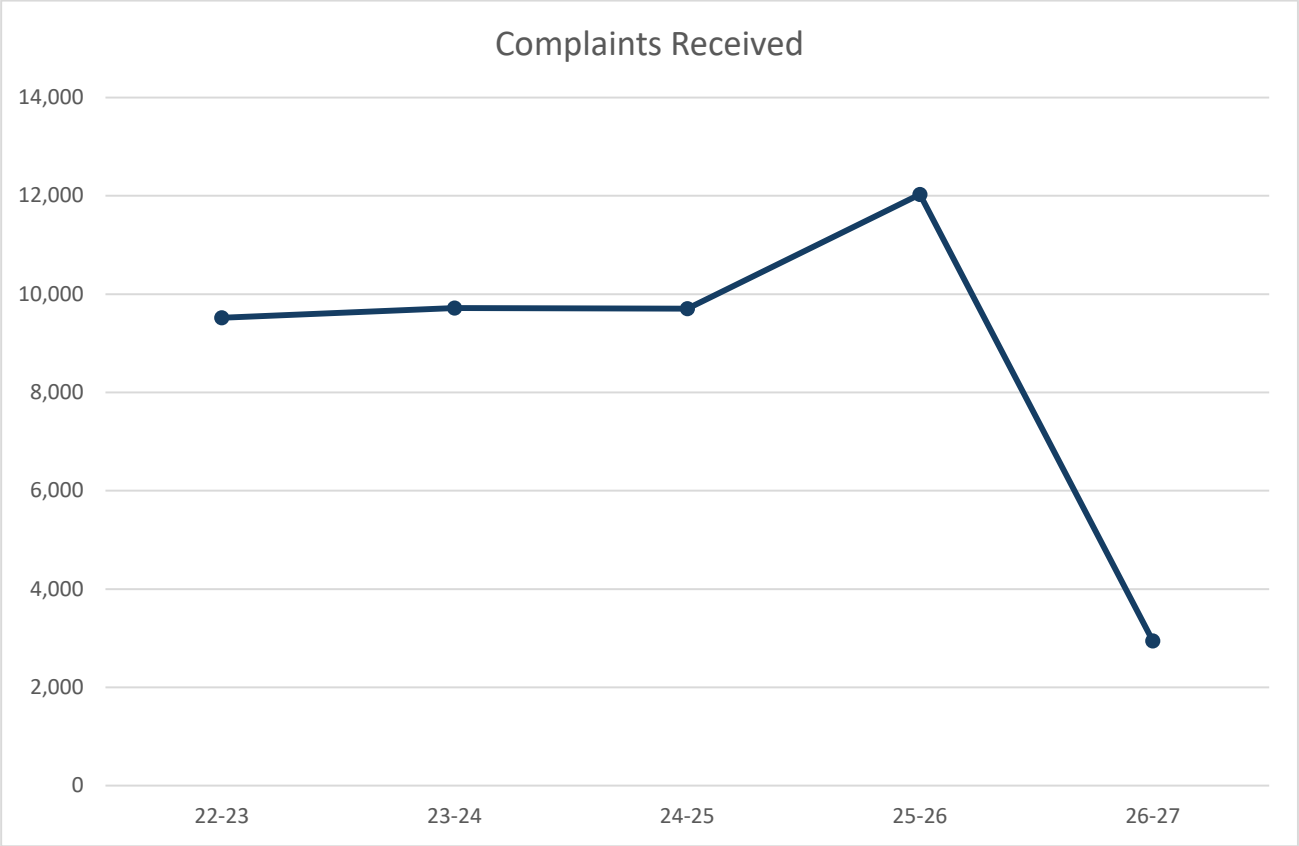
Probation Management continues to work with Executive Staff and Staff Counsel on revisions to the Disciplinary Guidelines.

Enforcement Monitor Final Audit Recommendations' Implementation Status

Enforcement Monitor Audit Report, including findings and recommendations, is available on the MBC website: Enforcement Monitor Final Report (PDF). Additionally, please see attached the Enforcement Monitor Tracking Document, which details the implementation status of each recommendation. Please note the color coding of each recommendation.

Medical Board of California Enforcement Program
Physician and Surgeon Complaints Received

