Action Report

Medical Board of California

Vol. 47

Fall 1993

A Quarterly Publication

IN THIS ISSUE

'92/93 ANNUAL REPORT

The Medical Board's 1992-93 Annual Report is contained in the green insert.

ON PAGE 3

SB 916—an omnibus bill reforms the structure and major policies of the Medical Board.

ON PAGE 5

New information on MBC licensees is now public record. The new Board policy provides additional information about MBC's licensees to consumers upon request.

1994
Medical Board of California
Meeting Dates/Locations

February 3-4	San Francisco
May 5-6	Sacramento
July 28-29	Los Angeles
November 3-4	San Diego

"The Medical Board: A New Beginning"

A Report to the Governor

When, on August 1, the Medical Board's Report to the Governor was delivered, the beginning of the end of a long and difficult period in the Board's history had begun. Entitled "A New Beginning," the Report was co-signed by Sandra Smoley, Secretary of the State and Consumer Services Agency, and Jim Conran, Director of the Department of Consumer Affairs. Jacquelin Trestrail, M.D., President, and Dixon Arnett, Executive Director, co-signed for the Board.

The quartet of signers were the same four who, on January 20, stood before the State Capitol Press Corps to release the content of the California Highway Patrol's investigative report which was critical of the internal affairs of the Board's staff. The CHP Report had been prompted by complaints by some of the staff and their union representatives, as well as from consumer organizations. In addition, mounting adverse publicity reflecting on previous Board policies had taken a major toll in perceptions of the Board's fundamental role.

Board and Administration officials moved swiftly to assure patients/consumers and physicians that the licensing and enforcement functions would proceed apace and Agency Secretary Sandra Smoley created an immediate eight-point plan to address matters that needed improvement.

The eight-point plan included the convening of a "Medical Summit" in mid-March. The Summit brought together over 70 experts from different perspectives to offer over 100 recommendations in five major categories. At the conclusion of the Summit, the Medical Board ordered three Division reports, created three additional task forces and ordered eight staff reports—all to be ready for the Board's May 7 meeting.

On May 7, the Board voted to adopt reports and recommendations (with some modifications) which some in the media have called the most far-reaching set of reforms ever authorized by the medical board of any state. The reforms covered issues such as information disclosure to inquiring consumers, new enforcement sanctions, new provisions for records access, dissolution of the Board's own Division of Allied Health Professions, increasing the membership on the Division of Medical Quality to emphasize the Board's role in enforcement, new provisions for developing a better qualified system of medical quality review, a new study on enforcement priorities, a new system of data links with the Board's regular reporting sources, the creation of new Board task forces to study issues about which the Board can help its licensees avoid trouble and perform better, and a $100 biennial fee increase to enhance the enforcement staff and provide more attorneys for the Health Quality Enforcement Section of the Attorney General's Office.

Those reforms requiring legislative approval were included in SB 916, an omnibus measure on the Medical Board which has been highly negotiated by major parties at interest including government agencies, consumer groups, and the California Medical Association—all of whom support the reform provisions in the bill. SB 916 has passed both houses of the Legislature and been transmitted to the Governor.

(The full text of the Report begins on page 12.)

The mission of the Medical Board of California

The mission of the Medical Board of California is to protect consumers through proper licensing of physicians and surgeons and certain allied health professions and through the vigorous, objective enforcement of the Medical Practice Act.

Task Force on Appropriate Prescribing

by
Jacquelin Trestrail, M.D.,
President of the Board

"Mal-prescribing" is one of the fastest growing categories of physician discipline. That's why the Medical Board has established a Task Force on Appropriate Prescribing.

Jacquelin Trestrail, M.D.

Common sense of medical practice serves to forewarn most physicians away from bad practices. Still, some physicians can be duped by con artists. Some may make an honest mistake out of sympathy for someone in pain. Some, for fear of discipline, won't prescribe "triplicate" (prescribing the more potent drugs) at all. And many perceive that the Medical Board's investigators await doctors at their office doors only to "arrest" them after entrapment.

Clearly, misperceptions abound to match an unfortunate growing trend. But how can a doctor be sure that he/she can prescribe appropriately and stay out of the path of enforcement authorities?

At the Medical Summit last March, the Board agreed to turn the corner toward a pro-active approach to "mal-prescribing." Like it or not, physician perception of the enforcement activities of the Board's staff was that of unfair entrapment by investigators who were trying to increase their "head count."

The perception was likely born of a federal Drug Enforcement Administration case which received high publicity because TV camera crews accompanied DEA investigators on the arrest of a physician accused of selling illicit drugs.

Such a case is a far cry from Medical Board cases in which physicians actually disciplined for "mal-prescribing" are multiple, repeat offenders who ignore their normal responsibilities to interview and examine patients frequently enough to verify prescriptions and dosages.

However, otherwise conscientious physicians fear that ignorance of laws or procedures might put their licenses and practices at risk. Their concern — true or not — is that they might be swept up by legal technicalities and bureaucratic procedures.

The Board's Task Force has held two hearings — one to outline the scope of the problem and to define its role, the other to hear witnesses who testified that physician fear of discipline by the Board or other law enforcement agencies causes chronic pain patients to suffer needlessly and dying patients to die in pain.

A third hearing is scheduled for San Francisco during October. The purpose of this meeting is to hear from law enforcement authorities.

Subject to further deliberations of the task force, the Board will engage expert counsel to help draft course outlines, for CME (continuing medical education) credit, which can be instructive to the state's 77,000 physicians and 50,000 allied health professionals, on the procedures to follow to avoid discipline when prescribing.

Similar (remedial) courses were developed in Oregon and are offered there and in other states. While California's course is not intended to be remedial (rather it should be instructive, even preventative), it can perform the basic role of putting the physician's mind at ease by showing the simple steps he/she can follow to avoid any legal or technical entanglement.

Beyond that kind of basic course, another course can be developed to introduce physicians to "appropriate prescribing" when it comes to pain management — a subject for which there is already abundant literature.

Further, a consultant can develop a public affairs program to attempt to reach those who cannot (or will not) attend courses.

The purpose of the Board's task force is to "kick-start" a program of basic instruction and publicity in the health care community, to educate physicians and allied health professionals and to stem misguided perceptions about the Board's enforcement program.

The courses developed by the Board will be offered by an accredited organization (not the Board), and fees to support the course offerings and the public affairs program will flow through that organization.

SB 916 Goes to the Governor

SB 916, an omnibus bill to reform the structure and major policies and procedures of the Medical Board, is on its way to the Governor. The measure, by Senator Robert Presley (D-Riverside), Chairman of the Senate Appropriations Committee, has passed both houses of the Legislature after much negotiation and many hearings.

Known as "Presley II" (following an earlier successful reform effort by Senator Presley two years ago, SB 2375), SB 916 contains almost all of the reforms voted and approved by the Medical Board at its landmark meeting on May 7 of this year. Governor Wilson, whose State and Consumer Services Agency and Department of Consumer Affairs participated with the Medical Board in the negotiations on the bill and support its provisions, is expected to sign the measure, possibly at a formal signing ceremony.

Other major participants in the negotiating process and supporting SB 916 are the California Medical Association, the Attorney General, and the Center for Public Interest Law (University of San Diego), the bill's original sponsor.

Senator Presley, responding to criticism of the Board by the media and an adverse investigative report by the California Highway Patrol (acting instead of the Attorney General who had a conflict because he represents the Board), introduced SB 916 in January shortly after the CHP Report was released. The Center for Public Interest Law (CPIL) had provided legal research for Presley and, as a consumer advocate which had also sponsored SB 2375 (Presley I), provided powerful links with an already critical media.

When former State Assemblyman Dixon Arnett returned to Sacramento in January as the Board's new Executive Director, he met with Senator Presley and Senator Dan Boatwright, Chairman of the Senate Business and Professions Committee. Because of legislative jurisdiction, any Medical Board reform measure would have to be approved by Boatwright's committee.

Rather than rival reform measures, however, the two senators agreed to see if the major parties at interest in a potential omnibus reform measure could agree on a single bill. If so, meaningful changes could be endorsed by all. If not, rival bills could still be pursued. Under Boatwright/ Presley sponsorship, negotiations began in February. Over the ensuing months, five major negotiating meetings were held with minor meetings and caucuses too numerous to count. Progress toward agreement never faltered (even though there were moments that tested the negotiators).

Even the procedures and protocols of the negotiations sometimes took extra time. Various compromise proposals needed to be checked by legal counsel. Other legislators needed to be consulted. The California Medical Association's staff needed to check with a committee of the CMA Board set up to review details of the bill; even the full CMA Board reacted to specific provisions. Medical Board staff consulted with the Board's Executive Committee. The Office of the Attorney General had to review provisions throughout its "chain of command."

In the end, an accord was reached. Each party to the negotiation gained points it was interested in; each gave up major points of advocacy that it had brought to the table. And, finally, to the credit of all the parties and the two senators, the bill enacts major reforms:

• New enforcement sanctions:
(in addition to formal accusations and "cite-and-fine" authority in current law)
A formal, public "Letter of Reprimand"
Infraction citations
• New information disclosure to consumers:
Interim Suspension Orders
Temporary Restraining Orders
Felony convictions
Discipline by another state
Prior discipline by the Board
Transmission of a "Request for Accusation" to the AG
Malpractice judgments (not settlements or arbitration awards)
• New records access provisions
A 15-day deadline for compliance
$1,000 a day fine for non-compliance
(Complainant records require authorization)
(Non-complainant records require court order)
• Reorganization of the Board to emphasize enforcement
Expanding the Board's Division of Medical Quality
- two panels with final authority
Dissolves the obsolete Division of Allied Health Professions
• New Medical Quality Review system
Authorization to craft up-to-date medical resources:
- expert witnesses
- medical consultants
- Board-certified specialists
- elimination of the outdated MQRCs
- geographic distribution
- community liaison
• New $100 biennial fee increase authorization
12 new attorneys in A.G.'s Health Enforcement Unit
4 new paralegals
12 new assistant investigators
8 new fraud investigators/assistants

(Cont. on page 4)

SB 916 Goes to the Governor

(Cont. from page 3)

Almost all of the Medical Board's approved reforms are contained in SB 916. Conversely, almost all of the provisions of the original SB 916 which the Medical Board opposed were removed from the bill or modified as part of the negotiations. For example, while there is a provision for a complainant or respondent (doctor) to file a grievance with the Director of the Department of Consumer Affairs if he/she believes his/her case was mishandled by the Board's staff, the original design for a full time Board "Monitor" and a separate "Grievance Panel" were taken out of the bill.

Also, originally, the CPIL had proposed elimination of the Board's Division of Medical Quality and complete removal of its adjudicatory powers. But the bill's negotiators determined that the DMQ was a viable part of the enforcement process and they found ways to strengthen the DMQ to make it better. And the CPIL helped in that process even though they had originally wanted a different result.

Similarly, the CMA had some misgivings about the Board's proposals for more timely access to records. In the end, however, agreeing in concept that fairness had been achieved while making it more efficient for Board investigators to develop cases, the CMA staff offered suggestions to strengthen the records access provisions.

Not all of the negotiations were accommodated with such ease, however. Some issues, taken off the table for purposes of reaching agreement on a bill this year, will crop up again next year. For example, the Board proposed, as part of its information disclosure report, that hospital peer review actions against physicians (805 reports) where the action was a result of an adverse proceeding, be disclosed to the public upon inquiry. The CMA objected strenuously, saying that such disclosure would have a "chilling effect" on peer review itself. The Senate Business and Professions Committee struck the provision from the bill over the Board's objection—the Board arguing that an adverse action by peers could be even more "telling" to the consumer than the Board's own disciplinary actions.

Thus, even as the Governor is reported poised to sign SB 916 (Presley II), the very parties at negotiation on the bill may be setting an agenda for the next legislative session. And, while this continuing struggle may seem exhaustive to some, it is actually the vital process of modernization and reform going on in a health care world where, as the saying goes, "the only thing that is constant is change."

Boatwright Bill to Outlaw Doctor-Patient Sex

by
Senator Dan Boatwright

Although sexual contact with patients is prohibited by the Hippocratic Oath and proclaimed unethical by the American Medical Association, in an August 1992 study by the University of California at San Francisco, nearly one in 10 (9%) of physicians admitted to having had sexual contact with one or more patients. The study also showed that 23% of physicians had patients who told them of sexual contact with another physician, meaning that the incidence of physician-patient sex can be even higher. Almost 90% of the contacts were between male doctors and female patients.

