MEDICAL BOARD OF CALIFORNIA
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of November 2026

Section 3 – Licensing Program

DRAFT

6. Licensee Population

		FY 22/23	FY 23/24	FY 24/25	FY 25/26
Physician and Surgeon License	Active	148,769	153,933	155,303	156,612
	Out of State	26,414	27,224	27,854	28,413
	Out of Country	641	533	475	485
	Delinquent/Expired	20,942	17,952	22,993	25,142
	Retired Status *if applicable*	-	7,885	7,776	7,130
	Inactive	-	163	150	129
	Other	-	78	100	81
Mexico Pilot Program License	Active	24	26	28	26
	Out of State	-	0	0	0
	Out of Country	-	0	0	1
	Delinquent/Expired	0	0	0	0
	Retired Status *if applicable*	0	0	0	0
	Inactive	0	0	0	0
	Other	0	0	0	4
Licensed Physician from Mexico Program	Active	0	0	0	6
	Out of State	0	0	0	0
	Out of Country	0	0	0	0
	Delinquent/Expired	0	0	0	0
	Retired Status *if applicable*	0	0	0	0
	Inactive	0	0	0	0
	Other	0	0	0	0
Postgraduate Training License	Active	7,552	3,919	4,905	6,289
	Out of State	-	105	113	130
	Out of Country	-	6	2	3
	Delinquent/Expired	0	0	0	1
	Retired Status *if applicable*	-	0	0	0
	Inactive	-	0	0	0
	Other	-	0	0	0

16. What are the board's performance targets/expectations for its licensing program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Medical Board of California (Board) has established performance expectations for the timely review and processing of physician license applications. The Board's statutory and regulatory requirements, as well as its internal performance expectations, are designed to ensure that qualified physicians can obtain licensure in a timely manner while maintaining the licensing standards necessary to protect the public.

Title 16 of the California Code of Regulations (CCR) section 1319.4 requires the Board to notify applicants within 60 working days of receipt of a Physician's and Surgeon's (P&S) License application whether the application is complete and accepted for licensure or deficient. The Board has historically established an internal operational expectation of completing the initial review of P&S and Postgraduate Training License (PTL) applications within 45 calendar days. The Board also monitors the timely review and processing of incoming licensing documents and other workload measures. During the reporting period, the Board met both the regulatory notification requirement and its internal operational expectation for the timely review of P&S and PTL applications.

The Board has implemented several measures to improve licensing performance and reduce processing times, including:

- Transitioning to a paperless licensing process. Beginning March 1, 2025, the Board required license application documents to be submitted through BreEZe rather than by email or mail.

- Expanding electronic document submission through the Direct Online Certification Submission (DOCS) Portal. The Board's DOCS portal allows medical schools and postgraduate training programs to electronically submit transcripts, verification forms, and other required licensing documents directly to the Board.

- Improving resources for postgraduate training programs. The Board launched a centralized Postgraduate Training Program Resources webpage providing programs with licensing requirements, deadlines, required documents, and other guidance intended to promote accurate and timely submission of information.

DRAFT

- Continually evaluating licensing processes. The Board reviews licensing workflows and identifies opportunities to eliminate unnecessary documentation, reduce deficiencies, improve electronic processing, and better allocate staff resources.

- Monitoring application volume and staffing needs. The Board evaluates changes in application volume and workload and adjusts staffing and resources as appropriate.

- Providing outreach to applicants and training programs.
  Board staff provide outreach to applicants and postgraduate training programs, conducting either virtual or in-person sessions. These outreach efforts communicate licensing requirements and encourage applicants and residents to submit their applications and supporting documents well in advance of the date the license is needed.

17. Using Table 7a, Licensing Data by Type, describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

The Board continually monitors application volume, processing times, pending applications, staffing, and workload to evaluate the performance of its Licensing Program. Processing times, measured by the number of days until initial review for completed P&S applications, were less than half in the past two fiscal years (FY) (FY 24/25 and FY 25/26) compared to the prior two FYs (FY 22/23 and FY 23/24). In both FY 24/25 and FY 25/26, the average number of days to initial review for completed P&S applications was below the Board's 45-calendar-day operational target. For PTL applications, the average number of days to initial review improved significantly after FY 22/23 and has continued to trend downward in subsequent fiscal years. For deficient applications, the Licensing Program continues to reduce processing times for incomplete applications by promptly identifying deficiencies, communicating deficiencies to applicants, expanding electronic application and document submission processes, and monitoring workload and staffing levels to improve application processing efficiency. In addition, incoming documents submitted in response to application deficiencies are processed within one week to facilitate the timely completion and review of applications.

DRAFT

The number of licenses issued consistently exceeded the number of pending license applications in all four fiscal years. As a result, the overall number of pending license applications has decreased substantially over the past four fiscal years, demonstrating sustained improvements in application processing and backlog reduction.

On July 7, 2025, the Board licensed the final two physicians authorized under the Mexico Pilot Program (MPP), completing the processing of the last applications submitted under the pilot program. The conclusion of the MPP coincided with the implementation of the Licensed Physicians from Mexico Program (AB 2860), which followed the pilot program and authorizes increasingly larger cohorts of licensees (including up to a specified number of psychiatrists in each cohort) authorized to practice medicine under a non-renewable three-year license while employed by a federally qualified health center (FQHC).

The application period for the first cohort of the Licensed Physicians from Mexico Program opened on October 1, 2025, and closed on December 31, 2025. Pursuant to statute, the Board may also accept up to 15 additional applications after December 31, 2025, and before January 1, 2028.

In FY 2025/26, the Board received 98 applications for the Licensed Physicians from Mexico Program. Of the 98 applications, 6 applications were approved in FY 2025/26. The average processing time from receipt of application to approval was 122 days. To facilitate visa acquisition and expedite eventual licensure, the Board began issuing letters in September 2026 confirming program participation, completion of applicable requirements, and eligibility for licensure. These letters are intended to support visa applications and reduce delays between application completion and license issuance. Applicants and sponsoring clinics generally prefer securing a visa before license issuance to maximize the period physicians may practice under this nonrenewable 3-year license. Therefore, once the applicant has met all licensure requirements, the board only issues the license upon request by the applicant, which is usually made once they have secured a visa and can begin employment.

Of the 92 pending applications, the most common deficiencies involve the English-language proficiency examination requirement and required documentation from employers. Recent amendments to Business and Professions Code section 2125 enacted through SB 1311 corrected an error in the English language proficiency examination passing score requirements and lowered the threshold applicants must meet. This change has reduced the number of applicants deficient in the English language testing requirement.