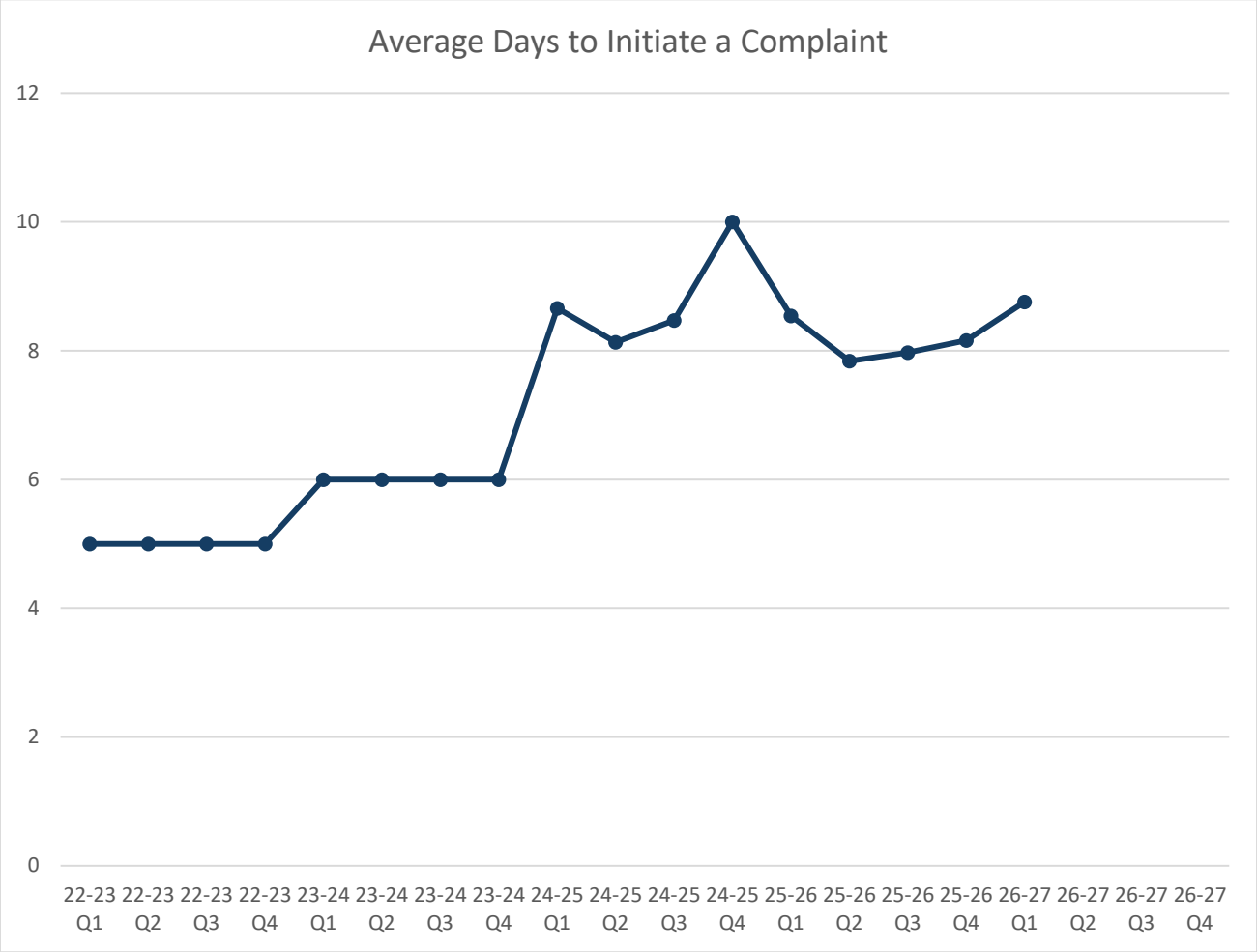
	Fiscal Year 22-23	Fiscal Year 23-24	Fiscal Year 24-25	Fiscal Year 25-26	Fiscal Year 26-27
Volume	9,521	9,715	9,707	12,101	2,944 *



* Complaints received by the Board through September 30, 2026.
Includes physician and surgeon data only.