Senator Dan Boatwright

The problems with sexual relationships between a physician and his or her patient, whether consensual or not, are obvious. First, it exploits the patient's emotional and physical trust. Second, it causes the physician to lose his or her objective judgment, which can lead to inadequate medical care for the patient.

Legislation that I authored in 1989 (SB 1004, Chapter 795) makes it a crime for psychotherapists to have sexual contact with their patients. SB 743 will extend this same prohibition to all physicians, regardless of specialty. The bill will also make it easier for the Medical Board to revoke the licenses of physicians who have sexual relations with patients by removing language in current law that provides that physicians can be disciplined by the board for such conduct only if the sexual contact is related to their practice of medicine.

SB 743 makes it a crime for physicians to have sex with their patients. A first offense is a misdemeanor, an offense with multiple victims would be a wobbler; and an offense with multiple victims and a prior convictions would be a straight felony.

In cases of sincere mutual attraction, an exception exists if a physician terminates the physician-patient relationship prior to any inappropriate contact and refers the patient to an independent, objective physician recommended by a third party.

I anticipate that the Governor will sign SB 743, since it was supported by his administration and has no opposition.

MBC's New Information Disclosure Policy

At its May 7 meeting, the Board voted to broaden the information provided to consumers on request about its licensees. The changes take the Board from one of the more restricted disclosure policies nationwide to one of the more progressive.

Under the former policy, consumers were able to find out a physician's license status (including revocation or suspension), address of record, medical school graduated from and year of graduation, and disciplinary actions limited to formal Accusations filed by the Attorney General's Office. Any discipline that had been completed by a physician 10 years earlier was not reported; inquirers were told the physician's record was clear.

The new policy is intended for individual consumers who call or write the Board about specific, individual physicians. However, the same information will be provided to any inquirer (including insurance companies, reporters, etc.).

Under the new policy, which formally goes into effect on October 1, 1993, the following information will be public record.

1. Status of license
   - Good standing
   - Temporary Restraining Order (TRO)
   - Interim Suspension Order (ISO)
2. Prior Discipline
   - By Medical Board of California (with no time restriction)
   - By another state or jurisdiction
3. Felony convictions reported to the Board
4. Cases forwarded to the Attorney General for filing or current Accusations filed by the AG
5. Malpractice judgments of $30,000 and over (not settlements or arbitration awards)

The Board created a Task Force on Information Disclosure, which fleshed out the details of exactly what information will be provided and how. Below are a few examples of how MBC staff will provide this new information. Staff may only disclose information on their computer screen, with no further explanation or interpretation. A follow-up letter confirming the information provided will be sent to callers willing to provide their names and addresses.

Samples

(Based on Actual Policy/Law)

Information Disclosure	Statement	Disclaimer
1. Status of License		
Good Standing	Dr. Smith's license is valid and in current.	N/A
TRO	On 4-16-93, a TRO was issued against Dr. Smith's license for substance abuse.	The information on board disciplinary actions only go as far back as 10 years following the final date of the action, such as the last day of probation. Our data does not include actions that were a result of action prior to the 10-year limit.
ISO	On 7-23-93, a TRO was issued against Dr. Smith's license for sexual misconduct.	(Same as above.)
2. Prior Discipline		
By MBC	On 1-15-83, Dr. Smith was placed on probation for one year for gross negligence.	(Same as above.)
By Another State	On 7-13-86, Dr. Smith's medical license was suspended for six months by New York for submission of false Medicaid claims.	This information is from another state (or a federal government agency) and we are providing it to you as a courtesy without guarantee of its accuracy. California may take disciplinary action based on the discipline by another state (or federal government agency). For more information or verification, you should write (insert state or federal government agency), which imposed the discipline.
3. Felony	On 12-30-84, Dr. Smith was found guilty of rape.	This information provided to you only includes felony convictions that are reported to the Board. All felony reports to the Board are reviewed and action taken only if it is determined that a violation of the Medical Practice Act has occurred. For additional information, you may check the local District Attorney's Office.
4. Cases Forwarded to AG	On 5-9-93, a case by the MBC against Dr. Smith was forwarded to AG for further investigation on allegations of sexual misconduct against two patients.	Charges have not been filed. The physician has not had a hearing or been found guilty of any charges.
5. Malpractice	On 2-12-89, a Los Angeles Superior Court awarded a malpractice judgment of $50,000 against Dr. Smith for negligence.	A malpractice judgment is an award for damages and does not necessarily reflect that the physician's medical competence is substandard. All such reported judgments are reviewed by the Medical Board and action taken only if it is determined that a violation of the Medical Practice Act has occurred. Judgments are subject to appeal.

Health Policy & Resources Task Force

Prompted by discussion at the Board's Medical Summit and an internal study by Board Secretary Robert del Junco, M.D., the Board has established a Task Force on Health Policy & Resources.

The purpose of the task force is to address emerging policy issues which have a direct impact on the mission of the Board.

The del Junco study showed the substantial growth in the allied health professions in California as contrasted to physicians. It also showed geographic maldistribution of both physicians and allied health professionals throughout the state.

Similarly, the study showed the probability that there is a major gap between concentrated populations of primarily non-English speaking patients and physicians/allied health professionals who speak only English.

Because the Board is charged by law to evaluate qualifications of physicians, there is an indirect connection between the Board's licensing process and finding ways to encourage physicians to locate in areas of demonstrated need and to develop language skills which can compliment location.

The Board's Task Force on Health Policy & Resources, chaired by Dr. del Junco, has held its first organizational meeting and has already had its first meeting with the Office of Statewide Health Planning and Development.

Physicians in California by Race/Ethnic Category, Gender and Percent of Growth

	Physicians 1980			Physicians 1990		
Race	Total	Male	Female	Total	Male	Female
White	46,615	41,229	5,386	56,736	46,219	10,517
Black	1,879	1,478	401	2,595	1,709	886
Hispanic	2,006	1,536	470	4,216	3,241	975
Asian Pacific Islander	4,900	3,765	1,135	11,284	7,946	3,33o
American Indian, Eskimo	87	67	20	106	63	43
Other Races	86	48	38	62	52	10
Total Minority	**8,5̃58**	**6,894**	**2,064**	**18,263**	**13,011**	**5,252**

	Growth 1980-1990					
	Total	Percent		Male		Female
White	10,121	21.71%	4,990	12.10%	5,131	95.27%
Black	716	38.11%	231	15.63%	485	120.95%
Hispanic	2,210	110.17%	1,705	111.00%	505	107.45%
Asian Pacific Islander	6,384	130.29%	4,181	111.05%	2,203	194.10%
American Indian, Eskimo	19	21.84%	-4	-5.97%	23	115.00%
Other Races	-24	-27.91%	4	8.33%	-28	-73.68%
Total Minority	**9,305**	**103.87%**	**6,117**	**88.73%**	**3,188**	**154.46%**

Source: 1980 and 1990 Census of Populations and Housing, Equal Employment Opportunity File Detailed Occupations by Sex, by Hispanic Origin and Race, State of California, State Census Data Center.

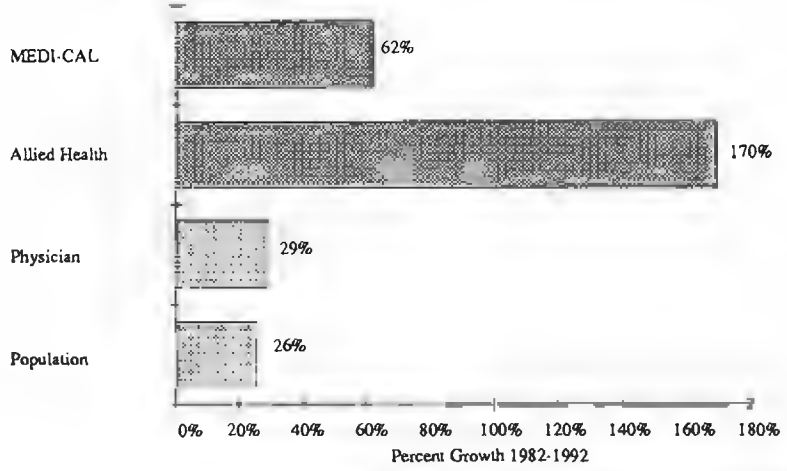
(Cont. on page 7)

(Cont. from page 6)

PERCENT GROWTH

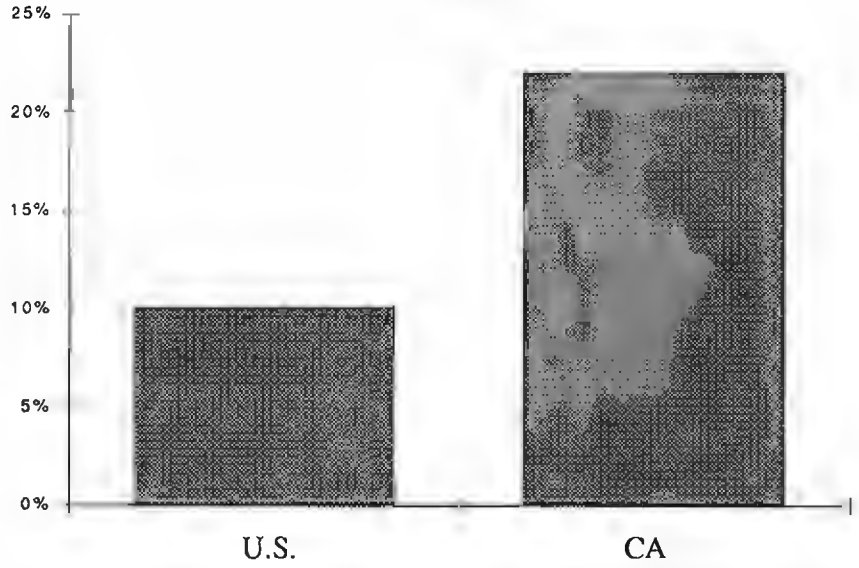
	1982-1992		1991-1992	
Population	26%	6,442,434	2.20%	668,000
Physician	29%	16,957	2.20%	1,606
Allied Health	170%	42,167	10%	6,629
MEDI-CAL	62%	1,855,714	9.60%	468,108

Medi-Cal in 1982 represented 12% of the population.
Medi-Cal in 1992 represented 15.6% of the population.



MEETING NEEDS CAUSED BY DEMOGRAPHIC CHANGES

POPULATION GROWTH
1990 - 2000



Between 1990 and 2000 California's population will grow twice as fast as the U.S. population.