DRAFT

The Board has continued to modernize and streamline the licensing process. The Board transitioned its physician licensing programs to a paperless application process. Electronic submission allows applications and supporting documents to be received immediately, improves document security, and reduces manual handling and processing associated with paper applications.

The Board will continue to evaluate licensing workflows and identify opportunities to reduce processing times without compromising the statutory and regulatory requirements necessary to protect the public. Areas of continued focus include:

- Further automation and enhancement of the BreEZe licensing system;
- Expansion and refinement of DOCS;
- Reduction or elimination of unnecessary documentation and manual processing steps where reliable electronic verification is available;
- Evaluation of staffing and resource needs when workload and performance data demonstrate a need for additional resources;
- Evaluation of statutory or regulatory changes to identify possible efficiencies; and
- Continued communication and outreach to applicants, medical schools, and postgraduate training programs to improve the accuracy and timeliness of submitted applications and supporting documentation.

The Board's goal is to continue reducing the time required to process complete applications while maintaining appropriate primary-source verification and review standards. The Board will continue using performance data to determine whether additional operational, budgetary, regulatory, or legislative changes are necessary.

DRAFT

Table 7a. Physician and Surgeon (P&S) License										
					Pending Applications			Application Process Times		
		Received	Approved /Issued	Closed	Total (Close of FY)	Complete (within Board control)	Incomplete (outside Board control)	Complete Apps	Incomplete Apps	Total (Close of FY))
FY 22/23	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	8,649	7,639	-	4,477	n/a	n/a	87	148	133
	(Renewal)	-	73,263	-	-	n/a	n/a	-	-	4
FY 23/24	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	7,482	9,807	-	4,026	n/a	n/a	97	161	146
	(Renewal)	-	72,685	-	-	n/a	n/a	-	-	8
FY 24/25	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	6,487	6,640		3,627	n/a	n/a	41	128	120
	(Renewal)	-	73,605	-	-	n/a	n/a	-	-	7
FY 25/26	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	7,414	6,915		2,763	n/a	n/a	42	116	108
	(Renewal)	-	80,302	-	-	na/	n/a	-	-	6

Table 7a. Mexico Pilot Program (MPP) License										
					Pending Applications			Application Process Times		
		Received	Approved/Issued	Closed	Total (Close of FY)	Complete (within Board control)	Incomplete (outside Board control)	Complete Apps	Incomplete Apps	Total (Close of FY)
FY 22/23	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	14	9	-	0	n/a	n/a	0	774	774
	(Renewal)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
FY 23/24	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	1	6	-	0	n/a	n/a	0	447	447
	(Renewal)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
FY 24/25	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	4	1	-	3	n/a	n/a	0	213	213
	(Renewal)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
FY 25/26	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	0	2	-	0	n/a	n/a	0	147	147
	(Renewal)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

DRAFT

Table 7a. Licensed Physician from Mexico Program										
					Pending Applications			Application Process Times		
		Received	Approved/Issued	Closed	Total (Close of FY)	Complete (within Board control)	Incomplete (outside Board control)	Complete Apps	Incomplete Apps	Total (Close of FY)
FY 22/23	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(Renewal)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
FY 23/24	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(Renewal)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
FY 24/25	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(Renewal)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
FY 25/26	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	98	6	-	92	n/a	n/a	0	122	122
	(Renewal)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Table 7a. Postgraduate Training License										
					Pending Applications			Application Process Times		
		Received	Approved /Issued	Closed	Total (Close of FY)	Complete (within Board control)	Incomplete (outside Board control)	Complete Apps	Incomplete Apps	Total (Close of FY))
FY 22/23	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	2,145	2,810	-	296	n/a	n/a	84	131	119
	(Renewal)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
FY 23/24	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	3,035	3,168	-	1,778	n/a	n/a	130	163	152
	(Renewal)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
FY 24/25	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	3,033	2,947	-	1,859	n/a	n/a	47	100	90
	(Renewal)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
FY 25/26	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	3,450	3,285	-	1,554	n/a	n/a	56	100	91
	(Renewal)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

DRAFT

Table 7b. License Denial				
	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
License Applications Denied (no hearing requested)	0	3	0	0
SOIs Filed	1	5	4	5
Average Days to File SOI (from request for hearing to SOI filed)	183	216	42	122
SOIs Declined	0	0	0	0
SOIs Withdrawn	0	2	3	0
SOIs Dismissed (license granted)	1	1	1	0
License Issued with Probation / Probationary License Issued	17	10	11	19
Average Days to Complete (from SOI filing to outcome)	301	273	238	456

18. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

The Board has denied one (1) P&S license over the past four fiscal years based on criminal history that the Board determined was substantially related to the qualifications, functions, or duties of the profession, pursuant to Business and Professions Code (BPC) section 480. Below is a breakdown of each instance of denial by fiscal year.

Criminal Conviction Denials			
FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
0	1	0	0

FY 2022/2023

The Board did not deny any licenses or registrations based on criminal history that the Board determined to be substantially related to the qualifications, functions, or duties of the profession in FY 2022/2023.

FY 2023/2024

Physician and Surgeon: Denied due to the applicant's criminal history and disciplinary actions taken by the Oregon and Washington medical boards. Felony conviction in Washington for Promoting Prostitution in the Second

DRAFT

Degree.

FY 2024/2025
The Board did not deny any licenses or registrations based on criminal history that the Board determined as substantially related to the qualifications, functions, or duties of the profession in FY 2024/2025.

FY 2025/2026
The Board did not deny any licenses or registrations based on criminal history that the Board determined as substantially related to the qualifications, functions, or duties of the profession in FY 2025/2026.

19. How does the board verify information provided by the applicant?

Applicants are required to submit an online application provided by the Board, which includes a legal attestation verifying under penalty of perjury that all information supplied—both in the application and in any supporting documents—is true and correct. The Board employs multiple methods to verify information submitted for licensure and does not rely solely on applicant provided documentation or attestations. Information is obtained directly from original or primary sources, including medical schools, postgraduate training programs, examination organizations, licensing jurisdictions, and government agencies.

Medical education and postgraduate training: Medical schools are required to submit the applicant's Certificate of Medical Education and official transcript directly to the Board. Postgraduate training programs are required to submit verification of the applicant's participation and completion of Board-approved training directly to the Board. Additionally, the Board requires that documents submitted by U.S. medical schools and postgraduate training programs be submitted through DOCS.

The Board verifies the following information provided by or on behalf of applicants:

- All international medical school graduates must be certified by the Educational Commission for Foreign Medical Graduates (ECFMG). The Board must receive the applicant's ECFMG Certification Status Report and an official examination history report directly from ECFMG to verify certification and passing scores.