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

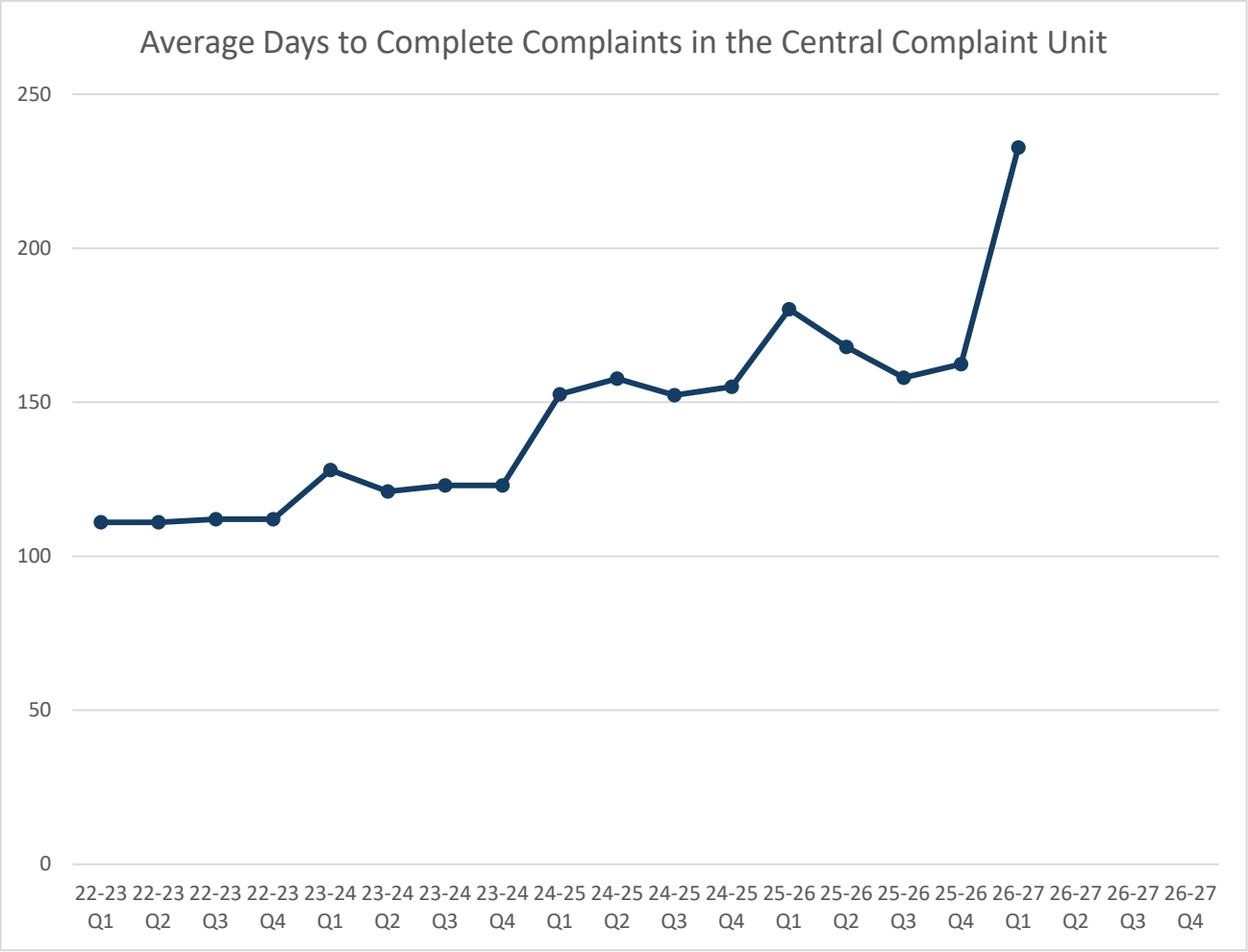
Quarter	Fiscal Year 22-23	Fiscal Year 23-24	Fiscal Year 24-25	Fiscal Year 25-26	Fiscal Year 26-27
Quarter 1	5	6	9	9	9
Quarter 2	5	6	8	8	
Quarter 3	5	6	8	8	
Quarter 4	5	6	10	8	



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

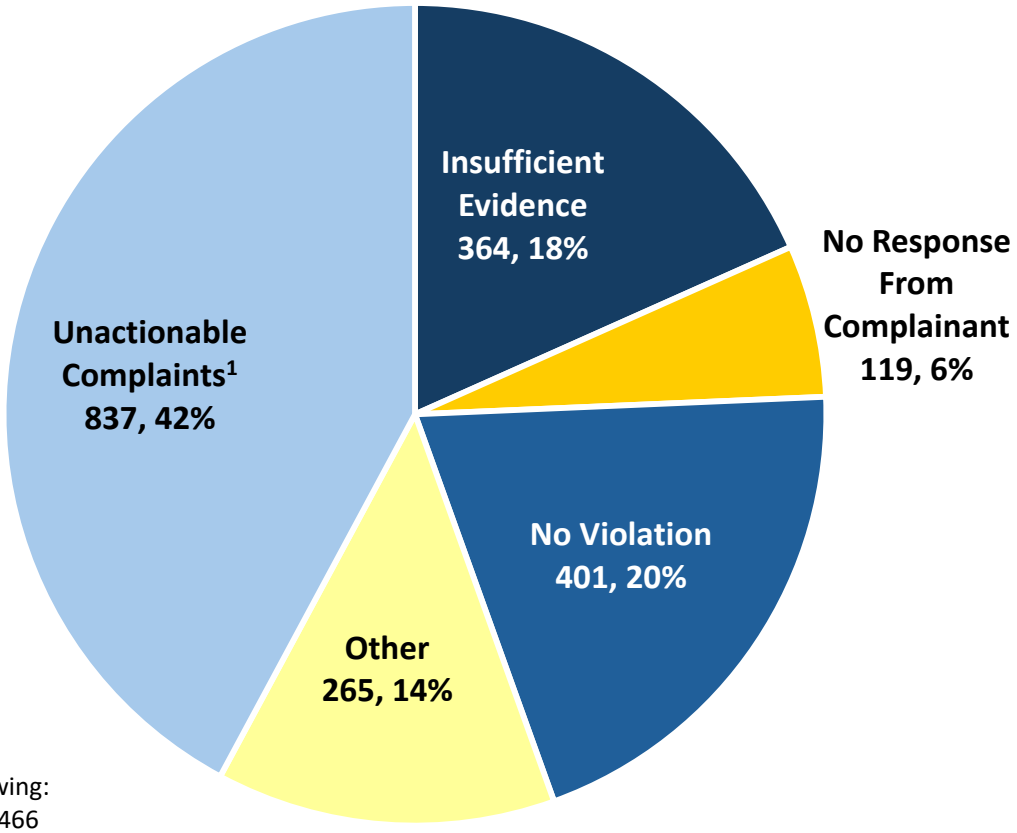
Quarter	Fiscal Year 22-23	Fiscal Year 23-24	Fiscal Year 24-25	Fiscal Year 25-26	Fiscal Year 26-27
Quarter 1	111	128	153	180	233
Quarter 2	111	121	158	168	
Quarter 3	112	123	152	158	
Quarter 4	112	123	155	162	



