IMPLEMENTATION OF CPR REQUIREMENTS DELAYED FOR ONE YEAR

The Division of Licensing met on January 22, 1981 and voted to delay the implementation of the cardiopulmonary resuscitation (CPR) relicensure requirements until January 1, 1982. This one year moratorium was granted in response to a proposal which was submitted by the California Society of Anesthesiologists.

Initially, the regulations adopted by the Division required that as a condition of relicensure, all physicians possess a current and valid CPR certificate from the American Red Cross or the American Heart Association. Some sectors of the medical community suggested that in addition to the ARC and AHA programs, the Division accept flexible programs which meet the needs of the medical community and which are specifically designed for physicians. The California Society of Anesthesiologists' proposal appears to meet this need by functioning as a statewide accrediting body for approving physician-oriented CPR programs.

In order to permit CSA time to implement the proposed program, the Division has agreed to delay the implementation of the CPR relicensure requirement one year. As a practical matter, this means that all physicians who renew their licenses prior to January 1, 1982 need not be concerned with the inquiry on the reverse side of the renewal card which requires the licensee to certify that he/she possesses a current and valid CPR card issued by the American Heart Association or the American Red Cross. This certification statement will apply only to whether or not the licensees have completed and can document completion of an average of 25 hours of approved continuing medical education for the past four years.

Commencing January 1, 1982, the self-certification statement will apply only to whether or not the licensees have completed and can document completion of an average of 25 hours of approved continuing medical education for the past four years.

CONTINUING MEDICAL EDUCATION REPORTING AT NO ADDITIONAL COST

Physicians are reminded that continuing medical education reporting requirements may be satisfied at no additional cost by simply retaining CME records for four years and certifying by signature on the license renewal application.

Despite articles in the BMQA Action Report and the Division of Licensing CME brochure which was disseminated to all licensees, many physicians are under the erroneous impression that they are required to report their hours to California Medical Association (C.M.A.). This notion was recently reinforced by notices from C.M.A. encouraging non-members to submit their hours to them.

To avoid payment of $20 per year to C.M.A., non-member physicians are encouraged to consider the option of retaining CME records for four years and to produce them in the event of an audit by the Board. This option continues the present requirement that all physicians certify by signature on the license renewal application that they have met CME reporting requirements.

Questions regarding the CME program may be directed to Ms. Patricia Griffin, Board of Medical Quality Assurance, 1430 Howe Avenue, Sacramento, CA 95825, (916) 920-6353.

SUPPLEMENTAL LICENSING EXAMINATION

In recent years, the California State Legislature determined that physicians in this State were not adequately trained in certain subject areas. As a result, legislation was passed requiring the addition of such areas as human sexuality, nutrition, geriatric medicine and child abuse detection and treatment to the list of required subject areas.

After considerable study, the Board decided the most appropriate method to ensure adequate instruction in these new subjects was to examine the applicants in the subjects. Therefore, attempts were made to have these new topics incorporated into existing examinations. In 1978 and again in 1980, the Board attempted to obtain the support of the Federation of State Medical Boards to revise their examination (FLEX) to include these additional subject areas. These efforts proved unsuccessful. Consequently, in early 1980, the Board decided to proceed with the development of a supplemental licensing examination.
Additionally, the Board decided that it would be appropriate to examine in other areas of importance including medical jurisprudence, medical ethics, alcoholism and drug abuse and medical economics.

In late 1980, a contract was awarded for development of CLEX to CTB/McGraw Hill. The contract specifies that the examination is to be developed and field tested by mid-1981 with the first formal administration in January, 1982.

CLEX will be required of all applicants for physician licensure. National Board diplomats will typically take the examination during or after their first year of postgraduate training. Foreign medical graduates would take the CLEX in conjunction with the FLEX. Since the examination will be given approximately six times each year, all applicants will have ample opportunity to be examined.

The CLEX will cover all of the subjects identified previously but is not expected to be a difficult examination since all applicants will be provided a bibliography identifying specific sources prior to the examination. The examination itself will be on a pass/fail basis. It will not be necessary to achieve a passing score for each of the topics as only a total passing score for the entire exam will be necessary. The examination will require approximately four hours.

Applicants who are unsuccessful in passing the examination may retake repeat examinations without limit. However, each examination will require a fee of approximately $50.00.

CTB/McGraw Hill has employed medical experts in each of the eight subject areas who are involved in the job analysis phase. These individuals have responsibility for developing content outlines and identifying key sources upon which the content outlines are based. In addition, there are eight Approval Committees composed of five to eight specialists in the subject areas identified previously. The Approval Committees' function is to review all of the items developed by the contractor.

The items which have been accepted by the Approval Committees will be utilized for a field test administration to approximately 1,000 examinees in June, 1981. The examinees will be volunteers who are applicants for FLEX and students enrolled in California medical schools.

