This is the last of three articles dealing with the licensing of medically impaired drivers in California.

The ultimate objective of all Department of Motor Vehicles (DMV) policies and practices relating to the licensing of medically impaired drivers is to assure the safety of the individual applicant/licensee and other persons using the highways.

The specific objectives of DMV are (a) to determine the existence, nature and extent of physical or mental (P&M) defects or deficiencies, (b) to apply the appropriate restrictions or conditions of probation in cases where such defects or deficiencies do not seem to preclude safe driving, and (c) to refuse or withdraw the driving privilege of medically impaired individuals who are unqualified to engage in the safe operation of a motor vehicle.

DMV stresses in all policies and practices involving these P & M matters that the individual merits of a case determines whether or not an applicant/licensee is eligible to be licensed.

There are numerous sources of identification of P & M cases. Two of the most common of these are medical reports and license applications (original and renewal).

Medical reports in general come either from the State Department of Health Services or from physicians directly. In the latter referral the physician should obtain signed authorization for release of medical information from his or her patient directed jointly to the DMV and to his/her office. Other sources of initial referral include law enforcement agencies, accident reports, hospital and court records.

The Department of Motor Vehicles is required by Section 1808.5 of the Vehicle Code to classify medical information as confidential and therefore it is not open to public inspection. However, confidential information will be shown to the subject and to his or her attorney or authorized representative upon written request or when the confidential information is used as grounds for a possible action against the driving privilege.

In practice, the DMV has several statutory processes available to arrive at a proper determination of the P & M case. They are; (a) Investigation (b) Reexamination and (c) Hearing.

The investigation process may involve personal contact or correspondence with the individual. This process is to determine whether a person is or is not likely to be a driving hazard.

The reexamination process requires a personal contact with the individual so that the subjective history and additional information may be elicited from the physician using signed authorizations for release of the medical history.

Whenever it is determined that a definite cause for action must be considered the individual is given an opportunity to be heard at the hearing process.

The hearing process includes the sending of a notice of the hearing ground (physical disability, lapses of consciousness, etc.), of types of proposed actions (probation, indefinite suspension and revocation) and of an opportunity to be heard as to the truth of the grounds for the hearing. The conduct of a hearing (formal or informal) is set forth in the California Vehicle Code and in the Government Code. The adherence to constitutional rights of the individual is protected in the hearing process by giving full recognition to due process of the law. This means the individual is entitled (a) to be represented by an attorney, (b) to subpoena witnesses, (c) to discover the type and nature of evidence available, (d) to examine and cross-examine witnesses, (e) to produce orally or in writing evidence in his or her behalf, etc.

Upon conclusion of the hearing process all evidence oral and written, are considered in determining the type and degree of action warranted. The actions possible are; (a) Probation—the driving privilege is not withdrawn but specific terms and conditions of probation apply such as the probationer and his/her doctor reporting to DMV any adverse changes in the P & M condition. (b) Indefinite Suspension—the entire driving privilege is withdrawn until such time as the P & M condition is either under medical control or the cause has been medically eliminated. This action anticipates an early favorable prognosis of control or elimination of the cause. (c) Revocation—the entire driving privilege is withdrawn for an indefinite time. This action is based upon information that the P & M condition is impossible or difficult to control and the prognosis is unfavorable.