DRAFT

- Official examination scores are submitted to the Board by the applicable examination or certification organization.

- The Certificate of Medical Education form must be completed by each medical school attended by the applicant. To certify the form, school officials must affix their signature and the medical school seal to the form (the seal is not required if submitted through DOCS).

- Applicants must list all accredited postgraduate training programs attended in the U.S. and Canada and answer several questions related to possible issues that occurred during training. If an affirmative response to any of the questions is provided, the applicant must provide a signed and dated detailed narrative of the events and circumstances leading to the action(s) indicated on the application.

- The Certificate of Completion of ACGME/RCPSC/CFPC (Accreditation Council for Graduate Medical Education/Royal Colleges of Physicians and Surgeons of Canada/College of Family Physicians of Canada) Postgraduate Training must be submitted for each year of accredited postgraduate training completed, whether or not the entire residency was completed. If a program director provides an affirmative response to any of the questions under "Unusual Circumstances" on the form, they must provide a signed and dated written explanation and supporting documents necessary to review the issue.

- Applicants are required to provide information concerning other professional licenses, disciplinary history, malpractice history, and other matters relevant to their eligibility for licensure. The Board verifies information through available licensing and regulatory records and requests additional documentation or information when necessary.

- The applicant must respond to a question inquiring whether they are a registered sex offender. Copies of pertinent investigatory and disciplinary documents and certified copies of all orders of discipline must be provided directly to the Board by the appropriate agency. The Board queries the National Practitioner Data Bank (NPDB) which provides information on medical malpractice payments and certain adverse actions related to healthcare practitioners, providers, and suppliers. The Board also queries all applicants in the FSMB database, which provides a record of disciplinary action taken by other states or jurisdictions and any inappropriate behavior during the examination.

DRAFT

- The applicant must respond to a question asking about whether they have a current physical or mental health condition that impacts their ability to practice medicine safely. A positive answer does not automatically disqualify the applicant from licensure. The Board will make an individualized assessment of the nature, severity, and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, or conditions should be imposed on the license. If an affirmative response to the question is provided, the applicant must provide a signed and dated detailed narrative explaining the medical conditions. An applicant can answer "No" to this question if their condition does not impair their ability to practice medicine safely or if they are receiving appropriate treatment for a condition, and due to that treatment, the condition does not impair their ability to practice medicine safely.

  The Board was recognized as a Wellbeing First Champion by the Dr. Lorna Breen Heroes' Foundation and the ALL IN: Wellbeing First for Healthcare Coalition. The Board received this designation for eliminating intrusive, stigmatizing mental health questions from its licensing and renewal applications.

- **What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes?**

All applicants must obtain fingerprint criminal record checks from both the DOJ and the Federal Bureau of Investigation (FBI) prior to the issuance of a PTL or a P&S License in California.

The Board does not receive criminal history information from international entities, except for what is provided by DOJ and FBI on all applicants.

All reports of criminal history, prior disciplinary actions, or other unlawful acts are reviewed on a case-by-case basis to determine if an unrestricted license should be issued, whether conditions should be imposed, or whether the applicant is eligible for licensure.

Currently, if the Board is provided criminal history information by the DOJ, the Board will request information from the applicant on a voluntary basis. The Board will also request documentation from the appropriate criminal justice agency

DRAFT

regarding any prior arrests or convictions. The applicant may also voluntarily provide evidence of rehabilitation.

For disciplinary history, the Board conducts a comprehensive screening process to evaluate all prior disciplinary actions and malpractice history disclosed by applicants. During the application process, applicants are required to report any past disciplinary actions. The Board does not rely solely on self-reporting. To verify an applicant's history across state lines, Board staff also review the Federation of State Medical Boards (FSMB) and NPDB:

- FSMB: The Board checks the FSMB's board action data bank to see if an applicant has faced disciplinary warnings, suspensions, or revocations in any other U.S. jurisdiction.

- NPDB: The Board cross-references this federal repository, which aggregates hospital disciplinary actions, peer review reports, and medical malpractice payments nationwide.

This review is designed to protect consumers while ensuring applicants meet California's licensing standards and statutory requirements.

In the past four years, the Board has not denied any applications based upon an applicant's failure to disclose information, including criminal history. The Board does not require applicants to disclose criminal history on the application for licensure.

- **Does the board fingerprint all applicants?**

All licensure and registration applicants must be fingerprinted. Pursuant to BPC section 2082(g), if the applicant is residing outside of California, then they must submit fingerprint cards. If the applicant is residing in California, then they must visit a Live Scan Service provider. The DOJ and FBI process fingerprint submissions, which established the identity of the applicant and provides the Board the applicant's criminal conviction and arrest record in California or in any other jurisdiction within the U.S. During the application process and for the life of the license, the Board receives subsequent arrest records from the DOJ notifying the Board of any changes. Subsequent arrest reports are reviewed by the Board's Enforcement Program to determine if any action should be taken against the licensee. While the Board receives criminal history information from both DOJ and FBI during the application process, it does not receive subsequent arrest information from the FBI after licensure.

DRAFT

- **Have all current licensees been fingerprinted? If not, explain.**

All P&S and PTL licensees with a current license have been fingerprinted. As fingerprinting is a requirement for licensure, a P&S license or PTL will not be issued prior to completion of this requirement. Similarly, all physicians licensed through MPP have been fingerprinted. Under the new Licensed Physicians from Mexico Program, all participants will be required to complete fingerprinting prior to being authorized to practice medicine.

- **Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?**

The Board queries the NPDB for applicants who hold a license in another state, territory, or province, and that disclose any issue of concern on the application or during the application process. The NPDB is a confidential information clearinghouse created by Congress to improve healthcare quality, protect the public, and reduce healthcare fraud and abuse in the U.S.

The Board does not query NPDB during the licensee's renewal process. However, during the renewal process, licensees are required to answer questions on the renewal application and disclose whether they have been disciplined by a licensing authority and/or convicted of a crime since their last renewal. The Board also has mandatory reporting requirements from several sources to ensure it receives the necessary information on its licensees to protect the public.

Mandatory reports include, but are not limited to, the following:

- Reports of malpractice settlement, judgement or arbitration awards from professional liability insurers, self-insured governmental agencies, physicians and/or their attorneys, and employers.

- Subsequent arrest records from DOJ.

- The coroner's office reports the physician if the death of a patient may have been the result of a physician's gross negligence.

- A licensed healthcare facility files a report when the physician's application for staff privileges or membership is denied, or the physician's staff privileges, or employment is terminated or revoked for a medical disciplinary cause.