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. Includes physician and surgeon data only.

Complaints Closed by Complaint Unit

July 1, 2026 - September 30, 2026

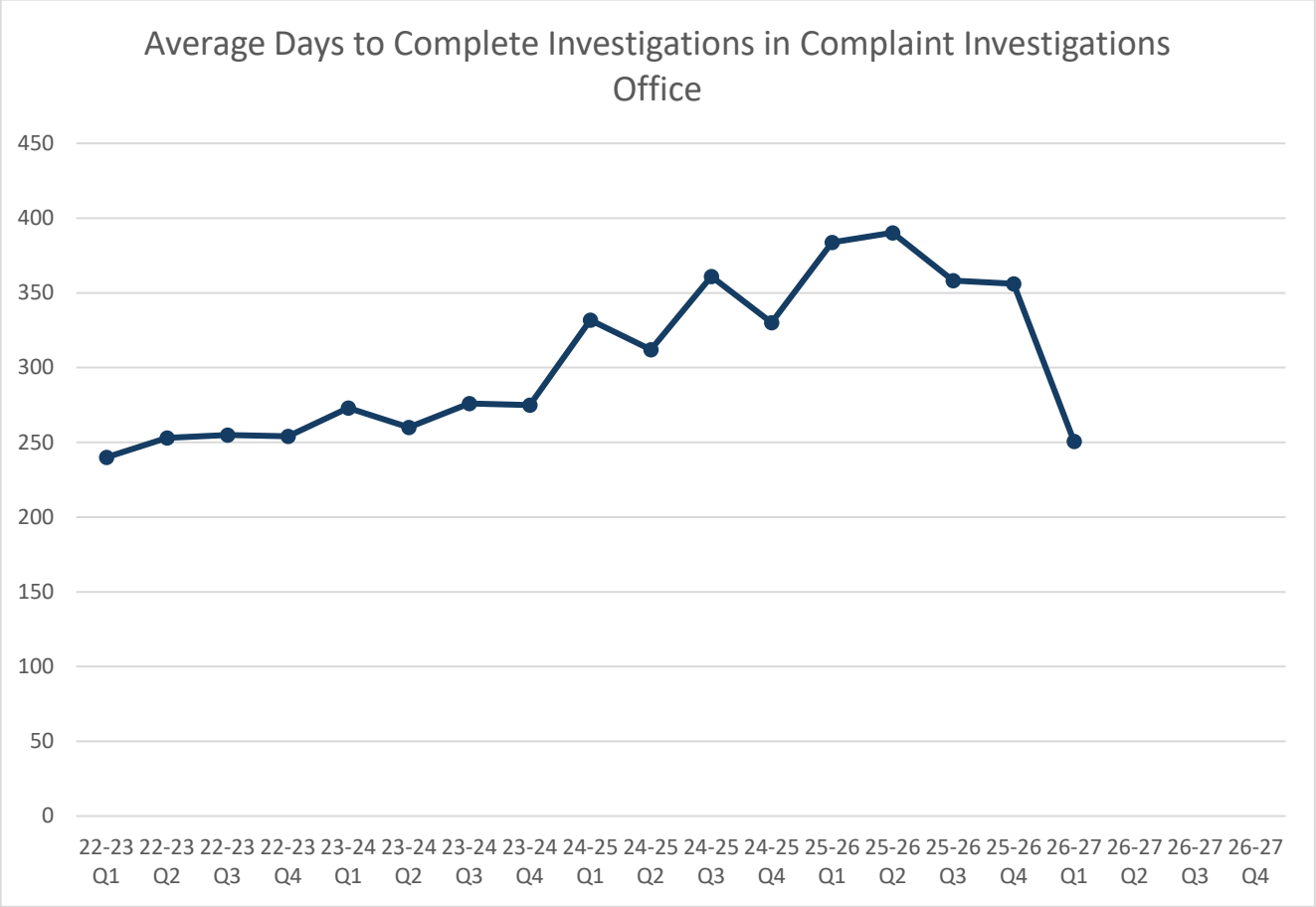


[1]Includes the following:
No Jurisdiction: 466
Redundant Incident: 215

Medical Board of California Enforcement Program

Average Days to Complete Investigations in Complaint Investigations Office