DISCIPLINARY ACTIONS: DECEMBER 1, 1992—JULY 30, 1993

Physicians & Surgeons

REVOKED

Name	City	Lic.#	Dec. Eff.	Decision
Abdul, Hai, M.D.	Los Angeles, CA	G-27270	06/19/93	lic.rev., stayed, 3 yrs' prob.
Baer, Frederic L., M.D.	Stockton, CA	C-6476	03/20/93	lic. rev., stayed, 5 yrs' prob.
Barnert, Anthony L., M.D.	Valencia, CA	G-26816	07/05/93	lic. rev., stayed, lifetime prob.
Baughman, John A., M.D.	Palm Springs, CA	A-28422	05/13/92	lic. rev., judicial review completed
Bortman, Ronald A., M.D.	Berkeley, CA	C-28370	01/10/93	lic. rev., stayed, 10 yr's prob., 1 yr susp.
Bratkiewicz, Richard S., M.D.	Des Moines, IA	A-35538	03/23/93	public reprimand
Brennen, Patrick F., M.D.	Redondo Beach, CA	C-41320	06/19/93	lic. rev., stayed, 3 yrs' prob.
Brewster, Hollister, M.D.	Hillsborough, CA	G-13124	05/27/93	lic. rev., stayed, 3 yrs' prob. w/30 day susp.
Burkett, Rox Charles, M.D.	Modesto, CA	G-29053	12/06/92	lic. rev., stayed, 5 yrs' prob. w/30 day susp.
Cameron, Ralph, M.D.	Concord, CA	G-48120	12/19/92	lic. rev., stayed, 5 yrs' prob. w/60 day susp.
Christensen, Dennis, M.D.	Rohnert Park, CA	C-26098	06/19/93	lic. rev., stayed, 8 yrs' prob.
Chua, Betsy, M.D.	Niles, IL	A-33838	07/23/93	lic. rev., stayed, 3 yrs' prob. w/90 day susp.
Conner, Patrick T., M.D.	Springfield, MO	C-41076	05/19/93	lic. rev., stayed, 5 yrs' prob.
Conroy, Pitr G., M.D.	Fresno, CA	G-49604	05/28/93	lic. rev., stayed, 5 yrs' prob.
Crass, David P., M.D.	Tulsa, OK	C-40488	04/11/93	lic. rev.
Darby, Earle M., M.D.	Oakland, CA	G-38816	07/16/93	lic. rev., stayed, 7 yrs' prob. w/45 day susp.
Dizmang, Larry H., M.D.	St. Helena, CA	A-20484	06/18/93	lic. rev., stayed, 7 yrs' prob.
Elterman, Roy D., M.D.	Dallas, TX	G-30587	07/05/93	lic. rev., stayed, 5 yrs' prob. w/ cond. prec.
Eshaghian, Joseph, M.D.	Los Angeles, CA	G-38640	06/30/93	lic. rev., stayed, 5 yrs' prob.
Evans, Ronald D., M.D.	Yucca Valley, CA	C-33650	04/25/93	lic. rev., stayed, 5 yrs' prob. w/60 day stayed susp.
Freedle, Earnest Jr., M.D.	Palm Desert, CA	A-17632	04/22/93	lic. rev.
Ford, Edwin H., M.D.	Costa Mesa, CA	A-18557	03/20/93	lic. rev.
Forler, E. Paul, M.D.	La Habra, CA	A-27503	05/19/93	lic. rev.
Fowler, Franklin S., M.D.	Stanwood, WA	G-17405	06/25/93	lic. susp., w/ cond. prec.
Friesen, Howard L., M.D.	Antioch, CA	C-26300	06/11/93	lic. rev., stayed, 5 yrs' prob.
Fritz, Harvey L., M.D.	Meriden, CT	G-8550	04/01/93	lic. rev., stayed, 5 yrs' prob. w/90 day susp.
Ghabra, Ziyad A., M.D.	Lancaster, CA	C-40841	05/28/93	lic. rev.
Grossman, Marshall K., M.D.	Irvine, CA	G-32042	05/19/93	lic. rev., stayed, 5 yrs' prob. w/90 day susp.
Gujarathi, Laxminarayan, M.D.	Dinuba, CA	A-38401	04/18/93	lic. rev., stayed, 5 yrs' prob.
Hanna, Lotfy R., M.D.	Corona, CA	A-44617	07/30/93	lic. rev., stayed, 5 yrs' prob.
Hidalgo, Merlin Z., M.D.	Wesley Hills, NY	A-38777	03/05/93	lic. rev.
Hmura, Michael, M.D.	Los Angeles, CA	G-23983	07/16/93	lic. rev.
Honzel, Mark R., M.D.	Laguna Beach, CA	A-43785	12/09/92	lic. rev.
Jahangiri, Mansour, M.D.	Los Angeles, CA	A-2867	12/06/92	lic. rev.
Johnston, William M., M.D.	Oakland, CA	A-15758	06/23/93	lic. rev., stayed, 5 yrs' prob.
Jordan, Earl Farrar, M.D.	Los Angeles, CA	C-32417	05/30/93	surrendered lic.
Kim, Joong Tai, M.D.	Los Angeles, CA	C-40677	06/24/93	lic. rev., stayed, 5 yrs' prob.
Kim, Jung Hi, M.D.	Reseda, CA	A-37421	06/24/93	lic. rev., stayed, 5 yrs' prob.
Kogan, Leonard, M.D.	Potomac, MD	C-23693	06/16/93	lic. susp. until conditions satisfied
Konig, Theodore, M.D.	Fontana, CA	C-17182	06/01/93	lic. rev.
Kupferschmidt, William, M.D.	Hawthorne, CA	A-33537	02/05/93	1 yr susp., stayed, 3 yrs' prob.
Lahiri, Sunil R., M.D.	Bakersfield, CA	A-026336	04/10/93	lic. rev., stayed, 7 yrs' prob.
Lewter, Refus C., M.D.	Redlands, CA	A-21330	03/01/93	lic. rev.
Lipshutz, Sheldon, M.D.	Woodland Hills, CA	C-17398	06/20/93	lic. rev., stayed, 5 yrs' prob.
Lose, Richard J., M.D.	Sonoma, CA	A-16014	07/17/93	lic. rev., stayed, 5 yrs' prob.
Lynch, Robert, M.D.	Westminster, CA	C-38289	03/05/93	lic. rev., stayed, 5 yrs' prob. w/90 day susp.
Mackay, Calvin R., M.D.	Rancho Cucamonga, CA	C-13096	03/13/93	public reprimand
Marks, Gregory A., M.D.	Los Angeles, CA	A-33274	06/17/93	lic. rev.
Marsh, John R., M.D.	San Andreas, CA	G-32296	07/31/93	lic. rev., stayed, 7 yrs' prob. w/60 day susp.
Marzinelli, Ferdinand, M.D.	Skokie, IL	C-16876	06/20/93	lic. rev.
Mekelburg, Abraham, M.D.	Van Nuys, CA	G-690	02/19/93	lic. rev., stayed, 5 yrs' prob.
Meyers, Peter C., M.D.	Shreveport, LA	C-37365	05/14/93	lic. rev.
Moglen, Leslie J., M.D.	San Francisco, CA	C-29434	05/29/93	lic. rev., stayed, 7 yrs' prob.
Molin, Karl E., M.D.	Vacaville, CA	A-25390	06/17/93	lic. rev., stayed, 1 yr prob.
Mudry, Joseph, M.D.	Palm Desert, CA	A-8435	02/28/93	lic. rev., stayed, 7 yrs' prob.
Nguyen, Thieu V., M.D.	Fresno, CA	A-33226	06/21/93	lic. rev., stayed, 7 yrs' prob. w/60 day susp.
Nichols, Charles P., M.D.	Garden Grove, CA	C-33655	12/19/92	lic. rev., stayed, 5 yrs' prob. w/30 day susp.
Payne, Brownell H., M.D.	Culver City, CA	A-026350	04/05/93	lic. rev., stayed, 5 yrs' prob.
Pearson, Keith M., M.D.	Palm Springs, CA	A-28940	12/16/92	lic. rev.
Perez, Fernando Jr., M.D.	Los Angeles, CA	G-46475	03/24/93	lic. rev.
Perzik, John David, M.D.	Morgan Hill, CA	G-14591	02/28/93	lic. rev.
Pritzl, Donald, M.D.	Huntington Beach, CA	C-24265	12/19/92	lic. rev.
Rana, Charu M., M.D.	Oxnard, CA	C-38823	01/20/93	lic. rev.
Richardson, Robert A., M.D.	Needles, CA	A-34155	03/31/93	lic. rev., stayed, prob.
Sanandaji, Mehrdad, M.D.	Tuxedo Park, NY	G-17906	02/03/93	lic. rev., stayed, 5 yrs' prob., w/180 day susp.
Sarkissian, Sarkis, M.D.	California, MD	A-39564	12/17/92	lic. rev.
Schloss, Morton, M.D.	West Palm Beach, FL	G-3886	04/19/93	lic. rev.

DISCIPLINARY ACTIONS: DECEMBER 1, 1992—JULY 30, 1993

Scott, James L. Jr., M.D.	Denver, CO	C-21706	02/25/93	lic. rev.
Sellers, Richard G., M.D.	Tampa, FL	G-40988	02/08/93	public reprimand
Siggers, Richard, M.D.	La Mirada, CA	G-1659	07/20/93	lic. rev.
Simor, George F., M.D.	Rexford, NY	C-39089	02/03/93	lic. rev., stayed, 2 yrs' prob.
Sinha, Arvind, M.D.	Oceanside, CA	A-92024	12/30/92	lic. rev.
Starkman, Irving, M.D.	Highland Park, IL	C-21321	02/25/93	lic. rev., stayed, 5 yrs' prob., w/90 day susp.
Steir, Bruce S., M.D.	San Francisco, CA	C-24466	06/01/93	lic. rev., stayed, 3 yrs' prob.
Syphus, Merrill T., M.D.	Pasadena, CA	A-19993	07/01/93	lic. rev., stayed, 5 yrs' prob., w/60 day susp.
Trevino, Bruce A., M.D.	Kingsburg, CA	G-53793	12/24/92	lic. susp., stayed, 1 yr prob. w/ terms and cond.
Turner, Stephen, M.D.	Hayward, CA	G-046572	03/11/92	lic. rev., stayed, 5 yrs' prob., w/60 day susp.
Voelker, Robert L., M.D.	Martinez, CA	A-14379	07/26/93	lic. rev., stayed, 10 yrs' prob.
Wang, Peter K., M.D.	Garden Grove, CA	A-29582	06/11/93	lic. susp., stayed, 5 yrs' prob., w/ 45 days' susp.
Ward, Spencer A., M.D.	Potomac, MD	G-14184	02/16/93	lic. rev., stayed, 5 yrs' prob.
Watson, Lloyd L., M.D.	Riverside, CA	A-20719		default rev. o/turned on court appeal, reset for hearing
Wheeler, Stanley D., M.D.	Crestwood, KY	A-12166	02/16/93	lic. rev.
Yeh, Owen Y., M.D.	Salinas, CA	A-19917	06/10/93	lic. rev.
Physical Therapists				
Skelly, William	Rancho Palos Verdes, CA	PT-16598	02/14/93	lic. rev., stayed, 3 yrs' prob.
Wallick, Cristina	Monrovia, CA	PT-10769	05/15/93	lic. rev., stayed, 5 yrs' prob.
Respiratory Care Practitioners				
Asmussen, Henry C.	N.W. Salem, OR	RCP-11007	04/11/93	lic. rev.
Banks, Spencer L.	Susanville, CA	RCP-7437	12/10/92	lic. rev., default
Bamard, Michael	Thousand Oaks, CA	RCP-12692	06/10/93	lic. rev., stayed, 3 yrs' prob.
Briggs, Jeannie L.	Modesto, CA	RCP-5737	12/28/92	lic. rev., stayed, 5 yrs' prob.
Carriglitto, Anthony	San Diego, CA	RCP-12305	07/02/93	lic. rev.
Christopherson, Christine	Las Vegas, NV	RCP-9527	12/28/92	lic. rev.
Coleman, L. Louise	Concord, CA	RCP-8349	05/08/93	lic. rev.
Coombs, Paul J.	Pittsburg, CA	RCP-9888	05/12/93	lic. rev.
Deguzaman, Francisco D.	Glendale, CA	RCP-5574	07/28/93	lic. rev.
Garvin, Scott Edwin	Mountain Center, CA	RCP-8102	04/11/93	lic. rev.
Gomez, William	Newport Beach, CA	RCP-12776	02/21/93	lic. rev., stayed, 3 yrs' prob.
Hauser, Scott D.	Gardena, CA	RCP-16084	03/16/93	lic. rev., stayed, 3 yrs' prob.
Heaston, John	Corona, CA	RCP-15829	12/17/92	lic. denied, stayed, cond. lic. issued, 2 yrs' prob.
Hemandez, Maria	North Hollywood, CA	RCP-4061	06/10/93	lic. rev., stayed, 3 yrs' prob.
Hill, Lee W.	Santee, CA	RCP-12853	02/21/93	lic. rev., stayed, 3 yrs' prob.
Jones, Eldred	Los Angeles, CA	RCP-6467	07/28/93	lic. rev.
Kessler, Paulette Z.	San Jose, CA	RCP-7281	02/14/93	lic. rev., stayed, 5 yrs' prob.
Lagunday, Danilo	Grover City, CA	RCP-4122	02/21/93	lic. rev., stayed, 3 yrs' prob.
Medal, Erwing	Lynwood, CA	RCP-6421	07/02/93	lic. rev.
Mitchem, Kathleen	Modesto, CA	RCP-6504	12/28/92	lic. rev.
Plunkett, Robert	Fontana, CA	RCP-12863	05/12/93	lic. rev.
Ronco, Steven P.	Torrance, CA	RCP-16087	03/17/93	prob. certificate, 3 yrs' prob.
Taylor, Thurman	Clovis, CA	RCP-16083	03/16/93	prob. certificate, 3 yrs' prob.
Walters, Lee J.	Fallbrook, CA	RCP-9779	4/11/93	lic. rev.
Wren, Donna Jean	Corona, CA	RCP-14806	06/10/93	lic. rev.
Audiology				
Sexton, Martha E.	Rocky Mount, NC	AU-694	07/28/93	lic. rev.
Acupuncturists				
Choi, Dong Hee, C.A.	Los Angeles, CA	AC-2423	02/25/93	lic. rev.
Kim, Jong Sook	Los Angeles, CA	AC-2214	06/10/93	lic. rev., stayed, 3 yrs' prob.
Lee, Soo Il, C.A.	Anaheim, CA	AC-2913	02/22/93	lic. rev.
Lim, Doo Taek, C.A.	Los Angeles, CA	AC-2189	01/07/93	lic. rev., stayed, 5 yrs' prob., terms and conditions
Myung, Il Boo, C.A.	Cypress, CA	AC-2932	02/22/93	lic. rev.
Hearing Aid Dispensers				
Biggerstaff, Ladd	Camarillo, CA	HAD-1722	07/02/93	lic. rev., stayed, 5 yrs' prob., w/15 day susp.
Goldberg, Hyman	San Diego, CA	HA-1165	05/17/93	lic. susp., stayed, 3 yrs' prob.
Long, David	Laguna Hills, CA	HA-2480	03/05/93	lic. rev.
Lumas, Kay C.	Altadena, CA	HA-2043	06/12/93	lic. rev.
Sexton, Martha	Rocky Mount, NC	HAD-1587	06/12/93	lic. rev.
Staal, Larry E.	Long Beach, CA	HA-0767	03/05/93	lic. rev.
Physician Assistants				
Anderson, Lesline R.	Inglewood, CA	PA-11755	07/27/93	lic. rev., stayed, 3 yrs' prob. w/90 day susp.
Dramis, Nicholas	Rancho Mirage, CA	PA-11756	06/14/93	lic. rev., stayed, 3 yrs' prob.
Grimm, Norton	Victorville, CA	PA-10046	07/28/93	lic. rev.
Jones, Thomas	Sandy, UT	PA-11845	02/22/93	lic. rev., stayed, 5 yrs' prob.