DRAFT

- A licensed healthcare facility files a report when restrictions are imposed or voluntarily accepted on the physician's staff privileges for a medical disciplinary cause or reason (most of which are the same as required to be reported to the NPDB), to ensure it receives the necessary information to protect the public.

  The Board is also a member of FSMB. As a member, the Board queries all applicants in the FSMB database. This database contains a record of disciplinary actions taken by other states and jurisdictions, as well as any inappropriate behavior during an examination. The FSMB also identifies licenses held in other states or jurisdictions, which are reported by other state licensing boards. If another state or jurisdiction takes action against a license, it reports this information to the FSMB. The FSMB sends an email to the Board indicating the action taken. The Board's Enforcement Program analyzes the information and determines the appropriate action.

- **Does the board require primary source documentation?**

The Board requires primary-source verification of an applicant's medical education, examination history, postgraduate training, and licensure history. All documents must be signed by an authorized entity official and affixed with the entity seal. If the seal is not available, a notarized signature may be required. Medical schools and training programs submitting documents through DOCS are not required to include the seal or notary.

- **Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.**

The Board electronically submits No Longer Interested (NLI) notifications to the DOJ on a weekly basis. A license is added to the NLI list 180 days after all licenses associated to the licensee are in canceled, retired, deceased, surrendered, or revoked status, and there are no open or pending applications associated with the licensee. The Board also has the ability to flag an applicant or licensee to add to the NLI list. Additionally, fingerprint results received by the Board that do not match to an applicant in the Board's system for 12 months or more are also added to the NLI list. There are no backlogs at this time.

DRAFT

20. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

The Board licenses physicians and surgeons who meet the requirements established under the California Medical Practice Act. A physician who graduated from a Board-approved medical school and has completed the required postgraduate training and successfully passed the required licensing examinations may apply for a P&S License.

California also has specific requirements for physicians who received postgraduate training outside of California. Board-approved postgraduate training generally consists of training accredited by the ACGME in the U.S. and its territories, or by the RCPSC and/or the CFPC in Canada. U.S. and Canadian medical school graduates must receive credit for 12 months of Board-approved postgraduate training, while international medical school graduates must receive credit for 24 months to qualify for initial licensure.

The Board grants licensure to applicants that comply with the requirements pursuant to BPC sections 2064.5 and 2065.

SB 806 requires all licenses issued January 1, 2022, or later, to provide proof of obtaining credit for 36 months of Board-approved postgraduate training to renew their license for the first time.

PTL applicants have the same licensure requirements regardless of whether they graduated from a U.S./Canadian or an international medical school. The only distinction is that graduates of international medical schools are required to submit an ECFMG Certification Status Report. Due to changes in Liaison Committee on Medical Education (LCME) accreditation standards, graduates of Canadian medical schools who graduated on or after July 1, 2025, are required to obtain ECFMG certification as part of the licensure process.

The Board queries the NPDB for applicants who hold a license in another state, territory, or province.

BPC sections 2135 and 2135.5 provide exceptions to certain minimum postgraduate training or license examination requirements for applicants who hold an unrestricted, renewed, and current license in another state for at least four years and meet other specified requirements. Board staff reviews each application to ensure it is evaluated based on the appropriate licensing pathway.

DRAFT

For applicants qualifying under this pathway, the Board waives certain medical school documentation requirements, consistent with the provisions of BPC sections 2135 and 2135.5. However, the Board does not waive documentation requirements for applicants from U.S./Canadian or international medical schools outside of this specific pathway; all required documentation must be submitted. The Board also does not waive documentation for applicants licensed in another state or country.

21. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

The Board recognizes military medical education approved by the Liaison Committee on Medical Education (LCME). Additionally, the Board recognizes postgraduate training programs conducted at military hospitals with ACGME accreditation.

- **How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?**

The Board does not separately track applicants who rely on military education, training, or experience to satisfy licensing requirements. The Board accepts all medical schools approved by the LCME and all postgraduate training approved by the ACGME, RCPSC or the CFPC, and does not differentiate between military and non-military education, training, and experience, as there are overlapping requirements.

- **How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?**

For the past four FYs, the Board has waived fees or requirements for the following number of P&S applicants:

22/23 – 99
23/24 – 124
24/25 – 96
25/26 - 122

The impact on Board revenue has been minimal.

DRAFT

- **How many applications has the board expedited pursuant to BPC § 115.5?**

For the four FYs, the Board has expedited applications for the following number of P&S applicants:

22/23 – 7
23/24 – 16
24/25 – 16
25/26 - 20

Examinations

22. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English? Are interpreters or translation services permitted?

The Board requires all applicants to pass nationally recognized examinations. Currently, the United States Medical Licensing Examination (USMLE) Step 1, Step 2 Clinical Knowledge (CK) and Step 3 are required to qualify for a P&S license. PTL applicants are required to pass USMLE Steps 1 and 2CK. Alternatively, applicants may qualify for a P&S license or PTL by passing the applicable Medical Council of Canada qualifying examination(s) required at the time the examination(s) were taken.

The National Board of Medical Examiners (NBME) and the FSMB developed the USMLE examination. Examination requirements are established in BPC sections 2176, 2177 and 2184. Applicants may satisfy the licensure examination requirement through the USMLE or other recognized examinations, including qualifying NBME, Federation Licensing Examination (FLEX), or examination combinations specified in California Code of Regulations (CCR) section 1328. State board examinations administered before June 1, 1969, are also recognized under CCR section 1328. The validity of USMLE passing scores is governed by BPC section 2184, with additional clarification provided in CCR section 1329.2.

The Board accepts the minimum passing score for each step of the required national physician and surgeon licensing examinations, as determined by NBME, USMLE, ECFMG, FSMB, and Licentiate of the Medical Council of Canada (LMCC) pursuant to CCR section 1328.1. The Board does not require a California-specific examination. International medical school graduates must meet ECFMG eligibility requirements to take the USMLE examinations and apply for the

DRAFT

examinations through FSMB. The USMLE is administered in English as applicants must demonstrate English-language proficiency to qualify.

23. What are pass rates for first time vs. retakes in the past 4 fiscal years? Please include pass rates for all examinations offered, including examinations offered in a language other than English.

The Board does not have statistics on the pass rates for the USMLE specific to California. However, the USMLE website contains the pass rates for all individuals who take the USMLE.