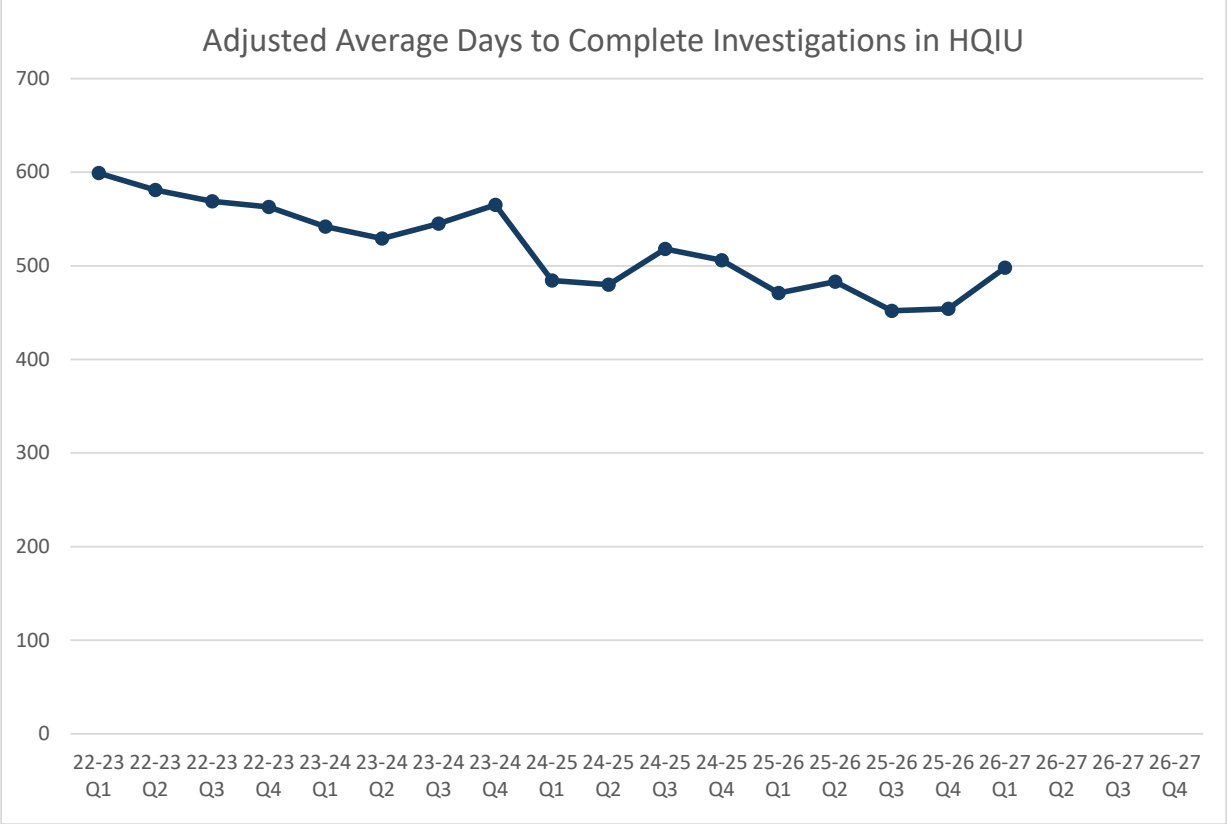
Quarter	Fiscal Year 22-23	Fiscal Year 23-24	Fiscal Year 24-25	Fiscal Year 25-26	Fiscal Year 26-27
Quarter 1	240	273	332	384	251
Quarter 2	253	260	312	390	
Quarter 3	255	276	361	358	
Quarter 4	254	275	330	356	



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
Adjusted Average Days to Complete Investigations in HQIU