DISCIPLINARY ACTIONS

(CONT. FROM PAGE 9)

Shuda, Henry	La Palma, CA	PA-10669	01/24/93	lic. rev., stayed, 3 yrs' prob.
Trice, Jane Marie	Newark, CA	PA-12104	07/28/93	lic. rev., stayed, 3 yrs' prob.
Wightman, Thomas	San Ysidro, CA	PA-10373	03/24/93	lic. rev., stayed, 3 yrs' prob.
Podiatric Medicine				
Barney, E. Jeffrey, D.P.M.	Los Angeles, CA	E-1924	12/30/92	lic. rev., stayed, 5 yrs' prob.
Chisholm, John, D.P.M.	Chula Vista, CA	E-3431	06/26/93	lic. rev., stayed, 3 yrs' prob.
Ellis, Mark S., D.P.M.	Riverside, CA	E-3236	05/28/93	lic. rev.
Fong, Peter, D.P.M.	New York, NY	E-3147	06/25/93	lic. rev., stayed, 3 yrs' prob.
Holub, Peter B., D.P.M.	Lockhart, TX	E-3279	06/26/93	lic. rev.
James, Timothy Dale, D.P.M.	Long Beach, CA	E-2164	02/06/93	lic. rev., stayed, 3 yrs' prob.
Rehm, Kenneth, D.P.M.	Beachwood, OH	E-2808	01/07/93	petition for reinstatement granted, 3 yrs' prob.
Smalley, Alton J., D.P.M.	Sacramento, CA	E-2150	07/29/93	lic. rev., stayed, 3 yrs' prob.
Psychologists				
Bernstein, Gregg, Ph.D.	Oakland, CA	PSY-4840	04/22/93	lic. rev., stayed, 5 yrs' prob.
Couk, Deborah, Ph.D.	Sacramento, CA	PSY-10865	07/29/93	lic. rev.
Dongarra, Michael, Ph.D.	San Francisco, CA	PSY-10279	12/29/92	lic. rev.
Foulds, Melvin Louis, Ph.D.	Corona del Mar, CA	PSY-5481	04/11/93	lic. rev., stayed, 5 yrs' prob.
Gaffaney, Todd W., Ph.D	La Habra, CA	PSY-9499	05/09/93	lic. rev.
Goldberg, Elaine Marcia, Ph.D.	West Hollywood, CA	PSY-11645	05/30/93	lic. rev.
Harelson, Anna M., Ph.D.	Las Vegas, NV	PSY-2074	07/31/93	lic. rev.
Jones, Ronald B., Ph.D	San Jose, CA	PSY-3450	06/25/93	lic. rev.
Lacey, Harvey, Ph.D	Kaneohe, HI	PSY-5005	02/07/93	lic. rev.
Landes, Judah, Ph.D.	Mountain View, CA	PSY-3077	02/12/93	lic. rev., stayed, 5 yrs' prob.
Mitchell, Donald, Ph.D.	Captain Cook, HI	PSY-8576	02/21/93	lic. rev.
Molho, Arthur I., Ph.D.	Placerville, CA	PSY-4332	02/11/93	lic. rev., stayed, 5 yrs' prob. w/15 day susp.
Murphy, John, Ph.D.	Nuevo, CA	PSY-6281	02/25/93	lic. rev., stayed, 5 yrs' prob. w/180 day susp.
Niederman, Robert D., Ph.D.	Palo Alto, CA	PSY-6747	04/23/93	lic. rev.
Nowparast, Nader, Ph.D.	Newport Beach, CA	PSY-8870	03/19/93	lic. rev., stayed, 5 yrs' prob. w/30 day susp.
Sarchet, Jeremy, Ph.D.	Whittier, CA	PSY-1779	06/03/93	lic. rev., stayed, 5 yrs' prob.
Scher, Michael Jay, Ph.D.	Los Angeles, CA	PSY-5773	05/15/93	lic. rev.
Stern, Thomas, Ph.D.	San Francisco, CA	PSY-4982	12/29/92	lic. rev.
Psychology Assistant				
Schlaks, Alan, Ph.D.	Lancaster, CA	SB-10706	12/10/92	lic. rev.

VOLUNTARY SURRENDER WHILE CHARGES PENDING

(These licenses were accepted by the relevant agencies in lieu of further proceedings.)

Physicians and Surgeons		
Brown, Richard F., M.D.	Redlands, CA	G-5684
Brown, Rodney W., M.D.	Mandeville, LA	A-22140
Brumfield, Thomas J., M.D.	Las Vegas, NV	C-35869
Burris, William T., M.D.	Stockton, CA	G-60044
Byland, Samuel S., M.D.	Walnut Creek, CA	C-23272
Chua, Streamson Tan, M.D.	Kingston, NY	C-39124
Den Dulk, Gerald, M.D.	Ceres, CA	A-10804
Hager, Jerome P., M.D.	Riverside, CA	G-39489
Krasner, Bernard, M.D.	Scottsdale, AZ	G-2470
Krugman, Lawrence G., M.D.	San Luis Obispo, CA	G-15250
Linet, Leslie S., M.D.	Brooklyn, NY	G-28695
Robinson, Bruce H., M.D.	Pacific Grove, CA	G-31916
Ruff, Alan C., M.D.	Brighton, CO	G-51561
Shaiken, Eugene, M.D.	San Luis Obispo, CA	A-18557
Singer, Michael D., M.D.	Bloomfield Hills, MI	G-57554
Snyder, Stefan, M.D.	Los Angeles, CA	A-38489
Steen, Bernard K., M.D.	Fresno, CA	G-27230
Steinberg, Harry, M.D.	Rancho Mirage, CA	A-28027
Stiller, Rochus M.D.	Elgin, IL	G-17859
Strate, Gerald H., M.D.	San Bernardino, CA	C-15564

Acupuncture		
Huang, Memo S.W., C.A.	Los Angeles, CA	AC-1027
Podiatric Medicine		
Gale, Brian, D.P.M.	Bismark, ND	E-3602
Hearing Aid Dispenser		
Harrison, Charles	Gahanna, OH	HA-2471
Psychologists		
Bouhoutsos, Jacqueline C., Ph.D.	Santa Monica, CA	PSY-2319
Clay, Dennis Dean, Ph.D.	Freedom, CA	PSY-4203
Grossman, Gary S., Ph.D.	Fresno, CA	PSY-5478
Marburg, Galen S., Ph.D.	Towson, MD	PSY-7503
Pontecorvo, Anthony, Ph.D.	Fresno, CA	PSY-5572
Psychology Assistant		
Andrews, James E.	Alta Loma, CA	PSB-11563

EXPLANATION OF DISCIPLINARY LANGUAGE

1. "Revoked"
   The license is canceled, voided, annulled, rescinded. The right to practice is ended.

2. "Revoked - Default"
   After valid service of the Accusation (formal charges), the licensee fails to file the required response or fails to appear at the hearing. The license is forfeited through inaction.

3. "Revoked, stayed, 5 years' probation on terms and conditions, including 60 days' suspension"
   "Stayed" means the revocation is postponed, put off. Professional practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days' actual suspension from practice. Violation of probation may result in the revocation that was postponed.

4. "Suspension from practice"
   The licensee is benched and prohibited from practicing for a specific period of time.

5. "Temporary Restraining Order"
   A TRO is issued by a Superior Court Judge to halt practice immediately. When issued by an Administrative Law Judge, it is called an ISO (Interim Suspension Order).

6. "Probationary Terms and Conditions"
   Examples: Complete a clinical training program. Take educational courses in specified subjects. Take a course in Ethics. Pass an oral clinical exam. Abstain from alcohol and drugs. Undergo psychotherapy or medical treatment. Surrender your DEA drug permit. Provide free services to a community facility.

7. "Gross negligence"
   An extreme deviation from the standard of practice.

8. "Incompetence"
   Lack of knowledge or skills in discharging professional obligations.

9. "Stipulated Decision"
   A form of plea bargaining. The case is negotiated and settled prior to trial.

10. "Voluntary Surrender"
    Resignation under a cloud. While charges are pending, the licensee turns in the license. This is volunteered when there is good cause for denial of the license application.

11. "Probationary License"
    A conditional license issued to an applicant on probationary terms and conditions. This is done when good cause exists for denial of the license application.

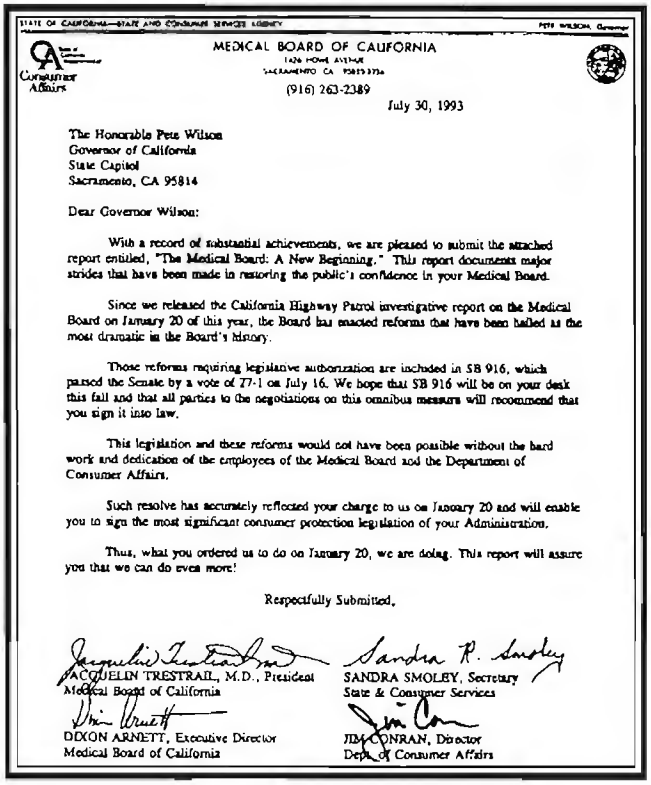
12. "Effective date of Decision"
    Example: "July 8, 1993" at the bottom of the summary means the date the disciplinary decision goes into operation.

13. "Judicial Review recently completed"
    The disciplinary decision was challenged through the court system — Superior Court, maybe Court of Appeal, maybe State Supreme Court — and the discipline was upheld. This notation explains, for example, why a case effective "June 10, 1990" is finally being reported for the first time three years later in 1993.

Text of "The Medical Board: A New Beginning — A Report to the Governor"

Introduction

In less than a year the Medical Board has come from the trough to the crest of the wave. The Medical Board of California has, over the last 10 years, come under increased scrutiny from the news media and the public for both its policies and operations. Fewer than three years ago, a series of reform bills was moving through the Legislature to increase protection of the California consumer. Last year came the culmination of events that saw the MBC begin the renewal process.