Table 8. National Examination.
Physician and Surgeon Examinees from US Schools

Exam Title		United States Medical Licensing Examination Step 1	United States Medical Licensing Examination Step 2 Clinical Knowledge	United States Medical Licensing Examination Step 3
FY 22/23	Number of Candidates	22,828	24,205	21,633
	Overall Pass %	93	99	98
	Overall Fail %	7	1	2
FY 23/24	Number of Candidates	23,100	23,018	21,703
	Overall Pass %	92	98	97
	Overall Fail %	8	2	3
FY 24/25	Number of Candidates	23,280	22,439	21,213
	Overall Pass %	91	98	97
	Overall Fail %	9	2	3
FY 25/26	Number of Candidates	23,028	22,249	21,589
	Overall Pass %	93	98	96
	Overall Fail %	7	2	4

DRAFT

Table 8. National Examination.
Physician and Surgeon Examinees from Non-US Schools

	Exam Title	United States Medical Licensing Examination Step 1	United States Medical Licensing Examination Step 2 Clinical Knowledge	United States Medical Licensing Examination Step 3
FY 22/23	1st Time - Number of Candidates	22,030	12,708	10,993
	Overall Pass %	74	89	91
	Overall Fail %	26	11	9
	Retakes - Number of Candidates	2,926	1,369	1,294
	Overall Pass %	45	57	64
	Overall Fail %	55	43	36
FY 23/24	1St Time - Number of Candidates	22,611	14,395	11,500
	Overall Pass %	72	88	92
	Overall Fail %	28	12	8
	Retakes - Number of Candidates	3,530	1,411	1,264
	Overall Pass %	47	60	64
	Overall Fail %	53	40	36
FY 24/25	1st Time - Number of Candidates	22,713	15,064	12,134
	Overall Pass %	73	89	89
	Overall Fail %	27	11	11
	Retakes - Number of Candidates	3,921	1,573	1,835
	Overall Pass %	52	61	64
	Overall Fail %	48	39	36
FY 25/26	1st Time - Number of Candidates	22,066	16,186	12,480
	Overall Pass %	75	90	88
	Overall Fail %	25	10	12

DRAFT

	Retakes - Number of Candidates	3,594	1,762	1,824
	Overall Pass %	54	64	63
	Overall Fail %	46	36	37

24. Is the board using computer-based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

The NBME and FSMB are responsible for all facets of the USMLE: testing content, scoring, psychometric validity, examination integrity and administration. The USMLE offers Steps 1 and 2CK of the examination as computer-based tests. The examinations are offered worldwide on an ongoing basis. USMLE Step 3 is offered only in the U.S. and is offered as computer-based and patient simulation-based testing.

25. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe. Has the board approved any amendments, or is the board considering amendments to address the hindrances presented by these statutes?

The Board is not aware of any existing statutes that hinder the efficiency or effectiveness of application and examination processing.

26. When did the board last conduct an occupational analysis that validated the requirement for a California-specific examination? When does the board plan to revisit this issue? Has the board identified any reason to update, revise, or eliminate its current California-specific examination?

The Board does not use any California-specific examination for physician licenses.

School Approvals

27. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

U.S./Canadian Medical Schools

BPC sections 2084 and 2084.5 provide the basis for U.S. and Canadian medical school approvals. Medical schools accredited by a national accrediting

DRAFT

agency approved by the Board and recognized by the United States Department of Education are deemed approved by the Board. Pursuant to BPC section 2084.5, the Board approves U.S. medical schools accredited by the LCME. As of July 1, 2025, Canadian medical schools are no longer accredited by the LCME. Accordingly, graduates of Canadian medical schools who graduate on or after July 1, 2025, must obtain ECFMG certification as part of the licensure process. This accreditation process evaluates the fiscal soundness, educational curriculum, and physical facilities of the medical school.

International Medical Schools

Effective January 1, 2020, the Board no longer conducts an independent review of international medical schools. Rather, pursuant to BPC section 2084(b), the Board recognizes an international medical school if one of the following requirements is met:

- The international medical school has been evaluated by the ECFMG or one of the ECFMG-authorized international medical school accreditation agencies and deemed to meet the minimum requirements of medical schools accredited by the LCME, the Committee on Accreditation of Canadian Medical Schools, or the Commission on Osteopathic College Accreditation.

- The foreign medical school is listed on the World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER) World Directory of Medical Schools joint directory or the World Directory of Medical Schools.

- The foreign medical school had been previously approved by the board. The prior approval shall only be valid for a maximum of seven years from the date of enactment of BPC section 2084. Effective January 1, 2027, the Board will no longer recognize international medical schools previously approved by the Board, unless they meet one of the other medical school requirements in statute.

The Board does not coordinate or consult with the BPPE in determining approved U.S./Canadian medical schools or recognized international medical schools. The BPPE is not included in any part of the Board's process for approval of medical schools, although it may be part of the process as the school obtains accreditation.

DRAFT

28. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

The Board does not currently maintain a system in which it independently approves and periodically reviews all medical schools. Effective January 1, 2020, BPC section 2084 no longer requires the Board to approve medical schools. Currently, schools accredited by a national accrediting agency approved by the Board and recognized by the United States Department of Education shall be deemed approved by the Board. The Board accepts medical schools that meet the requirements of BPC section 2084(a) at the time of application. As of September 23, 2026, the LCME list of accredited medical schools in the U.S. totals 158 allopathic medical schools. These schools are reviewed by LCME officials on a seven-year rotation; schools may be reviewed more frequently if a need is identified.

Under BPC section 2084, the Board recognizes an international medical school when it meets one of the statutory pathways established by law. These include schools that have been evaluated through the ECFMG or an ECFMG-authorized international medical school accreditation agency and determined to meet specified standards, as well as schools listed in the applicable World Directory of Medical Schools.

29. What are the board's legal requirements regarding approval of international schools?

Please refer to the response provided for question 27.

Continuing Education/Competency Requirements

30. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

Continuing Education			
Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
Physician and Surgeon	Every 2 Years	50	5%
Special Faculty Permit	Every 2 Years	50	1%

DRAFT

Pursuant to BPC section 2190, the Board adopted and administers standards for the continuing medical education (CME) of physicians. Each physician is required to complete not less than 50 hours of approved CME during each two-year period immediately preceding the expiration date of the license. One exception is permitted by 16 CCR section 1337(d), which states that any physician who takes and passes a certifying or recertifying examination administered by a recognized specialty board shall be granted credit for four consecutive years of CME credit for re-licensure purposes.

- **How does the board verify CE or other competency requirements? Has the board worked with the Department to receive primary source verification of CE completion through the Department's cloud?**

Physicians are required to certify under penalty of perjury upon renewal that they have met each of the CME requirements, that they have met the conditions which would exempt them from all or part of the requirements, or that they hold a permanent CME waiver. 16 CCR section 1338 allows the Board to audit a random sample of physicians who have reported compliance with the CME requirements. The Board requires that each physician retain records of all CME programs attended for a minimum of four years in the event of an audit by the Board.