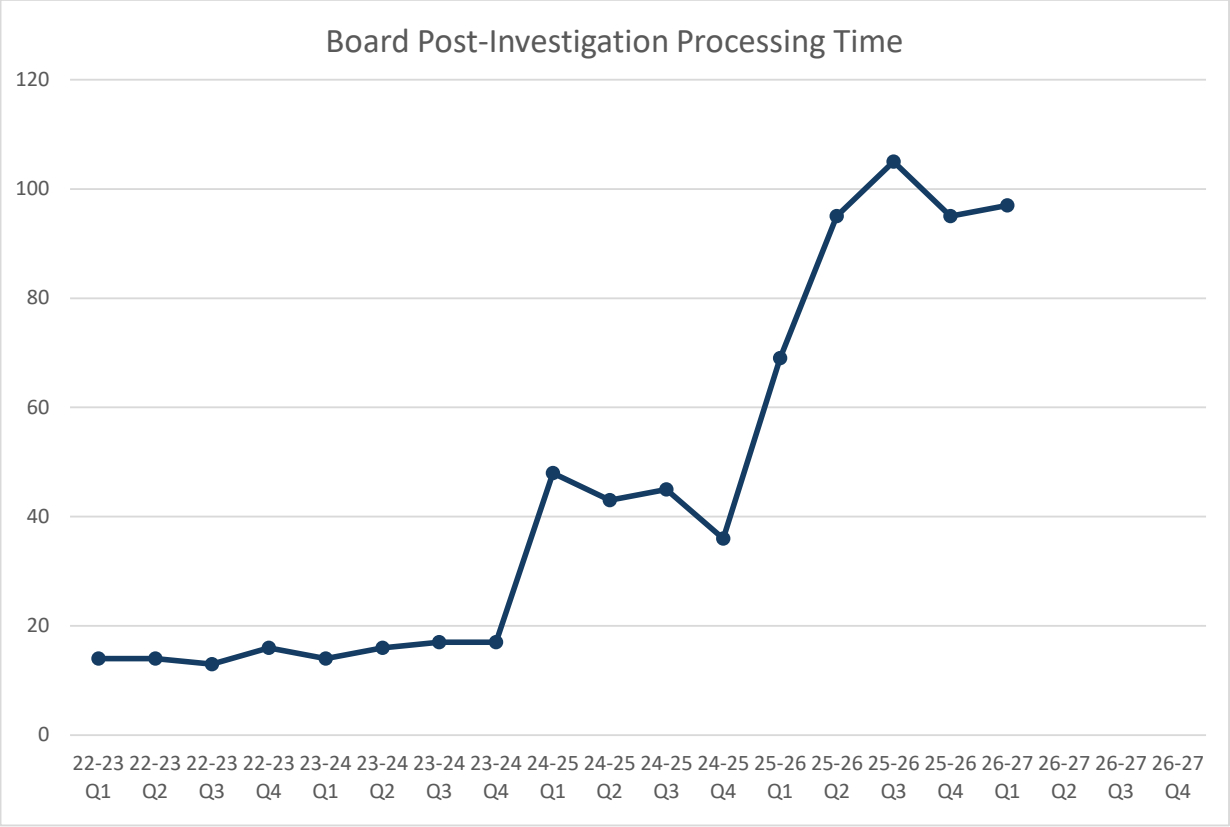
Quarter	Fiscal Year 22-23	Fiscal Year 23-24	Fiscal Year 24-25	Fiscal Year 25-26	Fiscal Year 26-27
Quarter 1	599	542	484	471	498
Quarter 2	581	529	480	483	
Quarter 3	569	545	518	452	
Quarter 4	563	565	506	454	



Includes physician and surgeon data only. Effective 10/1/26, all reported figures have been adjusted to remove Board post-investigation processing time. Central Complaint Unit processing time remains excluded. Board post-investigation processing time is reported in a separate chart.

Medical Board of California Enforcement Program
Board Post Investigation Processing Time

Quarter	Fiscal Year 22-23	Fiscal Year 23-24	Fiscal Year 24-25	Fiscal Year 25-26	Fiscal Year 26-27
Quarter 1	14	14	48	69	97
Quarter 2	14	16	43	95	
Quarter 3	13	17	45	105	
Quarter 4	16	17	36	95	



Includes physician and surgeon data only. Board post-investigation processing time is calculated from HQIU's referral to the Board to the Board's referral to the Office of the Attorney General,