The contractor’s progress has been satisfactory and coordination between the contractor and the Board has been assured by a committee of the Division of Licensing working closely with the project director of CTB/McGraw Hill.

Questions regarding this examination should be directed to Richard DeWalt, (916) 920-6353.

PHYSICIANS CAUGHT IN A SQUEEZE

Charges of long-term care facilities using physicians for retaliation against complaining patients were recently brought to the attention of the Board by the Licensing staff of the Department of Health Services.

In one case a staff physician at an acute hospital reported that there was no medical necessity for the transfer of two patients from a skilled nursing facility. The two patients had complained to the nursing facility about the facility’s poor services. On the following day, the complaining patients were transferred by their attending physicians to the acute facility.

In this instance, it was not finally determined whether the attending physicians were acting on their own professional judgment in the transfer of their patients to the hospital, or whether they were responding to the wishes of the nursing facility to be rid of their troublesome patients.

The skilled nursing facility itself is prohibited from expelling patients or from any other discriminatory treatment. In fact, any such action within 120 days of the filing of a complaint, according to Section 1432 of the Health and Safety Code, "...shall raise a rebuttable presumption that such action was taken by the (facility) in retaliation for the filing of the complaint".

It is the concern of State Licensing authorities that this strong sanction against retaliatory activity by skilled nursing facilities may occasionally result in facilities pressuring physicians to transfer complaining patients out of the facility.

It is the policy of the Licensing Division of the Department of Health Services to refer to the Board for investigation any cases where such inappropriate medical practices are evident.

DISCIPLINARY ACTIONS
October 1, 1980–December 31, 1980

<table>
<thead>
<tr>
<th>Name</th>
<th>Board Number</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-A. Salah, M.D.</td>
<td>(A-17706)</td>
<td>Norwalk</td>
</tr>
<tr>
<td>Violated numerous probationary conditions under prior disciplinary decision.</td>
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<td></td>
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<tr>
<td>Revoked, December 19, 1980</td>
<td></td>
<td></td>
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<tr>
<td>Anderson, Robert W., M.D.</td>
<td>(A-27596)</td>
<td>Auburn</td>
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<tr>
<td>Stipulated Decision. Consumed alcoholic beverages to the extent and in a manner dangerous to himself.</td>
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<tr>
<td>Revoked, stayed, 5 years probation on terms and conditions.</td>
<td></td>
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<tr>
<td>December 1, 1980</td>
<td></td>
<td></td>
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<tr>
<td>Autore, Guy M., M.D.</td>
<td>(A-28397)</td>
<td>Whiskeytown</td>
</tr>
<tr>
<td>Federal conviction on 10 counts of distributing controlled drugs; also, indiscriminate prescribing and excessive prescribing to persons not under his care for a pathology or condition.</td>
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<tr>
<td>Revoked, stayed, 2 years probation, with condition precedent to resuming practice and other terms and conditions.</td>
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<tr>
<td>October 30, 1980</td>
<td></td>
<td></td>
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<tr>
<td>Stipulated Decision. Issued a prescription for Quaalude using a fictitious name for the patient.</td>
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<tr>
<td>One year suspension, stayed, one year probation on terms and conditions.</td>
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<tr>
<td>December 17, 1980</td>
<td></td>
<td></td>
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<tr>
<td>Brockman, Norman W., M.D.</td>
<td>(A-10885)</td>
<td>Whatiah</td>
</tr>
<tr>
<td>Stipulated Decision. Gross negligence and incompetency in the excessive prescribing of dangerous drugs and narcotics to a psychiatric patient over a 34 month period.</td>
<td></td>
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<tr>
<td>Revoked, stayed, 5 years probation on terms and conditions.</td>
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<tr>
<td>December 19, 1980</td>
<td></td>
<td></td>
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<tr>
<td>Brown, Laurel J., M.D.</td>
<td>(A-28109)</td>
<td>Torrance</td>
</tr>
<tr>
<td>Stipulated Decision. Prescribed controlled drugs without prior examination and medical indication to persons not under his care for a pathology or condition.</td>
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<tr>
<td>Revoked, stayed, 5 years probation on terms and conditions.</td>
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<tr>
<td>December 19, 1980</td>
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<tr>
<td>Burns, Craig, M.D.</td>
<td>(A-10861)</td>
<td>Westwood</td>
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<tr>
<td>Stipulation. Voluntary surrender of license.</td>
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<tr>
<td>Accusation dismissed.</td>
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<tr>
<td>October 15, 1980</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carter, Sara Kehe, M.D.</td>
<td>(A-19387)</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>Violated probation conditions of prior disciplinary order; and practicing while under actual suspension. Also, indiscriminate prescribing.</td>
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<td></td>
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<tr>
<td>Revoked.</td>
<td></td>
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<tr>
<td>November 20, 1980</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chi, Ernesto M., M.D.</td>
<td>(A-21815)</td>
<td>Coachella</td>
</tr>
<tr>
<td>Prescribed controlled drugs without prior examination and medical indications to persons not under his care for any pathology or condition. Also, excessive prescribing.</td>
<td></td>
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</tr>
<tr>
<td>Revoked, stayed, 5 years probation on terms and conditions.</td>
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<tr>
<td>October 10, 1980</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Khoury, Elias, M.O. (A-20301)-Simi