The Board has not worked with the Department to receive primary source verification of CME completion through the Department's cloud, but the Board has contracted with the Accreditation Council for Continuing Medical Education (ACCME) to access their new data reporting system that allows medical licensing regulatory agencies to access CME documents electronically at no cost. ACCME continues to promote this free system to CME providers in California, and the Board uses the system data as part of its CME audit process.

The Board staff verify that CME documentation submitted reflects American Medical Association (AMA) Physician Recognition Award (PRA) Category 1 Credit ™ .

- **Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.**

The CME audit is performed on a monthly basis and is designed to randomly audit approximately five percent of the total number of renewing physicians per year. If selected for the audit, the licensee must submit proof of completion of acceptable CME courses or programs. Upon receipt of the requested

DRAFT

documents, the Board performs a manual review to determine compliance with the law.

- **What are consequences for failing a CE audit?**

If a physician fails the audit by either not responding or failing to meet the requirements as set forth by BPC section 2190, the physician will be allowed to renew their license one time following the audit to make up any deficient CME hours. However, the Board will not renew the license again until all of the required hours have been documented and submitted to the Board. It is considered unprofessional conduct for a physician to misrepresent their compliance with meeting the CME requirements pursuant to 16 CCR section 1338(c). In addition, the Board has the authority to issue citations to physicians who fail to comply with CME requirements.

- **How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?**

Fiscal Year	22/23	23/24	24/25	25/26
Selected for Audit	6,594	6,506	6,382	6,179
Failed Audit	298	631	1,371	423
Failed Audit Percentage	5%	10%	22%	7%

- **Who approves CE courses? What is the board's course approval policy?**

Approved CME consists of courses or programs designated by the AMA or the California Medical Association (CMA) as qualifying for Category 1 credit and relating to one of the following subjects: patient care, community health or public health, preventive medicine, quality assurance or improvement, risk management, health facility standards, the legal aspects of clinical medicine, bioethics, professional ethics, or improvement of the physician-patient relationship.

The following are approved CME courses:

- Programs accredited by the CMA, the AMA, and the ACCME that qualify for AMA PRA Category 1 Credit(s)™;
- Programs which qualify for prescribed credit from the American Academy of Family Physicians (AAFP); and

DRAFT

- Other programs offered by other organizations and institutions acceptable to the Board that meet the requirements under 16 CCR section 1337.5.

- **Who approves CE providers? If the board approves them, what is the board's application review process?**

The CMA and AMA are responsible for approving CME providers as well as designating courses as Category 1. The Board approves courses offered by other providers that meet the requirements under 16 CCR section 1337.5.

- **How many applications for CE providers and CE courses were received? How many were approved?**

The Board did not receive any applications from CME providers or courses during the last four fiscal years.

- **Does the board audit CE providers? If so, describe the board's policy and process.**

Pursuant to 16 CCR section 1337.5(b), the Board may randomly audit courses or programs submitted for credit in addition to any course or program for which a complaint is received. If an audit is made, course organizers will be asked to submit to the Board: organizer(s) facility curriculum vitae; rationale for course; course content; educational objectives; teaching methods; evidence of evaluation; and attendance records. Credit toward the required hours of CME will not be received for any courses deemed unacceptable by the Board after an audit has been made.

- **Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.**

The Board is not currently considering moving toward performance-based assessments of the licensee's continuing competence but continues to evaluate any need for statutory or regulatory changes regarding CME requirements.

Special Programs

The Board currently has four special programs that provide limited exemptions for practice as a physician and surgeon in California pursuant to BPC sections: 2111, 2112, 2113, and 16 CCR section 1327.

DRAFT

BPC section 2111 – Postgraduate medical school study by non-citizens

The dean of a California medical school, or dean or chief medical officer of an academic medical center (AMC) may sponsor an international physician to participate in a visiting fellowship at the sponsoring medical school or AMC. The Board must approve the visiting physician prior to the visiting physician starting. The visiting physician may only practice medicine under the direct supervision of the head of the department to which they are appointed. The appointment is for one year and may be renewed annually two times for a maximum of three years. The intent is for the visiting fellow to learn a new skill to be utilized upon return to his or her country. This training will not lead to licensure in California and is used frequently by the medical schools and AMCs.

A section 2111 applicant is subject to the same fingerprint requirements as an applicant for a P&S license. Section 2111 registration holders do not have CME requirements.

BPC section 2112 – Participation in fellowship program by non-citizens

A licensed physician in another country may be sponsored by a hospital in this state that is approved by the Joint Commission (JC). The Board must approve the visiting physician and the sponsoring hospital prior to the visiting physician starting. At all times, the visiting physician shall be under the direct supervision of a California licensed, board certified physician, who has a clinical teaching appointment from a medical school that is approved by the Board, and who is clearly an outstanding specialist in the field in which the international fellow is to be trained. Additional licensed physician faculty may be approved to provide training and supervision to the section 2112 registrant. The registration is approved for one year and may not be renewed more than four times. This training will not lead to licensure in California and is a less common registration type compared to the 2111.

A section 2112 applicant is subject to the same fingerprint requirements as an applicant for a P&S license. Section 2112 registration holders do not have CME requirements.

BPC section 2113 – Certificate of registration to practice incident to duties as a medical school faculty member

The dean of a California medical school may apply to the Board to sponsor an international physician who is licensed in their country for a full-time faculty

DRAFT

position. The approval is for one year and may be renewed twice. At the beginning of the third year the dean of the medical school, or dean or chief medical officer of an AMC may request renewal by submitting a licensing plan. If the plan is approved by the Board, the Board may renew the appointment two more times. A section 2113 appointment may not be active for more than five years. At the end of five years, the section 2113 registrant must be licensed in California or the appointment is terminated. The time spent as a BPC section 2113 registrant may be used in lieu of the ACGME-accredited postgraduate training required for licensure as a physician and surgeon if it is approved by the Board.

A section 2113 applicant is subject to the same fingerprint requirements as an applicant for a P&S license. Section 2113 registration holders do not have CME requirements.

16 CCR section 1327 – Criteria for approval of clinical training programs for foreign medical students

Pursuant to BPC section 2064, a medical student enrolled in an international medical school recognized by the Board may practice medicine in a clinical training program in California approved by the Board. A clinical training program shall submit a written application to the Board for such approval. 16 CCR section 1327 allows a hospital that meets all of the minimum requirements and that has been approved by the Board to provide clinical clerkships to international medical school students. This section requires the hospital to have a formal affiliation agreement with the school for the specific clerkships that will be taught in the training program.

Special Programs – 16 CCR sections 1318, 1319.1, 1319.2, and 1319.3 require the Board to notify the applicant within 10 days of receipt of an application pursuant to BPC sections 2111, 2112, and 2113, and 16 CCR section 1327. The Board is currently meeting this requirement.