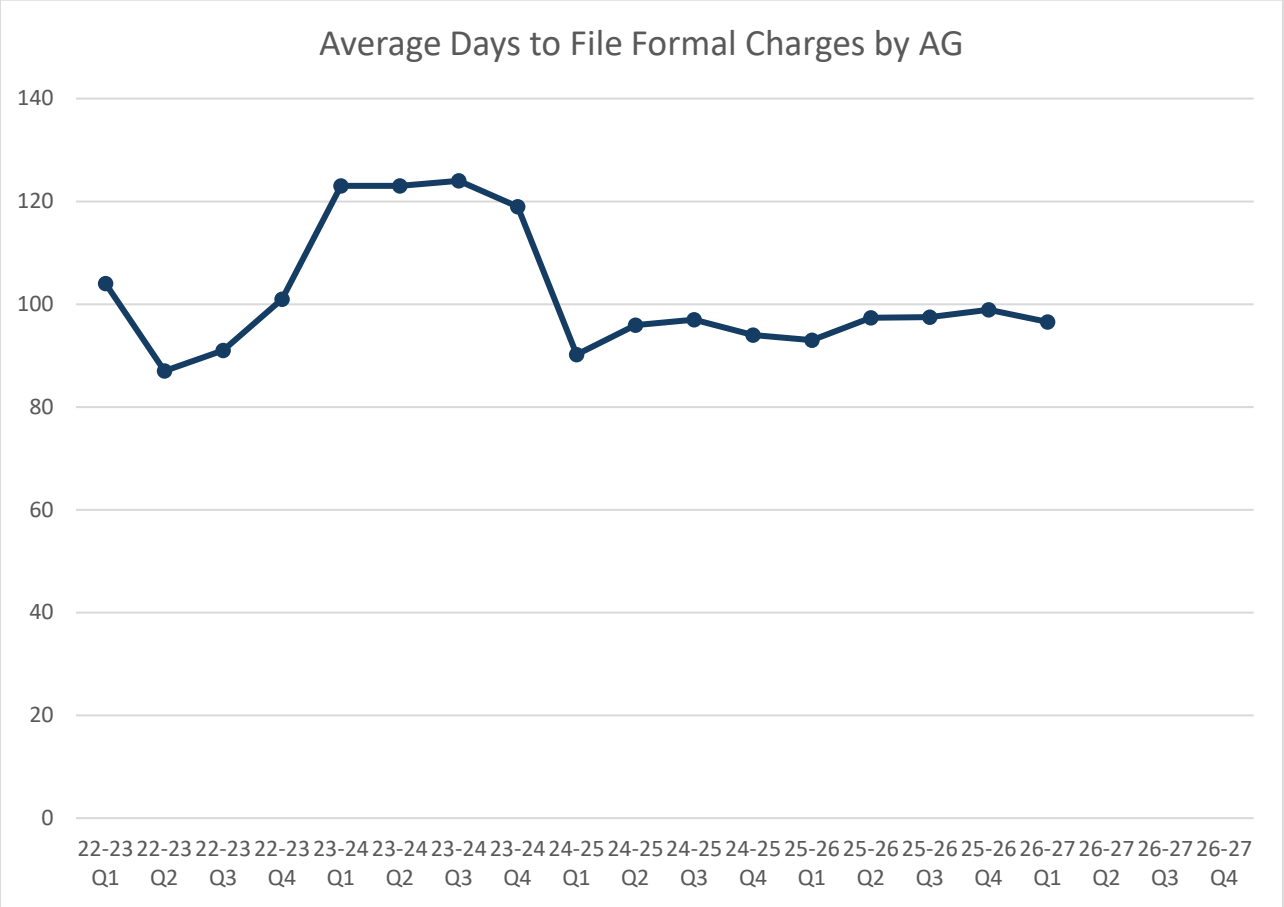
California Enforcement Program
Average HQIU Investigation and MBC Processing days by Case Type

Case Type by Fiscal Year	22-23	23-24	24-25	25-26	26-27
Overall	579	582	542	549	595
Gross Negligence/Incompetenc	621	588	496	450	403
Inappropriate Prescribing	634	598	594	602	575
Unlicensed Activity	577	538	513	525	734
Sexual Misconduct	490	540	536	431	731
Mental/Physical Illiness	486	455	390	393	296
Self-Abuse of Drugs/Alcohol	469	521	383	321	630
Fraud	418	733	430	376	624
Conviction of a Crime	504	379	381	263	531
Unprofessional Conduct	526	620	524	523	660

For the purposes of this chart, HQIU investigation processing days are calculated from the date the case is referred to HQIU until closure, referral to the Office of the Attorney General, or other case disposition. The calculation also includes the Board's post-investigation time, which for the current quarter averages 97 days across all case types. 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 22-23	Fiscal Year 23-24	Fiscal Year 24-25	Fiscal Year 25-26	Fiscal Year 25-26
Quarter 1	104	123	90	93	97
Quarter 2	87	123	96	97	
Quarter 3	91	124	97	97	
Quarter 4	101	119	94	99	



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.

	FY 26-27				
Types of Outcomes	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Administrative Outcomes					
License Revoked	12				12
License Surrendered (in Lieu of Accusation or with Accusation Pending)	31				31
License Placed on Probation with Suspension	0				0
License Placed on Probation	31				31
License Reinstated with Probation	3				3
Probationary License Issued	5				5
Public Reprimand	32				32
Out of State Discipline Public Reprimands[1]	19				19
Other Action	0				0
Referral and Compliance Actions					
Citation and Administrative Fines Issued	56				56
Related to CME Audit Failure[2]	47				47

Types of Outcomes	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**
Administrative Outcomes					
License Revoked	36	23	37	40	12
License Surrendered (in Lieu of Accusation or with Accusation Pending)	89	102	88	90	31
License Placed on Probation with Suspension	4	2	5	3	0
License Placed on Probation	153	137	126	116	31
License Reinstated with Probation				5	3
Probationary License Issued	17	10	11	19	5
Public Reprimand	76	97	98	118	32
Out of State Discipline Public Reprimands[1]					19
Other Action	4	3	1	6	0
Referral and Compliance Actions					
Citation and Administrative Fines Issued	195	135	179	609	56
Related to CME Audit Failure[2]				569	47