STATE OF CALIFORNIA—STATE AND CONSUMER SERVICES AGENCY — PETE WILSON, Governor

Consumer Affairs

MEDICAL BOARD OF CALIFORNIA
1426 HOWE AVENUE
SACRAMENTO CA 95825-3236
(916) 263-2389

July 30, 1993

The Honorable Pete Wilson
Governor of California
State Capitol
Sacramento, CA 95814

Dear Governor Wilson:

With a record of substantial achievements, we are pleased to submit the attached report entitled, "The Medical Board: A New Beginning." This report documents major strides that have been made in restoring the public's confidence in your Medical Board.

Since we released the California Highway Patrol investigative report on the Medical Board on January 20 of this year, the Board has enacted reforms that have been hailed as the most dramatic in the Board's history.

Those reforms requiring legislative authorization are included in SB 916, which passed the Senate by a vote of 27-1 on July 16. We hope that SB 916 will be on your desk this fall and that all parties to the negotiations on this omnibus measure will recommend that you sign it into law.

This legislation and these reforms would not have been possible without the hard work and dedication of the employees of the Medical Board and the Department of Consumer Affairs.

Such resolve has accurately reflected your charge to us on January 20 and will enable you to sign the most significant consumer protection legislation of your Administration.

Thus, what you ordered us to do on January 20, we are doing. This report will assure you that we can do even more!

Respectfully Submitted,

JACQUELIN TRESTRAIL, M.D., President
Medical Board of California

SANDRA SMOLEY, Secretary
State & Consumer Services

DIXON ARNETT, Executive Director
Medical Board of California

JIM CONRAN, Director
Dept. of Consumer Affairs

Presley I

Even after the passage of SB 2375 (Presley I) two years ago, this omnibus reform measure seemed more to highlight anecdotal problems than to promise the results of reform.

Yet, it is clear today that the reforms begun in 1991 took hold, especially the creation of the Health Quality Enforcement Section of the Office of the Attorney General, and we are seeing results today that would not be possible had not SB 2375 become law.

Many on the Board felt forced into acceptance of SB 2375, a bill promoted by those who were sharp critics of the Board. At this time a year ago (Aug. 1) some members of the Board felt they were under siege.

At the same time, however, higher officials in the Administration became aware of a troubled atmosphere. As the Board's problems became more visible, groundwork was being lain at the Department, Agency and gubernatorial staff levels to ensure change.

New Board, New Executive Director

Through your leadership, 12 new Board members were appointed, new officers of the Board were elected, a new executive director was appointed by the Board and arrangements were made for the eventual and inevitable release of the Report on the Medical Board by the California Highway Patrol Investigative Division. This report was made necessary by the complaints of employees within the Board staff, including complaints by investigators.

The Board's mounting number of critics at the time argued that there was little oversight, if any, thereby inviting accusations of neglect of the mission of the Board, even that of mismanagement. Some doctors' groups complained that the Board's investigators knew no boundaries and routinely rode roughshod over the confidentiality and reputations of exemplary physicians. Others, like the Center for Public Interest Law, which sponsored SB 2375, complained that the Board's lack of focus on consumers made it a mere appendage of doctors' organizations and, therefore, hopelessly in a conflict of interest position.

The truth was somewhere in between these extremes, but no one was defending the truth. And, unfortunately, there were very real problems being left unaddressed because the leadership was either distracted or defensive.

There were no well defined or publicly articulated priorities to demonstrate that the Board's investigators were not operating on the extremes. Reports to the Board by sources legally required to report were spotty and not well scrutinized. Disclosure of information to the public of errant doctors was almost non-existent.

Enforcement sanctions, other than accusations, were not available except as verbal, or sometimes written, admonishments. Legal tools for access to patient records were almost diminimous, particularly in the fast-growing world of workers' compensation fraud.

The CHP Report was to be the "wake-up call." It was not a welcomed alarm and many disagreed vehemently with its content and characterizations of the Board and its staff, but few could deny that the Report provided the impetus for what some have said is the most important set of decisions made by the Medical Board in its long history. Certainly the Report set in motion instructions from the Governor and others—to find the ways and means to fix the things that are wrong and, thereby, restore public confidence in an institution on which consumers rely.

From the release of the Report, to Secretary Smoley's eight-point plan of immediate action, to the Medical Summit in March, to the reforms by the Board at its historic May 7 meeting, to the imminent passage of SB 916 (Presley II), activist changes are being made in management, enforcement sanctions, information disclosure, disciplinary procedures, records access, and Board reorganization to emphasize enforcement and medical quality review.

This report documents these changes and what has led up to them. It is a story of solid achievement!

Background

During the fall of 1992 events affecting the Board reached what political scientists call "political critical mass." Major trends emerged which resulted in the resignation of the Executive Director who had been in his post at the Board for over 11 years.

For the Executive Director, the criticisms which formed the backdrop to Presley I had familiar rings to them and were not beyond his ability to fight, if that was all there was to it.

But the criticisms were given national voice over CBS's "60 Minutes" when commentator Mike Wallace selectively roasted the Executive Director in an interview that the Executive Director was almost forced to give for fear of being charged with secrecy or lack of cooperation.

Mr. Wallace proceeded to select five individual, egregious cases on which there had been delay through the investigative or prosecution level, charging the Executive Director with neglect while these awful "criminals" continued to practice medicine with valid licenses. Wallace capped his indictment with

a live, on-camera telephone call to the Board's "hot line" to verify the license status of the doctors he had just described.

Finally, it was clear that the CHP investigation would become a report that would not be a compliment to the Board's management. The investigation had been ordered by the Director of the Department of Consumer Affairs based on the affidavits of Board employees who had complained bitterly about other employees and the management. The report, it was said, was imminent.

On January 20, 1993, the new Executive Director, along with the new Board President, new Secretary of State & Consumer Services and the Director of Consumer Affairs, released the CHP report to the public.

At that press conference, Secretary Smoley presented an eight-point plan to deal with the major elements of the CHP Report. The plan became an integral part of the release of the Report. Her plan showed that the media would need to have access, within the limits of the law, to the Board's process of healing itself and better protecting consumers.

One of the eight points was to provide for a maximum of public input into those further actions that would address the very real problems which the Board itself perceived. That point resulted in what became known as "The Medical Summit," jointly sponsored by Secretary Smoley's Agency and the Medical Board. The Summit, which involved leaders from medicine, law enforcement, the legal world, consumer groups and public officials, produced 108 specific recommendations after a day and a half of deliberation. It was held in Burbank on March 17-18.

The Board reacted by ordering major reports from its own members and staff—reports on the recommendations that were to be ready for action at the Board's May 7 meeting. There were three Division reports, three new Board task forces formed and eight staff reports. Thus, the balance of March and April ultimately produced material upon which the Board voted in May. And, when the Board voted, it enacted the most major reforms in its history.

Much of the reform could be implemented through Board action. Those reforms requiring legislative authorization are embodied in SB 916 (Presley II). Other reforms, like studies to develop a priority system, could proceed without delay. SB 916 will be considered by the Assembly in mid-August. With each step in the legislative process, organizations interested in SB 916 have come closer to reaching agreement. Final agreement, at this writing, cannot be guaranteed, but the progress so far has demonstrated good faith.

The CHP Report, commissioned by the Director of the Department of Consumer Affairs, was delivered in mid-January.

The Report contains a 25-page summary, a 125-page chronology, 15 three-ring binders of written evidence and 40 audio tapes of meetings and interviews. The investigation took eight months to complete and brought to light serious operational deficiencies.

At the same time, the Report documented through numerous interviews of employees the notion that there existed within the Board's staff a so called "family"; that is, an inner circle of employees who reportedly held influence and sustained each other with promotions and perquisites. The reality of this reflection is elusive, but it is clear that the perception, even resentment, of a "family" abounded. Even the term "family" comes directly from the interviews. The Report strongly implied that morale among employees was diminished, if not destroyed.

Even so, when all was written and presented, the Report mentioned only 11 employees and one contractor by name out of a total of 284 authorized positions (267 actual employees at the time) and 12 contractors. Of the 11, two were mentioned only because of their title and position in the organization. Four were mentioned for one-time "offenses" which were sufficiently minor so as not to require disciplinary action.

At the time of the announcement of the Report (January 20), five employees of the Board were placed on administrative leave (with pay), pending action. The one contractor's agreement was terminated immediately.

After review of the Report's detail, the new Executive Director of the Board declined to file charges against one peace officer but did file against one other peace officer and three employees (all senior managers in the Board's Diversion Program). All of these cases are pending on appeal at this time.

Clearly, in the opinion of the Executive Director, discipline was called for in these five situations. On the other hand, these five represent less than two percent of the Board's work force (less than four percent of employees were mentioned by name at all).

Employee reaction to the release of the CHP Report ran the gamut. Since the Report was based mainly on interviews of fellow employees, the apprehension that some felt because they feared reprisals was relieved.

Because the number of potential disciplinary actions was small and mainly isolated to one program, there was further relief that the CHP investigators did not find widespread wrongdoing. Many did not believe that there would be any patterns of misconduct, but they were relieved nevertheless to have the Report out in the open.

There were some who reacted defensively, claiming that the Report attacked the very veracity of the Medical Board as an institution, or that it cast aspersions on the characters of Board members and staff who had devoted their loyalties and careers to the Board's mission. However, such reactions were few and isolated.

At the same time that the new Board resolved to bring about change, the vast majority of the staff got back to work in an orderly and thoroughly functional manner. Normal functioning of the Board's programs continued and improved. In addition, staff preparations for what was to become the major series of reforms voted by the Board proceeded apace.

"Plan of Action"

The release of the Report was accompanied by an eight-point "Plan of Action" endorsed by the State & Consumer Services Agency. Each point addressed a major feature of the Report:

1. Reopen the cases at the Martin Luther King, Jr. Medical Center

This was done immediately; the cases are still under active reinvestigation and involve serious hospital records-keeping issues. The potential for discipline may rely on the testimony of a "confidential informant."

2. Overhaul enforcement

This involved retaining an outside firm of experts to review the Board's most recent (two years) cases involving death, disability and sexual misconduct to see if they were closed properly or "dumped." Of 327 cases reviewed, only 23 were questioned. The Executive Director reopened 16 (fewer than 5%).

In addition, the Chief of Enforcement developed, published and distributed an up-to-date "Enforcement Manual," which is now the most current model of its kind. Other state enforcement agencies refer to it.

Also, the Board authorized a new set of enforcement sanctions at its meeting of May 7, which are reflected in the provisions of SB 916. At the same time the Board ordered the establishment of a published priority system, a classic law enforcement profile of the most errant offenders, and a study to establish electronic data links with the Board's reporting sources.

3. Upgrade Complaint Handling

The Board formed a special task force on complaint processing and information disclosure, a report which generated the most visible vote of the May 7 meeting.

The Board voted to disclose to the inquiring public the status of a physician's license if it is limited by Board order, a temporary restraining order (TRO) or an interim suspension order (ISO), if the license is under

(Cont. on page 14)

(Cont. from page 13)

discipline by the California Board or the board of another state, and if it is brought into question by the peer review action of a local hospital, medical center or clinic.

The Board also voted to disclose information if a physician has a felony conviction, a malpractice judgement (not settlement) over $30,000, or is the subject of a Board case forwarded to the Attorney General for action (rather than current policy which is to disclose only after an "accusation" is returned from the Attorney General).

Language to mandate these disclosure of peer review actions, the only actions to require legislation, was struck from the bill by a vote of the State Senate Business & Professions Committee at its June 14 hearing.

Members of the Board's task force have visited the central complaint unit of the Board and monitored the recent enhancement to the unit's system of medical quality review—a rotation of 12 Sacramento community physicians who regularly advise on the efficacy of complaints as they are received.

4. Contract Out Diversion

The Board's task force on the diversion program, after several public hearings and meetings, affirmed the basic commitment of the Board to its sponsorship of the program. Also, it opted, and the full Board agreed, not to contract out the program but to keep it in-house.

At the same time the task force made over thirty recommendations for monitoring or improvement. The major ones dealt with contract relationships with the firm being used for drug testing and program facilitators who run the group meetings. The drug testing contract has already been renegotiated.

5. Clean House At The Diversion Program

The three top managers of the Diversion Program were three of the four employees who were disciplined. These cases are still pending. The future management of the Diversion Program cannot be determined until these cases are decided.