Below are the statistics for these programs for the last four fiscal years.

DRAFT

Table 6. Licensee Population					
		FY 22/23	FY 23/24	FY 24/25	FY 25/26
Special Programs (Individual)	Active	132	137	137	154
	Out of State	-	3	4	0
	Out of Country	-	10	10	2
	Delinquent/Expired	7	16	33	20
	Retired Status *if applicable*	-	0	0	0
	Inactive	-	0	0	0
	Other	-	0	0	0

Table 7a. Licensing Data by Type – Special Programs (Individual) License										
					Pending Applications			Application Process Times		
		Received	Approved/Issued	Closed	Total (Close of FY)	Complete (within Board control)	Incomplete (outside Board control)	Complete Apps	Incomplete Apps	Total (Close of FY))
	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY 22/23	(License)	57	58	-	9	N/A	N/A	31	105	86
	(Renewal)	-	100	-	-	N/A	N/A	-	-	7
	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY 23/24	(License)	63	57	-	13	N/A	N/A	42	95	76
	(Renewal)	-	66	-	-	N/A	N/A	-	-	6
	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY 24/25	(License)	60	57	-	16	N/A	N/A	33	102	101
	(Renewal)	-	66	-	-	N/A	N/A	-	-	5
	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY 25/26	(License)	86	78	-	17	N/A	N/A	9	77	72
	(Renewal)	-	83	-	-	N/A	N/A	-	-	5

DRAFT

Special Faculty Permits (SFP)

The Board is authorized to issue a SFP to a person who is deemed academically eminent under the provisions of BPC section 2168. The physician must be academically eminent, which means that the individual either holds or has been offered a full-time appointment at the level of full professor in a tenure track position, or is clearly outstanding in a specific field of medicine or surgery and offered a full-time academic appointment at the level of full professor or associate professor and a great need exists to fill that position. This SFP authorizes the holder to practice medicine only within the facilities of the applicable medical school and any formally-affiliated institutions, or in the applicable academic medical center (AMC) and any affiliated institution.

All applicants for an SFP are subject to the same fingerprint requirement as an applicant for a P&S license.

Current law establishes the Special Faculty Permit Review Committee (SFPRC), to review SFP applications and make recommendations to the full Board for approval. The review committee consists of one representative from each of the twelve medical schools in California, two Board members (one physician member and one public member), and one individual selected pursuant to BPC section 2168.1(c)(3) to represent AMCs, for a total of fifteen members.

California currently has twelve allopathic medical schools and one academic medical center that are eligible to submit applications for an SFP:

- Kaiser Permanente Bernard J. Tyson School of Medicine
- Loma Linda University
- Stanford University
- University of California – Davis
- University of California – Irvine
- University of California – Los Angeles
- University of California – San Diego
- University of California – San Francisco
- University of Southern California
- University of California – Riverside
- California Northstate University College of Medicine
- California University of Science and Medicine
- Cedars-Sinai Medical Center

The SFP must be renewed every two years. At the time of the SFP holder's renewal, the SFP holder must have the dean sign the following certification: "I

DRAFT

certify under penalty of perjury under the laws of the State of California that this permit holder continues to meet the eligibility criteria set forth in section 2168, is still employed solely at the sponsoring institution, continues to possess a current medical license in another state or country, and is not subject to permit denial under section 480 of the Business and Professions Code."

The SFP holder is required to comply with the same CME requirements as licensed physicians and surgeons. SFP holders are also subject to the Board's continuing medical education audit process and must demonstrate compliance with CME requirements when selected for audit. In addition to the requirements set forth above, an SFP shall be renewed in the same manner as a P&S License.

Pursuant to BPC section 2168.4 and 16 CCR section 1315.02, the dean is required to report to the Board within 30 days that an SFP holder no longer meets the requirements to hold an SFP. Upon receipt of notification that an SFP holder no longer meets the requirements for an SFP, the Board will cancel the SFP.

The public can search the Board's website to verify an SFP holder's current status and public record. The complaint process is the same for an SFP holder as it is for any complaint the Board receives for a licensed physician and surgeon.

The Board is notified of any arrests and/or convictions of an SFP holder by the DOJ. An SFP may be denied, suspended, or revoked for any violation that would be grounds for denial, suspension, or revocation of a P&S license. To date, the Board has not formally disciplined any SFP holder.

16 CCR section 1319.5 requires that the Board shall, within 60 working days of receipt of an application pursuant to BPC section 2168, inform the applicant in writing whether the application is complete or is deficient. The Board is currently meeting this requirement.

DRAFT

Table 6. Licensee Population					
		FY 22/23	FY 23/24	FY 24/25	FY 25/26
Special Faculty Permit	Active	26	27	24	29
	Out of State	-	0	0	0
	Out of Country	-	0	0	0
	Delinquent/Expired	6	6	8	10
	Retired Status *if applicable*	-	0	0	0
	Inactive	-	0	0	0
	Other	-	0	0	0

Table 7a. Licensing Data by Type – Special Faculty Permit

					Pending Applications			Application Process Times		
		Received	Approved/Issued	Closed	Total (Close of FY)	Complete (within Board control)	Incomplete (outside Board control)	Complete Apps	Incomplete Apps	Total (Close of FY))
FY 22/23	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	1	3	-	1	N/A	N/A	0	229	229
	(Renewal)	-	13	-	-	N/A	N/A	-	-	5
FY 23/24	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	2	2	-	0	N/A	N/A	0	171	171
	(Renewal)	-	10	-	-	N/A	N/A	-	-	31
FY 24/25	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	5	1	-	3	N/A	N/A	0	303	303
	(Renewal)	-	11	-	-	N/A	N/A	-	-	23
FY 25/26	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	10	7	-	6	N/A	N/A	0	147	147
	(Renewal)	-	10	-	-	N/A	N/A	-	-	4

DRAFT

Table 7b. License Denial				
	FY 22/23	FY 23/24	FY 24/25	FY 25/26
License Applications Denied (no hearing requested)	0	3	0	0
SOIs Filed	1	5	4	2
Average Days to File SOI (from request for hearing to SOI filed)	183	216	42	122
SOIs Declined	0	0	0	0
SOIs Withdrawn	0	2	3	0
SOIs Dismissed (license granted)	0	0	0	0
SOIs Denied (license granted)	1	1	1	0
License Issued with Probation / Probationary License Issued	17	10	11	19
License Issued with Public Letter of Reprimand	5	13	14	11
Average Days to Complete (from SOI filing to outcome)	301	273	238	456

Fictitious Name Permits

The Board issues fictitious name permits (FNP) that allow physicians to practice medicine under a name other than their own name, e.g., XYZ Medical Group. BPC section 2285 states: "The use of any fictitious, false, or assumed name, or any name other than his or her own by a licensee either alone, in conjunction with a partnership or group, or as the name of a professional corporation, in any public communication, advertisement, sign, or announcement of his or her practice without a fictitious name permit obtained pursuant to section 2415 constitutes unprofessional conduct."