[1]Out of State Discipline Public Reprimands Subset Tracking Added in FY 26-27

[2]Related to CME Audit Failure Subset Tracking Added in FY 25-26

ENFORCEMENT TIMEFRAMES

Fiscal Year	22-23 Average	22-23 Median	23-24 Average	23-24 Median	24-25 Average	24-25 Median	25-26 Average	25-26 Median	26-27[1] Average	26-27[1] Median
COMPLAINT PROCESSING	112	63	123	52	155	67	162	43	233	133
INVESTIGATION PROCESSING - MBC - CIO (Complaint Investigation Office)	254	210	275	240	330	282	356	275	251	209
INVESTIGATION PROCESSING - HQIU (Health Quality Investigation Unit)	579	563	582	556	542	524	549	536	595	572
TOTAL MBC & HQIU DAYS	175	97	177	77	217	101	209	79	271	155
TOTAL MBC & HQIU YEARS	0.48	0.27	0.48	0.21	0.59	0.28	0.57	0.22	0.74	0.42
AG PREP - Attorney General Preparation for Accusation/Petition to Revoke/Accusation & Petition to Revoke/Statement of Issues	101	81	120	94	94	80	99	84	97	77
POST - Accusation/Petition to Revoke/Accusation & Petition to Revoke/Statement of Issues	487	432	439	392	400	320	349	314	345	284
ACCUSATION DECLINED BY AG	63	38	58	36	66	40	97	75	70	21
TOTAL AG DAYS	577	514	539	475	514	434	443	408	435	392
TOTAL AG YEARS	1.58	1.41	1.48	1.30	1.41	1.19	1.21	1.12	1.19	1.07
TOTAL MBC & AG DAYS	1343	1413	1261	1305	1,168	1,156	1,131	1,142	1,096	1,058
TOTAL MBC & AG YEARS	3.68	3.87	3.45	3.58	3.20	3.17	3.10	3.13	3.00	2.90

Years calculated using 365 days per year
[1] Data through 9/30/2026
Includes physican and surgeon data only.

Pending Enforcement Caseload Summary[1]

Data Current as of October 1, 2026

	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	1,986	1,752	1,441	1,134	2,258	285	8	0	0	**8,864**	**8,113**	751	9%
Complaint Investigation Unit	83	32	26	28	62	10	3	0	0	**244**	**229**	15	7%
Health Quality Investigation Unit	221	201	172	109	255	59	3	1	0	**1,021**	**999**	22	2%
Completed Investigations Awaiting Disposition[2]	5	18	46	47	185	72	8	0	0	**381**	**297**	84	28%
Citation and Fine Desk	58	34	59	42	139	4	0	0	0	**336**	**352**	-16	-5%
Out-of-State Desk	16	13	26	11	15	0	0	0	0	**81**	**163**	-82	-50%
AG Services[3]	13	20	6	7	16	0	1	0	0	**63**	**71**	-8	-11%
AG-Pre[4]	117	53	28	31	56	38	7	2	1	**333**	**307**	26	8%
AG-Post[5]	78	55	69	32	32	9	3	0	1	**279**	**265**	14	5%
Total by Age	**2,577**	**2,178**	**1,873**	**1,441**	**3,018**	**477**	**33**	**3**	**2**	**11,602**	**10,796**	806	7%

[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.

THE ENFORCEMENT MONITOR REPORT CAN BE ACCESSED USING THE LINK BELOW:

https://www.mbc.ca.gov/Download/Reports/enforcement-report-final-2023.pdf

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 HQIU 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.	**Completed**	**Ongoing**	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 screenshots were shared at the May 2025 Board Meeting and an early testing build demonstration was shown at the August 2025 Board Meeting. The Complaint Tracking System launched on October 7, 2026. The Board will continue to gather feedback from the public on plain-language and other functionality suggestions that could legally be added to the system.

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 was implemented in November 2025. The Board will continue to meet regularly with HQE and HQIU to

				evaluate the effectiveness of the collaborative model and work closely on these cases.
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. • Move Investigators to DOJ • Move Investigators to MBC • Move Prosecutors to MBC	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, HQIU, and HQE implemented a collaboration model in November 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 continue to meet with educational and professional physician and surgeon groups to provide information on the medical consultant and expert reviewer programs.
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 developing an implementation plan 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**	The Board's Budget Change Proposal was approved to increase rates for Neurosurgeons, Orthopedic surgeons, and pain medicine, effective July 1, 2025. The Board determines if higher rates for other specialties is necessary on a case-by-case basis.
2.2.5	Consider mandating licensees to participate in the medical expert reviewer program.	**Completed**		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.
2.3.1	A review of the guidelines and the procedures used when departing from identified disciplines relative to associated violations.	**In progress**		Board staff reviewed other healing arts boards' guidelines as well as disciplinary orders from other state medical boards to determine areas that the Board may improve upon. Staff convened a working group and have held several meetings to discuss and draft potential updates to improve public protection and rehabilitation of licensees when not inconsistent with public protection. Staff will be requesting Board approval to convene an interested parties meeting to obtain feedback on the proposed changes.

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	**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.

	insight on demographic trends that should be made publicly available.		

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”	**Pending**	The Board presented this request at its last sunset hearing; however, it was not approved by the Legislature. Please see the Staff Report for Agenda item 13 in the Board’s November 2026 board meeting materials.
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.

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October 14, 2026

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

RE: Attorney General's Office Quarterly Update, November 2026 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 Licensing Douglas Hock, Chief of Enforcement Jason Pritchard 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