The DMV makes every effort to resolve the question of driver eligibility as early as possible. The physicians timely response to a DMV authorized inquiry will assist the individual and the department in this regard.
the 242 physicians selected for audit have completed well in
Laguna Beach, 2J61(e), (f), 490, 236(lf), (j), 2580, 700, 2192, 2141,
241, 2399.5 B&P Code 2J61(b), (d), (e) B&P Code
Sample of physicians is selected for audit to determine that
entitled "Tax Estate and Financial Planning." Although the
education program, the Division of Licensing had revised its
certification is being made every other year at the time the
surgery, psychiatry, cardiology, OB-GYN, and pediatrics.
are no longer required to report their CME courses and
revised regulations to simplify the reporting procedure. Physicians
are no longer required to report their CME courses and
licensing are therefore urged to maintain
accurate records of the CME they have completed, and are
unable to document all of the CME they have taken. Physician
licensors are therefore urged to maintain a record of all
Category I/prescribed credit CME completed for a period of
at least four years. The Division of Licensing suggests that
when a Category I/prescribed credit course is attended, the
participants request the sponsor/provider of the course
provide written documentation to all attendees of the course
in the form of a letter, certificate, computer printout, etc.,
that may be retained by the individual physician. In cases
where no documentation is routinely given, such as hospital
conferences, the physician should (1) be sure to sign all
attendance records, and (2) maintain his/her own records of
the date and place of attendance for future verification in the
event of an audit by BMQA. Such records are routinely
retained by hospitals in their medical education or medical
staff offices.

Although the Division of Licensing routinely accepts any
continuing medical education program or course which
qualifies for formal Category I credit from the California
Medical Association or the American Medical Association
and courses which qualify for prescribed credit by the
American Academy of Family Physicians, there are some
exceptions. For example, the Division of Licensing recently
rejected credit for a course scheduled in a neighboring state
entitled “Tax Estate and Financial Planning.” Although the
sponsor of the course was accredited by the American
Medical Association to grant Category I credit for programs

CONTINUING MEDICAL EDUCATION
RELicENSURE REQUIREMENTS
STATUS REPORT

In the January 1979 issue of Action Report, BMQA
advised all physician licensees of a change in CME reporting
requirements. At that time BMQA indicated that after two
years of experience in administering its continuing medical
education program, the Division of Licensing had revised its
regulations to simplify the reporting procedure. Physicians
are no longer required to report their CME courses and
hours to BMQA directly but may certify by signature that
they have met the Division's requirement of an average of 25
hours of approved continuing education per year. This
certification is being made every other year at the time the
physician renews his/her license. Each year a random
sample of physicians is selected for audit to determine that
they have, in fact, met the minimum requirements.

The first audit of randomly selected physicians is being
completed as of this writing, and it appears that almost all the
242 physicians selected for audit have completed well in
excess of the required average of 25 hours per year
commencing with January 1, 1977. The highest percentage
of CME courses taken were in the areas of internal medicine,
surgery, psychiatry, cardiology, OB-GYN, and pediatrics.

Unfortunately, some physicians have failed to maintain
accurate records of the CME they have completed, and are
unable to document all the CME they have taken. Physician
licensors are therefore urged to maintain a record of all
Category I/prescribed credit CME completed for a period of
at least four years. The Division of Licensing suggests that
when a Category I/prescribed credit course is attended, the
participants request the sponsor/provider of the course
provide written documentation to all attendees of the course
in the form of a letter, certificate, computer printout, etc.,
that may be retained by the individual physician. In cases
where no documentation is routinely given, such as hospital
conferences, the physician should (1) be sure to sign all
attendance records, and (2) maintain his/her own records of
the date and place of attendance for future verification in the
event of an audit by BMQA. Such records are routinely
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Although the Division of Licensing routinely accepts any
continuing medical education program or course which
qualifies for formal Category I credit from the California
Medical Association or the American Medical Association
and courses which qualify for prescribed credit by the
American Academy of Family Physicians, there are some
exceptions. For example, the Division of Licensing recently
rejected credit for a course scheduled in a neighboring state
entitled “Tax Estate and Financial Planning.” Although the
sponsor of the course was accredited by the American
Medical Association to grant Category I credit for programs
the sponsor/provider deemed meritorious, the course
clearly did not relate to continuing medical education, and
the Division of Licensing advised the sponsor and the AMA
that such programs would not be acceptable for relicensure
credit in California and that registrants of the course should
be so notified. Although physicians are free to attend any
CME programs they desire, if a physician is selected for
audit, relicensure credit will not be granted for courses that
do not relate directly to patient care, community health, or
public health.