6. Weed Out Poor Players

When originally stated, this point dealt with the prospect of further disciplinary actions against peace officer enforcement personnel. However, only one peace officer was subject to disciplinary action.

7. Seek Public Comment

This point led to the Medical Summit, cosponsored by the State & Consumer Services Agency and the Medical Board. The Summit was held on March 17-18 and resulted in 108 specific recommendations, ranging from enforcement sanctions to priority systems to changing the Board's structure to emerging policy issues in which the Board should become active.

8. Report Progress

Specifically, this meant that the Director of the Board would report to the Secretary of the State & Consumer Services Agency every 30 days from the date of the release of the CHP Report for six months and that a final report (this report) be submitted to the Governor no later than August 1, 1993. The six 30-day reports to the Secretary are attached to this report.

The Medical Summit

Following the best of previous examples of "summits," the State & Consumer Services Agency and the Medical Board jointly sponsored a "Medical Summit" on March 1718 at the Burbank Hilton Hotel. The Summit lasted for a day and a half and was followed by a half day meeting of the Board.

Staff members of the Agency, the Board and the Department of Consumer Affairs combined to arrange the logistics of an auditorium-style room with a U-shaped table. Around the table sat 75 active participants representing medicine, the defense bar, prosecutors, judges, consumer groups, social scientists, experts from other states, public health officials and the general public. A professional facilitator was hired to keep the discussions moving and to categorize and record recommendations for action.

There were 108 recommendations made under eight different headings. At the Board meeting after the Summit, the Board voted to form three task forces (Diversion, Complaint & Information Disclosure and Enforcement). In addition, the Board ordered the members of its own divisions to report on several of the Summit recommendations at its May 7 meeting. And the Board ordered eight separate staff reports to be submitted in May.

By the close of the Summit it was clear that the first of a triple-play had been completed. From the Summit the ball would be thrown to those responsible for reports to the Board. And from the reports would come whatever action the Board chose to take. We now know that the Board's choice was to vote for unprecedented reforms.

The May 7 Board Meeting

The Board's actions at its meeting of May 7 speaks for themselves:

1. Ordered New Enforcement Sanctions

- Ordered regulations drafted to impose "citation & fine";
- Voted to ask the Legislature to authorize "infraction citations" (used mostly against those practicing medicine without a license); and
- Voted to ask the Legislature to authorize a public "Letter of Reprimand" (for those cases less than an "accusation," physician may appeal or have the matter heard as an accusation).

2. Ordered the development of a priority system to be adopted after public hearings as a management guide, as a system to which yet newer enforcement sanctions can be tied, and as an educational tool to inform physicians and the public about the Board's enforcement policies. Included in the study, which will lead to the priority system, will be a classic law enforcement profile of the most errant cases.

3. Ordered studies on the current system of medical quality review with emphasis on support for the three-step process of enforcement (complaint, investigation, discipline) and with a modern mix of physician specialties and the geography of the State.

4. Voted to authorize time limits on obtaining records of consenting complainants from recalcitrant physicians and to authorize fines against those who resist providing records on non-complaining patients after a court order.

5. Voted to authorize disclosure to the inquiring public of certain actions by the Board to discipline a physician, certain reports to the Board, or an action requested by the Board of the Attorney General.

6. Voted to ask the Legislature to authorize a biennial fee increase of $100 subject to the condition that there be no further transfers of special funds to the general fund (as was done the previous year). The fee increase is primarily for the hiring of 15 new attorneys in the Health Quality Enforcement Section of the AG's Office.

7. Ordered studies that would lead to the establishment of electronic data links between the Board and its reporting sources (e.g. hospitals, prosecutors, courts, malpractice insurers, other law enforcement agencies, fraud units, federal data banks, peer review organizations, etc.).

8. Ordered the development, publication and distribution of a modern, up-to-date Enforcement Manual.

(Cont. on page 15)

(Cont. from page 14)

9. Agreed to a proposal to shorten the appeal process by eliminating the superior court as a level of appeal, meaning that appeals (there were 12 to the courts in the previous year) would go straight to the court of appeals.

10. Agreed with its own Task Force on Diversion to affirm the Board's commitment to sponsoring the diversion program but accepted the task force's recommendations for improved operations.

11. Voted to change the structure of the Board by eliminating its Division of Allied Health Professions (which had become dated) and to transfer the number of members of that division to the Division of Medical Quality, thereby emphasizing the Board's role in enforcement. The DMQ would be authorized to form two panels of six members each to handle an increasing overall workload and the diminishing workload of the Medical Quality Review Committees, which have been proposed for elimination in SB 916.

12. Voted to establish a Task Force on Appropriate Prescribing which is charged with developing a course for continuing medical education (CME) credit and to develop other materials that help reach a growing number of physicians who are disciplined by the Board for malprescribing. At the same time, the Task Force is charged with trying to educate physicians on appropriate prescribing so that patients are not left in pain because a physician fears discipline by the Board.

13. Authorized the staff to develop plans for a Task Force on Emerging Policy Issues such as the distribution of health resources (both physician and allied health professionals) throughout the State particularly with language abilities in mind. Another policy issue might be "medication management," which is the development of a computer system to warn physicians and pharmacists when a prescription might adversely interact with other prescriptions or regular over-the-counter drugs.

SB 916 (Presley II)

As events were progressing from the CHP Report to the Medical Summit to the May 7 Board meeting, Senator Robert Presley, at the urging of the Center for Public Interest Law (CPIL), introduced SB 916. The bill was intended to be an omnibus reform measure written in response to media criticism, the CHP Report, and also to include some reforms that Senator Presley and CPIL did not get in SB 2375 (Presley I).

Negotiations

Five negotiating sessions were held prior to the June 14 hearing of SB 916. Parties represented, in addition to both senators included the Medical Board, the Department of Consumer Affairs, the Center for Public Interest Law, the Office of the Attorney General and the California Medical Association. (See pages 4 and 5 for an update on SB 916.)

Conclusion

The actions detailed in this report summarize the response we have provided to date to the CHP Report.

While there are obvious tasks yet to be completed and even new proposals to consider, substantial progress and major achievements have been made. When the Report was released, there was no time to waste. The Board has made the best use of its time and pledges to continue to seek improvements. The public can be assured of a vigilant and vital Medical Board.

Board President Jacquelin Trestrail, M.D. honors retiring members (from left) Madison Richardson, M.D., John Kassabian, M.D., and John C. Lungren, M.D. All three served two four-year terms and were officers of the Board. The presentation took place at a luncheon in their honor during the Board's July 30 meeting in Millbrae.

Department of Consumer Affairs
Medical Board of California
1426 Howe Avenue
Sacramento, CA 95825-3236

Please inform us of any address changes.

BULK RATE
U.S. POSTAGE
PAID
Sacramento, CA
PERMIT NO 685

MEDICAL BOARD OF CALIFORNIA

Jacquelin Trestrail, M.D., President
Bruce Hasenkamp, Vice President
Robert del Junco, M.D., Secretary

Division of Licensing
Ray Mallel, President
C. Fredrick Milkie, M.D., Vice President
Robert del Junco, M.D., Secretary
Bruce Hasenkamp
Alan E. Shumacher, M.D.
B. Camille Williams, M.D.
(Vacancy)

Division of Medical Quality
Michael H. Weisman, M.D., President
Theresa Claassen, Secretary
Clarence Avery, M.D.
Lawrence D. Dorr, M.D.
Karen McElliott
Gayle W. Nathanson
(Vacancy)

Division of Allied Health Professions
Mike Mirahmadi, M.D., Vice President
Stewart Hsieh
Barbara Stemple
Jacquelin Trestrail, M.D.
(Vacancy)

Dixon Arnett, Executive Director

TOLLFREE COMPLAINT LINE:
1-800-Med-Bd-CA (1-800-633-2322)
(Non-complaint calls to this number cannot be transferred.)

Physicians and Surgeons:	
Applications and Examinations	(916) 263-2499
Complaints	(800) 633-2322
Continuing Education	(916) 263-2360
Disciplinary Information	(916) 263-2525
Health Facility Discipline Reports	(916) 263-2382
Fictitious Name Permits	(916) 263-2382
License Renewals	(916) 263-2382
Verification of Licensure	(916) 263-2382
General Information	(916) 263-2466
Allied Health Professions:	
Complaints	(800) 633-2322
Acupuncture	(916) 263-2680
Audiology	(916) 263-2666
Hearing Aid Dispensers	(916) 263-2288
Physical Therapy	(916) 263-2550
Physician Assistant	(916) 263-2670
Podiatry	(916) 263-2647
Psychology	(916) 263-2699
Registered Dispensing Opticians	(916) 263-2634
Respiratory Care	(916) 263-2626
Speech Pathology	(916) 263-2666

ACTION REPORT-FALL 1993
The Action Report is a quarterly publication of the Medical Board of California. For information or comments about its contents, please contact: Candis Cohen, Editor, (916) 263-2389.

For additional copies of this report, please fax your company name, address, telephone number, and contact person to: Jennifer Bawden, Medical Board Support Services Unit, at (916) 263-2479, or mail your request to her at 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.

1992 - 93 Annual Report
Medical Board of California

1426 Howe Avenue, Suite 54, Sacramento, CA 95825 (916) 263-2389

Division of Licensing

The Licensing Program licensed 3,700 physicians and surgeons last year, bringing the total of California-licensed physicians to over 102,000. The Program continues to be a major clearinghouse of information for the Board, medical facilities, law enforcement, and the medical profession, conducting over 520,000 license verifications last year. To further expand the Board's level of service to the public, the Board authorized the Licensing Program to expand the licensing verification service to include disclosure of more information to the public, and the Licensing Program has developed plans to begin implementation. Beginning in October 1993, licensing verification staff and equipment will be expanded, and will begin disclosing felony convictions, medical malpractice judgments, referrals to the Attorney General for disciplinary action, disciplinary actions taken by other states, as well as continuing to disclose California disciplinary history.

The Division continues to seek to raise the level of public protection through refinement of the licensing laws and staff improvements. To keep up with the budgetary needs of the entire Board, the biennial licensing fee was raised last year to $500, and legislation has been sought to raise the fee to $600 next year. Legislation also was sought to raise the postgraduate training requirement from one year to two for applicants whose undergraduate training was received in unaccredited settings, and to require certification of previously unregulated outpatient surgery settings. To meet the increased demands placed on the licensing program through legislation, the Licensing Program has expanded its staff to accommodate the greater workload; because of the increasing complexity of licensing applications, particularly from foreign countries, the Program obtained the authority to raise the level of the quality of its staff, and will begin implementation in 1993/1994.

A major accomplishment last year was the drafting and adoption of regulations that would enforce the restriction of specialty board advertising as a result of SB 2036. If the regulations are signed by the Office of Administrative Law in 1993, California will begin accepting specialty board applications, and will become the first state to address the problem of substandard board certification.

Physician and Surgeon Valid Licenses by County

Almeda	3,359	Riverside	1,798
Alpine	1	Sacramento	2,783
Amador	53	San Benito	21
Butte	375	San Bernardino	2,701
Calaveras	30	San Diego	7,021
Colusa	10	San Francisco	4,449
Contra Costa	2,111	San Joaquin	756
Del Norte	31	San Luis Obispo	526
El Dorado	214	San Mateo	2,285
Fresno	1,355	Santa Barbara	959
Glenn	8	Santa Clara	4,283
Humboldt	258	Santa Cruz	488
Imperial	119	Shasta	323
Inyo	42	Sierra	3
Kern	797	Siskiyou	64
Kings	98	Solano	583
Lake	56	Sonoma	1,061
Lassen	35	Stanislaus	648
Los Angeles	23,628	Sutter	118
Madera	65	Tehama	44
Marin	1,420	Trinity	15
Mariposa	18	Tulare	400
Mendocino	181	Tuolumne	106
Merced	215	Ventura	1,313
Modoc	4	Yolo	457
Mono	21	Yuba	52
Monterey	651	**California Total**	
Napa	404	**76,367**	
Nevada	163	**Out of State Total**	
Orange	6,909	**26,524**	
Placer	455	**Valid Licenses**	
Plumas	24	**102,891**	

Mission Statement of the Medical Board of California

The mission of the Medical Board of California is to protect consumers through proper licensing of physicians and surgeons and certain allied health professions and through the vigorous, objective enforcement of the Medical Practice Act.