Corbin, John

Hamer, Richard 0., M.O. (C-30672)-Charlotte,

Cone, Robert, M.D. (A-40969)-Hallandale, Florida

field, RI

Delaney, Lawrence J., M.D. (G-26753)-North Smithfield, RI

Guff, Peter, M.D. (C-16513)-Fresno

Gordon, Morris, M.D. (A-19581)-San Francisco

Hamer, Richard D., M.D. (C-30672)-Charlotte, North Carolina

Hassan, Allen C., M.D. (C-29816)-Carmichael

Khoury, Elias, M.D. (A-23001)-Simi

Krivatz, Arnold Stanley, M.D. (C-13304)-Sherman Oaks

Kurland, Morton L., M.D. (G-6616)-San Marino

Lysek, Edward T, M.D. (C-21296)-Redding

Meih, Yeid, M.D. (A-25598)-Santa Monica

Milne, Peter J., M.D. (A-22899)-North Hollywood

Micklacy, William E., M.D. (C-21248)-Sacramento

Newhouse, George W., M.D. (A-26984)-La Costa

Ota, Kay K., M.D. (A-28264)-Colton

Privitera, James R., M.D. (C-30485)-Covina

Spottswood, Maurice D., M.D. (G-1235)-Napa

Stevens, Horace C., M.D. (C-24672)-Riverside

Tolken, Ross M., M.D. (G-92946)-Los Angeles

Vu, James K., M.D. (A-14544)-Yakima, Washing-
EARLY CLUES OF IMPAIRMENT

The following table on signs and symptoms that enable the practicing physician and his family to recognize physician impairment is reproduced with the permission of the Maryland State Journal 29(10): 39, 1980. The table of early clues of impairment will assist colleagues and family members of physicians so that there may be early intervention in order to hasten recovery.

### PERSONAL STATUS
- Poor hygiene and appearance
- Multiple physical complaints and illnesses
- Many prescriptions for self and family
- Frequent ER visits and hospitalizations
- Frequent accidents
- Personality and behavior changes
- Inappropriate tremulousness or sweating

### OFFICE
- Workaholic early
- Disorganized schedule
- Unreasonable behavior
- Inaccessible to patients and staff
- Excessive drug-use prescriptions and supply
- Patient complaints
- Frequent office absences
- Decreased workload and tolerance

### EMPLOYMENT APPLICATIONS
- Frequent job changes or relocations
- Unusual medical history
- Vague letters of reference
- Inappropriate qualifications

### HOSPITAL
- Often late, absent or ill
- Decreased work/chart performance
- Inappropriate orders
- "Hospital Gossip"
- Unavailability
- Heavy drinking at staff functions

### HOME AND FAMILY
- Behavior excused by family and friends
- Drinking activities come first
- Fights, arguments and violent outbursts
- Sexual problems
- Withdrawal and fragmentation of family
- Financial crisis
- Children neglected, abused or in trouble
- Separation or divorce

### FRIENDS AND COMMUNITY
- Personal isolation
- Embarrassing behavior
- Drink driving accidents
- Legal problems
- Neglected social commitments

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**Update on the Professional Performance Pilot Project**

During the past year, the Division of Medical Quality has been involved in implementing the Professional Performance Pilot Project. The first interim report to the Governor and the Legislature was submitted on January 1, 1981. The report discusses the Pilot Project's objective of encouraging development of voluntary, coordinated systems for identifying and resolving medical practice problems at the local level, as well as the experience of the Pilot Project staff and Technical Advisory Committee in working with participating quality assessment groups.

Three areas were initially designated by the Division as Pilot Project sites: San Francisco County, Santa Clara County and the 14 Northern California counties. In each area the local Medical Quality Review Committee and one or more county medical societies played a leadership role in setting up joint Steering Committees for local planning and coordination.

The first year's priorities included orientation of and negotiation with potential participants (such as hospital medical staffs and third party payors); establishing local guidelines and review protocols; and identification of barriers and incentives to voluntary participation.

During 1981, the initially designated areas will proceed with case review and development of local data bases. The Division also will consider designating additional areas.

If you would like to receive a copy of the Interim Report, please call or write Project Director Janet Amundsen at BMQA Headquarters: (916) 924-2391, 1430 Howe Avenue, Sacramento 95825.