Since the California Medical Association and the
California Academy of Family Physicians utilize recognized
CME audit procedures, physicians who report their CME
hours to those organizations will not be required to provide
further documentation to the Division of Licensing if
audited. Physicians who certify that they have completed
the average of 25 hours per year but do not report CME to
those organizations will have to provide documentation for
hours claimed directly to BMQA. In cases where licensees
report their hours to the CMA or the CAFP, the Division of
Licensing will contact those organizations for verification of
hours in the event of an audit.

Any physician who is selected for audit and cannot
document 100 hours (25-hour-average per year) for the four
year relicensure period may not be eligible to renew his/her
license. Additionally, any physician who certifies that he/she has maintained the 25-hour yearly average when that is not the case, may be subject to disciplinary action since such false reporting constitutes unprofessional conduct.

The initial audit reveals that, with few exceptions,
California physicians are completing well in excess of the
number of hours necessary for relicensure renewal, are
accurately reporting their CME compliance, and are
completing responsible CME programs directed at
improving the level of medical care in California.

There are a number of retired physicians who have elected
to retain their licenses for a variety of reasons. Recently
established regulations by the Division of Licensing afford
the opportunity for fully retired physicians to maintain their
California licenses with some restrictions, and be exempt
from continuing education requirements.

Physicians interested in obtaining more information
about this exemption or receiving detailed information
about the continuing education requirements should write or call.

Division of Licensing—CME Unit
Board of Medical Quality Assurance
1430 Howe Avenue
Sacramento, CA 95825
(916) 920-6353
DISCIPLINARY ACTIONS APRIL 1, 1979-JUNE 30, 1979


Armstrong, Lawrence, M.D. (A-10676)—Atherton 2361(b), (d) & P Code Gross negligence and incompetence in neurosurgery, resulting in patient's death. Revoked, stayed, 5 years probation with terms and conditions, 30 days actual suspension. April 22, 1979

Ahlstrom, Howard B., M.D. (A-27291)—Los Alamitos 2361(b), (d) & P Code Federal conviction in New York for Medicaid fraud. surrender of license. 10 years probation. must pass OB-GYN exam before resuming practice. May 18, 1979

Brown, George D., M.D. (C-6216)—Auburn 2361.5, 2361.5(b), 2391, 2391.5, 2391(b), (c), (d) Stipulated Decision. Violations of drug statutes. Prescribing narcotics or dangerous drugs to addicts or habitues; clearly excessive prescribing, and gross negligence and incompetence. Revoked, stayed, 10 years probation, suspended 30 days, other terms and conditions. April 1, 1979


Bailey, Nicholas E., M.D. (A-9376)—Los Gatos 2361.5, 7001, 2391, 2391.5, 2391(b), (c), (d) Stipulated Decision. Violations of drug statutes. Failure to report an addict; failure to keep records of Schedule II drug transactions. Prescribed controlled drugs to addicts; excessive prescribing. Revoked, stayed, 5 years probation with terms and conditions. June 6, 1979

Brown, George D., M.D. (C-6216)—Auburn 2361.5, 490, 2391, 2391.5, 4222 B&P Code Middlemear conviction for violations of drug statutes. Failure to report an addict; failure to keep records of Schedule II drug transactions. Prescribed controlled drugs to addicts; excessive prescribing. Revoked, stayed, 5 years probation with terms and conditions. April 11, 1979

Brownd, Richard G., M.D. (G-31555)—Los Angeles 2399.5, 2391.5 B&P Code Stipulated Decision. Prescribed dangerous drugs without a good faith prior examination and medical indication therefor to persons not under his treatment for a pathology or condition in violation of State statutes. prescribing. Dalmame for himself. Revoked, stayed, 5 years probation with terms and conditions. June 32, 1979

Campbell, Vernon W. H., M.D. (C-26069)—San Diego 2411, 2361(c) & P Code Stipulated Decision. Knowingly made false medical statements in "Sick Leave Benefit Applications" for school teachers. Revoked, stayed, 2 years probation. May 18, 1979