Verification Services

	FY 1991/92	FY 1992/93
Phone Verifications	157,564	201,768
On-Line Access Verifications	**	161,607
Written Verifications	95,411	100,944
Address Changes	8,090	14,571
File Updates	10,292	23,340
Teale Data Verifications*	97,123	66,259
805.5 B&P Reports Received	183	179
805.5 B&P Reports Mailed	911	962
Malpractice 800-804 B&P	833	842
Incomplete Medical Records 805	1,012	844
Nat. Pract. Data Bank Adverse Action	137	176
NPDB 805s	153	63
NPDB Malpractice	1,273	1,762
Certification Letters	1,568	2,174
Letters of Good Standing	5,817	5,968
Test Scores	231	151
Fictitious Name Permits Issued	1,268	1,149
FNP Renewed	561	215
New Files Established	12,040	7,553
Name Changes	227	176
CME Audits	634	847
CME Waivers	441	317
CME Temporary Waivers	7	34
Applications for Inactive Status	146	222
Reactivate Inactive License Status	41	26
Duplicate Wall Certificates	37	71
Duplicate Wallet Certificates	390	427
Military Exemptions	186	404
Order Files from Archives	766	1,687
Copy Microfilm Records	13,822	16,672
Microfilm Files Created	2,340	1,004
Microfilm Misc. Files Created	3,009	1,310
Mail Pieces Sorted & Distributed	38,780	38,583
Refund Requests	208	130
Written Correspondence	5,767	5,238
Mail Information Materials	6,620	8,014
Non-Verification Telephone Calls	26,966	28,379
Applications for Retired Status	1,140	1,224
Apps for Disabled Status	82	93
Apps for Voluntary Cancelled	**	416
Public Counter	**	24

* The number of hospitals that request verification of their medical staff's licensure status (Teale DataVerification) have decreased due to the Board's new "On-Line Access" computer sub-system that is available to over 150 major California hospitals. On-Line Access allows hospitals to verify physicians' and allied health professionals' licensure status through a telephone line and computer screen.

** Data not previously maintained.

Licensing Activity

Physician Licenses Issued	FY 1991/92	FY 1992/93
Federation Licensing Exam (FLEX)	1,358	1,174
National Board Exam (NBME)	2,859	2,493
Reciprocity with other states	140	105
Total new licenses issued	4,357	3,772
Renewal licenses issued ✚	53,109	51,906
Total	57,466	55,678
Physician Licenses in Effect*		
California Address	76,043	76,367
Out of State	27,030	26,524
Total	103,073	102,891
Licensing Examination Activity		
Federal Licensing Exam (FLEX)		
Applicants who passed FLEX exam	373	349
Applicants who failed FLEX exam	82	95
Total	455	444
Special Purpose Licensing Exam (SPEX)		
Applicants who passed SPEX exam	59	55
Applicants who failed SPEX exam	48	48
Total	107	103
Oral Exam		
Applicants who passed oral exam	1,286	1,131
Applicants who failed oral exam	82	66
Total	1,368	1,197
Statement of Issues to Deny License		
Filed	2	6
Upheld/Application Denied	3	2
Denied/Application Granted	1	0
Stipulation/Probationary Cert. Granted	**	3
Withdrawn	1	0

✚ The number of "renewal licenses issued" for FY 1992/93 includes 4,251 licenses that incur no revenue because the physicians are exempt from payment of renewal fees. The number also includes physicians with "non-practicing" license status (disabled and inactive).

*The number of "licenses in effect" for FY 1992/93 includes 6,627 physicians with licenses in effect who have been exempted by statute from payment of renewal fees due to retired or military exempt status.

**Data not provided prior year.

Division of Allied Health Professions

The Division of Allied Health Professions oversees the activities of six examining committees and two boards that license non-physician health practitioners and directly regulates five other occupations. The Division has five members: three physicians and two public members (non-physicians).

The Division of Allied Health Professions has developed new medical assistant regulations and training requirements. The regulations went into effect on April 20, 1992. These regulations and training requirements specify the "technical supportive services" which can be performed by medical assistants and encompass their scope of work.

Copies of regulations may be obtained by contacting the Division of Allied Health Professions.

Allied Health Licensing Programs Overseen by Division of Allied Health:

- Acupuncture Examining Committee
- Hearing Aid Dispensers Examining Committee
- Physical Therapy Examining Committee
- Physician Assistant Examining Committee
- Board of Podiatric Medicine
- Board of Psychology
- Respiratory Care Examining Committee
- Speech Language Pathology and Audiology Examining Committee

Occupations Directly Regulated by Division of Allied Health Professions:

- Contact Lens Dispensers
- Registered Dispensing Opticians
- Spectacle Lens Dispensers
- Medical Assistants
- Research Psychoanalysts

Allied Health Professions Licenses Issued

	FY 91/92	FY 92/93
Acupuncturist	212	205
Audiologist	54	57
Hearing Aid Dispenser	277	216
Physical Therapist	809	814
Physical Therapy Assistant	312	318
Electroneuromyographer	0	5
Kinesiologic Electromyographer	0	8
Physician Assistant	189	225
Physician Asst. Supervisor	1,320	1,285
Podiatrist	141	90
Psychologist	593	541
Psychologist Assistant	1,049	946
Registered Dispensing Optician Firm	198	142
Contact Lens Dispenser	37	50
Spectacle Lens Dispenser	282	179
Research Psychoanalyst	2	3
Respiratory Care Practitioner	945	972
Speech Pathologist	277	388
Total Licenses Issued	**6,697**	**6,444**

Allied Health Professions Licenses In Effect

	FY 91/92	FY 92/93
Acupuncturist	2,722	3,678
Audiologist	1,058	1,285
*Hearing Aid Dispenser	1,923	2,751
Physical Therapist	12,895	15,721
Physical Therapy Assistant	2,133	2,814
Electroneuromyographer	29	38
Kinesiologic Electromyographer	10	24
Physician Assistant	2,189	3,084
Physician Asst. Supervisor	4,440	10,524
*Podiatrist	2,158	2,863
Psychologist	10,038	11,327
Psychologist Assistant	2,330	3,140
Registered Dispensing Optician Firm	1,328	1,758
Contact Lens Dispenser	536	956
Spectacle Lens Dispenser	2,050	3,104
Research Psychoanalyst	51	55
Respiratory Care Practitioner	12,104	14,873
Speech Pathologist	6,388	7,579
Total Licenses Issued	**64,382**	**85,574**

* Includes limited licenses

Enforcement Program

The Medical Board's enforcement program made tremendous strides in the '92/93 FY to increase its performance, productivity and ensure public protection.

Most notable is the exponential increase in Interim Suspension and Temporary Restraining Orders actually issued or granted by the court over the prior year. ISOs and TROs are used for the most egregious cases. The increase is due in large measure to aggressive Medical Board investigations and to the fine efforts of the Attorney General's Health Quality Enforcement Unit.

Complaints Received

		Contractual	Fraud	Health & Safety	Non-Jurisdictional	Competence/ Negligence	Other Category	Personal Conduct	Unprofessional Conduct	Unlicensed/ Unregistered	Total
Public	MD	2	270	128	504	1,499	11	43	1,915	146	4,518
	AH	0	137	3	57	177	2	13	543	114	1,046
B&P Code	MD	1	5	4	1	807	2	15	56	0	891
Section 800	AH	0	0	0	0	19	1	1	0	0	21
Other Licensee	MD	0	22	43	25	76	5	18	103	31	323
	AH	0	18	1	11	19	1	4	250	78	382
Internal (Based on	MD	0	24	23	0	45	0	13	33	39	177
Internal Information)	AH	0	3	1	0	8	0	6	67	63	148
Anonymous	MD	0	21	19	7	30	2	16	57	41	193
	AH	0	13	1	0	1	0	3	73	31	122
Law Enforcement	MD	0	8	17	4	12	0	47	40	16	144
Agency	AH	0	2	2	0	0	1	47	35	2	89
Other California	MD	0	10	9	3	16	3	15	30	21	107
State Agency	AH	0	1	2	0	5	0	19	8	13	48
Other State	MD	0	1	0	0	2	0	0	170	2	175
	AH	0	0	0	0	1	0	1	9	0	11
Society or	MD	0	5	4	3	6	1	1	35	11	66
Trade Organization	AH	0	1	0	0	3	0	0	6	4	14
Other Government	MD	0	6	8	8	16	1	2	24	10	75
Agency	AH	0	1	0	0	1	0	0	7	1	10
Other Unit of	MD	0	1	8	1	2	0	3	9	8	32
Consumer Affairs	AH	0	6	3	0	10	1	7	8	18	53
Federal Government	MD	0	3	2	1	6	0	1	2	2	17
	AH	0	0	0	0	2	0	0	0	1	3
Miscellaneous	MD	0	1	0	0	7	1	1	0	2	12
Sources	AH	0	1	0	0	2	0	2	2	2	7
Totals	MD	3	377	265	557	2,524	26	175	2,474	329	6,730
	AH	0	183	13	68	247	6	103	1,008	327	1,955
											*8,685

* These totals do not include 72 cases which resulted from background checks on applications for licenses; 19 MD, 53 AH. Those cases are included in line one of the Action Summary table on Page v.

Key: MD = Medical Doctor; AH = Allied Health Professionals

The volume of complaints received by the Board continues to increase and reached an all-time high. Despite the increase, the Board's Central Complaint Unit has processed an increasing volume of complaints, while ensuring that only those cases which truly merit more costly and intensive field investigation are assigned to field investigators.

It is important to note the '92/93 FY increase in criminal cases filed for criminal prosecution, which is significantly greater than the '91/92 FY.

There is also a difference between the '91/92 FY cases closed figure of 4,796 and the '92/93 FY cases closed figure of 3,018. The accuracy of the '91/92 FY figure is questionable partially due to limitations in the Board's tracking system at the time; however, the '92/93 FY figure was accurately computer generated and is well within the reasonable range of past year case closures and projected year case closures.

Medical Board of California

Officers-1993

Jacquelin Trestrail, M.D., President
Bruce Hasenkamp, Vice President
Robert del Junco, M.D., Secretary

Division of Allied Health Professions

Madison Richardson, M.D., *President
Mike Mirahmadi, M.D., Vice President
Stewart Hsieh
Barbara Stemple
Jacquelin Trestrail, M.D.

Division of Licensing

Ray Mallel, M.D., President
C. Fredrick Milke, M.D., Vice President
Robert del Junco, M.D., Secretary
Bruce Hasenkamp
John C. Lungren, M.D.*
Alan E. Shumacher, M.D.
B. Camille Williams, M.D.

Division of Medical Quality

Michael H. Weisman, M.D., President
John Kassabian, M.D., *Vice President
Theresa L. Claassen, Secretary
Clarence S. Avery, M.D.
Lawrence D. Dorr, M.D.
Karen McElliott
Gayle W. Nathanson

*Term expired July 31,1993

Executive Director, Dixon Arnett

Reports Required by Law

Medical Malpractice	FY 91/92	FY 92/93
Insurers - Section 801		
Physician & Surgeon	630	634
Health Maintenance Organizations	13	6
Podiatrists	18	7
Psychologists		1
Physician Assistants		1
Subtotal	661	649
Attorneys or Self-Reported Section 802		
Physician & Surgeon	87	87
Health Maintenance Organizations	74	90
Podiatrists		1
Subtotal	161	178
Courts - Section 803		
Physician & Surgeon	9	11
Health Maintenance Organizations	2	2
Psychologists		2
Subtotal	11	15
Total Malpractice Reports	**833**	**842**
Health Facility Discipline		
Incomplete Medical Records - Section 805		
Physician & Surgeon	1,007	839
Podiatrists	1	1
Psychologists	4	4
Subtotal	1,012	844
Medical Cause or Reason - Section 805.5		
Physician & Surgeon	178	175
Podiatrists	1	1
Psychologists	4	3
Subtotal	183	179
Total Health Facility	**1,195**	**1,023**

For additional copies of this report, please fax your company name, address, telephone number and contact person to: Jennifer Bawden, Medical Board Support Services Unit, at (916) 263-2479, or mail your request to her at 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.

Action Summary

	FY 91/92			FY 92/93		
	MD	AH	ALL	MD	AH	ALL
Complaints/Investigations						
Complaints Received	6,050	1,842	7,892	6,749	2,008	8,757
Complaints Closed by CCICU			4,908	3,878	1,060	4,938
Investigations						
Cases Opened	3,569	1,227	4,796	2,208	810	3,018
Cases Closed [1]	1,879	651	2,530	1,665	607	2,272
Cases to AG	347	176	523	433	221	654
Cases to DAs/CAs	60	34	94	99	25	124

[1] Investigation cases closed in '92/93 are fewer than in '91/92 due to budget induced vacancies and improved Central Complaints Unit case screening.