Performance Targets/Expectations

16 CCR section 1350.2 requires that the Board shall, within a reasonable time after an application has been filed, issue an FNP or refuse to approve the application and notify the applicant of the reasons therefor. The Board has set an internal expectation that all applications received for FNPs be reviewed within 30 days. The Board is currently meeting this expectation and is reviewing applications within 20 days.

DRAFT

Table 6. Licensee Population					
		FY 22/23	FY 23/24	FY 24/25	FY 25/26
Fictitious Name Permit	Active	13,444	13,547	13,935	14,391
	Out of State	-	20	63	101
	Out of Country	-	0	0	0
	Delinquent/Expired	5,052	5,375	5,484	5,743
	Retired Status *if applicable*	N/A	0	0	0
	Inactive	N/A	0	0	0
	Other	N/A	0	0	0

Table 7a. Licensing Data by Type – Fictitious Name Permit										
	App Type	Received	Approved/ Issued	Closed	Pending Applications			Cycle Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 22/23	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	1,821	1,732	-	398	N/A	N/A	19	67	34
	(Renewal)	-	5,414	-	-	N/A	N/A	-	-	12
FY 23/24	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	1,875	1,714	-	428	N/A	N/A	16	61	26
	(Renewal)	-	5,280	-	-	N/A	N/A	-	-	16
	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY 24/25	(License)	2,154	2,028	-	429	N/A	N/A	15	65	29
	(Renewal)	-	5,352	-	-	N/A	N/A	-	-	25

DRAFT

FY 25/26	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	2,366	2,269	-	334	N/A	N/A	17	60	26
	(Renewal)	-	5,421	-	-	N/A	N/A	-	-	17
* Optional. List if tracked by the board.										

Medical Assistants

The Board does not license or register medical assistants. However, the Board does approve organizations that certify medical assistants and answers scope of practice questions to the public. Title 16 CCR section 1366.33 requires that within 60 working days of receipt of an application for an approval as a certifying organization, the Board shall inform the applicant in writing whether it is complete and accepted for filing or it is deficient and what specific information or documentation is required to complete the application. There are currently four approved certifying organizations. The Board has set an internal expectation that new applications are to be reviewed within 60 calendar days. The Board continues to maintain this expectation for any new certifying organization applications.

16 CCR section 1366.31 outlines the requirements for applying as an approved certifying organization. The applicant must provide information sufficient to establish that the certifying organization meets the standards set forth in regulation. Upon receipt of an application for approval, the Board establishes a team to review the application and supporting documentation. The team consists of licensing staff, legal counsel and a medical consultant, if necessary. All requirements set forth in law have to be documented by the certifying agency. Upon completion, the application is presented to the full Board for review and possible approval. The Board last approved an application for a certifying organization in May 2015.

Outpatient Surgery Setting Accreditation

Existing law specifies that on or after July 1, 1996, no physician shall perform procedures in an outpatient setting using anesthesia, except for local anesthesia or peripheral nerve blocks, when the doses used have the probability of placing a patient at risk for losing life-preserving protective reflexes, unless the setting is specified in Health and Safety Code (HSC) section 1248.1.

DRAFT

As outlined in HSC section 1248.1, certain outpatient surgery settings (OSS) are excluded from the accreditation requirement, such as ambulatory surgical centers certified to participate in the Medicare program under Title 18, health facilities licensed as general acute care hospitals, federally operated clinics, facilities on recognized tribal reservations, and facilities used by dentists or physicians in compliance with Article 2.7 or Article 2.8 of Chapter 4 of Division 2 of the BPC.

Pursuant to Health and Safety Codes, the Board has adopted standards for accreditation and approval of accreditation agencies that perform the accreditation of outpatient settings, ensuring that the certification program shall include standards for multiple aspects of the settings' operations. The Board has approved the following accreditation agencies as they have met the requirements and standards set forth by the HSC:

- American Association for Accreditation of Ambulatory Surgery Facilities Inc. (Quad A) - accredited July 1, 1996
- Accreditation Association for Ambulatory Health Care (AAAHC) - accredited July 1, 1996
- The Joint Commission (JC) accredited - July 1, 1996
- Accreditation Commission for Health Care, Inc. (ACHC) - accredited July 19, 2013

The American Osteopathic Association/Healthcare Facilities Accreditation Program (HFAP) merged with ACHC in October 2020, with ACHC being the primary accreditation agency. All OSS entities under HFAP merged under ACHC oversight.

Current law provides that any outpatient setting may apply to any one of the accreditation agencies for a certificate of accreditation. Accreditation shall be issued by the accreditation agency solely on the basis of compliance with its standards as approved by the Board under Chapter 1.3 of the HSC.

The Board posts OSS information submitted by the accreditation agencies on its website. The information on the website includes whether the OSS is accredited or whether the setting's accreditation has been revoked, suspended, or placed on probation, or if the setting has received a reprimand by the accreditation agency. The website data also includes the following:

- Name, address, medical license number, and telephone number of any owners;
- Name and address of the facility;

DRAFT

- Name of the accreditation agency; and
- Effective and expiration dates of the accreditation.

The approved accrediting agencies are required to notify and update the Board on all outpatient settings that are accredited, or if the accreditation is denied, suspended or revoked. If the Board receives a complaint regarding an accredited OSS, the complaint is referred to the accrediting agency for inspection. Once the inspection report is received, the Board reviews the findings to determine if any deficiencies were identified in categories that relate to patient safety. The Board's Enforcement Program will review any patient safety deficiencies and if necessary, refer the matter for formal investigation. Inspection reports are required to be provided to the Board and posted on the website for public viewing. The lists of deficiencies, plans of correction or requirements for improvements and correction, and corrective action completed are also available to the public.

Accreditation agencies must renew every three years, at which time the Board reviews the agency's policies and procedures to ensure compliance with laws and statutes. If the Board finds any deficiencies, the agency is allowed time for correction before the renewal is approved.

BPC sections 2216.3 and 2216.4 require an accredited outpatient surgery setting to report adverse events, as defined in HSC section 1279.1, to the Board no later than five days after the adverse event has been detected, or, if that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, no later than 24 hours after the adverse event has been detected.

DRAFT