Carriere, Eugene W., M.D. (A-11554)—Carmichael 2391, 2391.5, 2399.5, 2391.5a1, (h), (d), 700, 2384 & P Code, 11153, 11156, 11190 & P Code Stipulated Decision. Felony conviction for violation of drug statute. Prosecuted large amounts of controlled drugs to various addicts; excessive prescribing; prescribing without prior examination and medical indication; gross negligence. Revoked, stayed, 10 years probation, one year actual suspension. May 17, 1979

Chapman, Carl F., M.D. (G-9649)—Aptos 2361(b), (d), 2384, 2399, 2411, 2345, 2361(a) & P Code Conviction in municipal court for obtaining Demerol by deceit. Anesthesiologist systematically diverted for self use portions of Demerol intended for hospital patients, Inoculated while attending patients. Revoked, pass oral clinical exam, then stayed, 10 years probation with terms and conditions. April 26, 1979

Chester, Herbert Oscar, M.D. (G-24722)—Santa Ana 2390, 2391.5. B&P Code, 11170, 11173(a) H&S Code Self-administration of Demerol and Quaalude. Revoked, stayed, 5 years probation with terms and conditions. April 2, 1979

Collen, Ralph F., M.D. (G-11909)—Houston, Texas (formerly, Enrino, Calif.) 2360, 2361, 2316.5 B&P Code Indiscriminate and overuse of laboratory tests not based on reasonable diagnostic probabilities. One year suspension, stayed, 5 years probation. May 1, 1979

Donner, James Steven, M.D. (G-3938)—Culver City 2399.5 B&P Code Stipulated Decision. Prescribed controlled drugs without prior examination and medical indication therefor. Revoked, stayed, 5 years probation with terms and conditions. June 25, 1979


Gori, Gordon S., M.D. (A-23054)—Los Angeles 2361(a), 2411, 2399 B&P Code Aided an unlicensed person in the practice of medicine, furnished dangerous drugs to a person without a prior examination. Revoked, stayed, 5 years probation with conditions. June 25, 1979


Griego, James Louis, M.D. (G-7402)—Ilopa 2390, 2391.5 B&P Code Stipulated Decision. Diverted unlawfully Demerol for his own use from his office supply and issued false prescriptions in violation of State statutes. Revoked, stayed, 5 years probation with terms and conditions. June 8, 1979

Griffithy, Richard E., M.D. (C-21398)—Fort Bragg 2399.5, 2391.5 B&P Code Prescribed dangerous drugs without a good faith prior examination and medical indication therefor to persons not under his treatment for a pathology or condition. Revoked. June 25, 1979


Krieger, Dwight D., M.D. (A-7097)—N. Hollywood 2361(e), 2361(a), 2411, 2411 B&P Code Submitting false claims of personally rendered services to Medi-Cal and representing self as a licensed Physician and Surgeon when license had lapsed and was not valid. Revoked, stayed, 3 years probation with terms and conditions. April 22, 1979

Mills, Richard G., M.D. (C-1973)—Fort Benning, Ga. (Formerly, Monterey, Calif.) 2384 B&P Code Conviction in municipal court for violation of drug statutes. Prescribed controlled drugs to a person not under his treatment for a pathology. Prescribed controlled drugs to a person representing herself as an addict or habitual user. Revoked, stayed, 10 years probation with terms and conditions. April 16, 1979

Morgan, Glenn L., Jr., M.D. (A-15879)—Redding 2361(b), 2391.5 B&P Code, 11170, 11173(a)(1), (b), 11173, 11190 & H&S Code Issued false prescriptions to obtain Percobar for his wife. Failed to maintain accurate records of controlled drugs. One year suspension, stayed, 5 years probation, 30 days actual suspension. May 18, 1979

Morgenroth, Alton, M.D. (G-1720)—Marina del Rey 2392, 2399.5 B&P Code Aided and abetted the unlicensed practice of medicine, furnished dangerous drugs to a person without a prior examination. Revoked, stayed, 5 years probation with conditions. June 25, 1979