Administrative Filings						
Interim Suspensions	6	0	6	15	7	22
Temporary Restraining Orders [2]	25	2	27	10	1	11
Statement of issues to deny application	2	25	27	6	38	44
Petition to Compel Psychiatric Exam	8	1	9	9	4	13
Petition to Compel Competency Exam	4	0	4	17	0	17
Accusation/Petition to Revoke Probation	159	78	237	310	166	476
Total Filings	**202**	**106**	**308**	**367**	**216**	**583**

[2] '91/92 TRO figures include TROs sought; '92/93 figures show only TROs actually issued or granted by courts.

Administrative Actions						
Revocation	49	41	90	41	52	93
Voluntary Surrender (in lieu of discipline)	28	4	32	30	7	37
Probation/Suspension	24	13	37	25	6	31
Probation	41	23	64	36	34	70
Probationary License Issued	6	11	17	4	9	13
Other Actions (e.g., public reprimand)	14	2	16	13	4	17
Total Decisions	**162**	**94**	**256**	**149**	**112**	**261**
Review and Referrals						
Physicians Called in for Medical Review	269	0	269	169	10	179
Physicians Referred to Diversion Program	13	0	13	29	0	29
Total Reviews & Referrals	282			198	10	208
Total Actions	**432**	**72**	**504**	**347**	**122**	**469**
Other Administrative Outcomes						
Accusation Withdrawn	9	2	11	9	4	13
Accusation Dismissed	5	3	8	18	4	22
Petitions for Penalty Relief	18	5	23	21	10	31
SOI* Granted (Lic. Denied)				2	13	15
SOI Denied (Lic. Granted)				0	3	3
Totals				**50**	**34**	**84**

*Statement of Issues

DIVERSION PROGRAM

The Board's Diversion Program for impaired physicians fulfills both elements of the Division of Medical Quality's mission to protect the public and to rehabilitate physicians. First, it protects the public by monitoring physicians who are impaired as a result of alcohol and other drug addiction or mental illness; second, it gives physicians with substance abuse problems the opportunity for rehabilitation.

The Diversion Program, created by statute in 1980 as an alternative to discipline by the Board, allows participants, when appropriate, to continue to practice medicine. Both Board-referred and self-referred candidates can participate if deemed eligible by Diversion Evaluation Committees, composed of three physicians and two public members with expertise in alcohol and other drug addiction or mental illness. Participation by self-referred physicians is completely confidential. The Program's foundation is a monitoring system that provides protection to the public while encouraging recovery.

DIVERSION PROGRAM

Activity*		
Beginning of fiscal year	259	
Accepted into program	58	
Terminations		
Successful	66	
Unsuccessful	27	
Active at end of year	212	
Informal participants**	56	
Type of Impairment	**#**	**%**
Alcohol	31	15
Other drugs	84	40
Alcohol and other drugs	87	41
Mental illness	8	4
Mental illness & substance abuse	1	.5
Total	**211**	

* These statistics include podiatrists.

**An informal participant is a person who: 1) has not been seen by a Diversion Evaluation Committee member, 2) has not signed his or her treatment agreement, 3) has been approved by DMQ only to participate informally (has a complaint filed against him or her).

In addition to providing services for physicians, since July 1, 1992 the Program has been administering a diversion program for the Board of Examiners in Veterinary Medicine and is continuing the administration of the Board of Podiatric Medicine's Diversion Program.

During the spring of 1993, the Board convened a task force to review and evaluate the policies and functions of the Diversion Program. The task force reformed its commitment to the Diversion Program, and recommended that its management function stay with the Board. The Board adopted a series of 10 task force recommendations to improve and strengthen Program components and reaffirmed six statements of Program policy. Among the adopted recommendations was to invite closer ties with the Liaison Committee of the California Medical Association, a group with a broad base of experts in diversion and addiction medicine.

MEDICAL QUALITY REVIEW COMMITTEES

The 14 Medical Quality Review Committees (MQRC) have brought a regional perspective to the Board. Appointed by the Governor, the 210 members authorized under current law represent their local communities of practitioners and consumers.

During the past year, they have primarily conducted hearings on doctors who have petitioned for reduction of their penalties or reinstatement of revoked licenses.

The MQRCs also have counselled physicians who have been found to have problems in their medical practices through a system of Physician Peer Counseling Panels.

MQRC Data	
Hearings scheduled	9
Hearings held	2
Cases stipulated	7
Petitioner hearings	21
Peer Physician Counseling Panels	4
Decisions sent to DMQ for approval	30

Senate Bill 2375 Special Data Elements

Senate Bill 2375 (Presley) requires the Medical Board to report the following data in annual reports subsequent to the 1991/92 fiscal year. The following information is for fiscal year beginning 1992/93.

1. Temporary Restraining Orders Board Sought of the Attorney General: **53**

Cases for which TROs were granted:	
Gross Negligence	3
Self Abuse of Drugs or Alcohol	2
Sexual Misconduct	4
Inappropriate Prescribing/ Treatment	2
Total	11

Cause for which TROs were sought, but not granted:	
Mental Illness	4
Sexual Misconduct	17
Excessive Prescribing	3
Self Abuse of Drugs or Alcohol	6
Fraud/Dishonesty	7
Gross Negligence/Incompetence	3
General Unprofessional Conduct	1
Aiding Unlicensed Practice	1
Totals	42

2. Number and type of action taken relating to prescribing narcotics or other controlled substances:

	Inappropriate Prescribing or Treatment		Self abuse of drugs or alcohol	
Penalty imposed	P/S	AHC	P/S	AHC
License revocation	6	0	3	4
Voluntary surrender	1	0	2	0
Probation w/ suspension	5	0	2	0
Probation only	5	2	4	1
Probationary new license	0	0	0	0
Other discipline	0	0	0	0
Totals	**17**	**2**	**11**	**5**

3. The number and type of action taken which resulted from cases referred* by the state Department of Health Services pursuant to Section 14124 of the Welfare and Institutions Code, relating to suspension of provider status for state medical assistance:

Physicians	48
Allied Health Professions	7
Total	55

*In all instances, the original referral came from the Board to the Department, following action by the Board. There were no referrals pursuant to Section 14124 which preceded board action against the practitioner.

4. Consumer inquiries and complaints:

Consumer inquiries	70,353
Jurisdictional inquiries	39,830
Complaint forms sent	11,426
Complaint forms returned by consumers	4,360

5. Number of reports submitted pursuant to Sections 800-805 of the Business and Professions Code: 1,023

6. Number of reports from coroners against physicians and allied health professionals:

Physicians and Surgeons	22
Allied Health licensees	0
Total	22

7. Total number of complaints referred from other agencies, by agency: 745 Total (See page iv for breakdown.)

8. Number of complaints or referrals closed, refunded or resolved without discipline prior to accusations:

	MD	AH	Total
Complaints received	6,749	2,008	8,757
Referred to other agency	782	90	872
Referred/Resolved w/out discipline	5,543	1,667	7,210
Referred to AG	433	221	654
Referred to DA	99	25	124

9. Number of accusations filed: 476

10. Number of final dispositions: 149

Physician Discipline by Category—Final Administrative Adjudication

Negligence	57
Excessive/Inappropriate drug prescribing	16
Sexual Misconduct	18
Mental Illness	2
Self-use drugs/alcohol	10
Fraud	3
Conviction of crime	4
Unprofessional conduct	7
*Other	32
Total	149

*Most of these are out-of-state discipline.

11. Number of completed investigations at the Attorney General's Office awaiting the filing of formal charges: 388
    This statistic was obtained by the Office of the Attorney General, Health Quality Enforcement Division.

12. Average and median time in processing complaints, for all cases, from date of original receipt of the complaint, for each stage of discipline, through completion of judicial review:

Processing/Legal stages	Mean Average (in days)	Mean Average (in days)
Complaint receipt, preliminary assessment by Central Complaint Unit and referral for investigation.	104	76
Investigation to case closure or referral for legal action	90	72
Attorney General processing to preparation of an accusation	282	198
Other stages of the legal process	*	*

*Not available. Outside of the control of the Medical Board and the Attorney General.

13. Data on Diversion Program:

Number of participants beginning of fiscal year	259
Number of participants accepted into program	58
Successful terminations	66
Unsuccessful terminations	27
Active participants at end of year	212

14. Number of interim suspensions: 23

15. Number of probation violation reports sent to Attorney General: 23

16. Number of probation revocation filings:

Physicians and Surgeons	15
Allied Health	8
Total	23

17. Investigator caseloads as of June 30, 1992:

Active Cases	2,175
Cases per investigator	35
Probation Cases (active*)	344
Cases per investigator	57

*117 additional probation cases were inactive because licensee is out of state; Probation Unit supervisor tracks these cases.

18. Number of final dispositions of probation violation cases:

	Filed	Additional Probation	Probation Revoked	Revocation Denied
Physician	8	2	3	1
Allied Health	6	0	7	0
Total	14	2	10	1

Note: Some cases filed are not finalized within the same fiscal year.

19. Number of petitions for reinstatement of license:

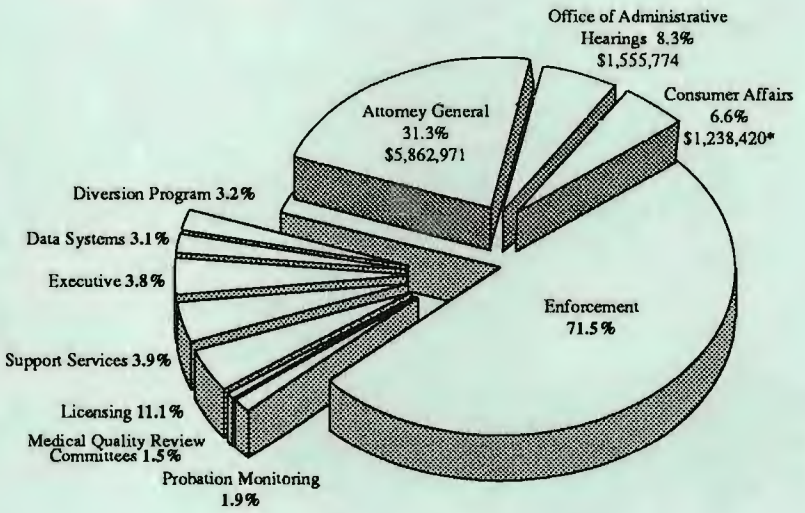
	Granted	Denied
Physician	12	9
Allied Health	2	8
Total	14	17

MEDICAL BOARD OF CALIFORNIA
1992-1993 FISCAL YEAR BUDGET

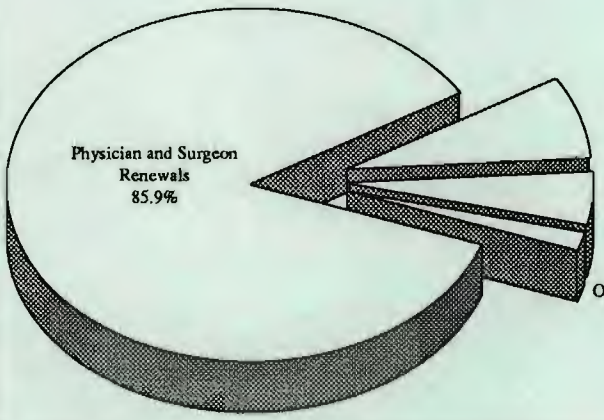
Enforcement	71.5%	$18,736,000
Licensing	11.1%	2,913,000
Support Services	3.9%	1,024,000
Executive	3.8%	981,000
Diversion Program	3.2%	842,000
Data Systems	3.1%	817,000
Probation Monitoring	1.9%	489,000
Medical Quality Review Committees	1.5%	391,000
Total Budget	**100%**	**$26,193,000**

Total amount (allocated to all programs) paid to Department of Consumer Affairs = $2,076,493

* Amount to Department of Consumer Affairs allocated to the enforcement program only.



MEDICAL BOARD OF CALIFORNIA
SOURCES OF REVENUE
1992-1993



Physician and Surgeon Renewals	85.9%	$21,532,000
Applications and Examinations	7.5%	$1,888,000
Initial License Fees	5.0%	$1,251,000
Other Regulatory Fees, Delinquency/Penalty/ Reinstatement Fees, Miscellaneous	1.6%	$410,000
Total	**100%**	**$25,081,000**