O'Neill, Richard C., M.D. (C-25400)—Downey Section 2147 impairment. Stipulated settlement. Proceedings suspended on certain terms and conditions. April 3, 1979

Qualls, Ronald R., M.D. (A-10730)—Alhambra 2361(c), 2411 B&P Code Knowingly issued false medical releases with false information to accommodate individuals returning to work. Revoked, stayed, 5 years probation with conditions. June 25, 1979

Randolph, H. L., M.D. (C-6885)—Ontario 2399.5, 2361.5 B&P Code Stipulated Decision. Prescribed dangerous drugs without a good faith prior examination and medical indication therefor in excessive amounts. Revoked, stayed, 7 years probation, actual 180 day suspension, other terms and conditions. May 24, 1979

Shapiro, William G., M.D. (C-30202)—Mission Hills 2361(b) & P Code Gross negligence. Using experimental loop technique to repair fractured jaws without obtaining written informed consent from patients. Performed unnecessary facial surgery. Performed elective cosmetic surgery in the presence of an open wound. Revoked, stayed, 10 years probation with terms and conditions. April 16, 1979
THE PHYSICIAN AND CHILD ABUSE

Chapter 958 of California Statutes of 1977 mandates physicians to report cases of suspected child abuse. The reports must be made by telephone and in writing to the local police authority and the juvenile probation department. As an alternative, the verbal and written reports may be submitted to either the county welfare department or the county health department.

The physician is protected against civil or criminal liability resulting from such reports unless it can be proven that a false report was made and the physician knew or should have known that the report was false. A person found guilty of violating this section of the law is punishable by a fine not exceeding $500 or by imprisonment in the county jail of not more than six months or both.

In an attempt to promote greater awareness of the dynamics of child abuse and to provide assistance to physicians in identifying possible child abuse cases, the State Office of Child Abuse Prevention will be working with the State Board of Medical Quality Assurance and the CMA to get category one credit for child abuse courses that will be accepted as part of the physician's continuing education requirements.

If there are any questions contact the Board of Medical Quality Assurance (916) 920-6363 or the State Office of Child Abuse Prevention at (916) 322-6333.

NEW APPOINTMENTS

Two new appointments to the Medical Quality Review Committee were announced recently. Carlos B. Manlapaz, D.D.S., District 11 (Los Angeles) and Robert Ponce, D.C., also District 11. Both appointments are effective September, 1979.

EXCESSIVE PRESCRIBING OF DRUGS

Due to financial constraints, AB 1250, a bill authored by Assembly Speaker McCarthy, has been delayed by the Assembly Ways and Means Committee until after January 1, 1980. This legislation would amend the Health and Safety Code (Section 11164) so as to require triplicate prescriptions for all of Schedule II class controlled substances (narcotic as well as non-narcotic drugs). Under present law, triplicate prescriptions are only required for Schedule II narcotic drugs. The non-narcotic drugs in Schedule II, though possessing relatively limited medical indications, have the potential for the most abuse for any class of the scheduled controlled substances.

Other states have attempted to address this problem with legislative measures that effectively restrict the physician's freedom to practice medicine. This legislation does not interfere in any way with the prescribing privileges of well qualified and ethical physicians who prescribe these drugs sparingly and for accepted medical indications.

The intent of this legislation is to provide a mechanism to deter the abusive prescribing of these drugs by a minority of physicians, as well as to deter the illicit diversion of this class of drugs.

NEW FORMS FOR WALLET CERTIFICATES

All of the boards and bureaus under the Department of Consumer Affairs will be phasing in the use of standardized wallet certificates. This change was effective in August for physicians licensed by the Board of Medical Quality Assurance. The new wallet certificates contain the same basic information as in the past and differ only in format and color.

A wallet certificate is issued for two purposes. It provides the licensee with a receipt showing payment of license fees and an identification card indicating a clear license status. It also provides a handy reference for license and reference numbers.