



2020 2021 **ANNUAL REPORT**

Board Roster	2
Executive Summary	3
Licensing Program	6
Enforcement Program	11
Allied Healthcare Professionals	20



BOARD ROSTER

The Medical Board of California (Board) is comprised of fifteen members: eight physician members and five public members appointed by the Governor, one public member appointed by the Speaker of the Assembly, and one public member appointed by the Senate Rules Committee. The Board has seven standing committees, seven task forces, two disciplinary panels, and the Midwifery Advisory Council that assist with the work of the Board.

Kristina D. Lawson, J.D.
President

Randy W. Hawkins, M.D.
Vice President

Laurie Rose Lubiano, J.D.
Secretary

Ryan Brooks

Alejandra Campoverdi

Dev GnanaDev, M.D.

James M. Healzer, M.D.

Howard R. Krauss, M.D.

Asif Mahmood, M.D.

David Ryu

Richard E. Thorp, M.D.

Eserick "TJ" Watkins

Felix C. Yip, M.D.



MISSION

The mission of the Medical Board of California is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professionals and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's licensing and regulatory functions.

VISION

To be the premier consumer protection agency leading the effort to advance high quality, safe medical care.

Gavin Newsom
Governor

William Prasifka
Executive Director

Reji Varghese
Deputy Director

EXECUTIVE SUMMARY

During Fiscal Year (FY) 2020-2021, the Medical Board of California (Board) continued to address the operational challenges presented by the global pandemic, while meeting its mission of consumer protection through its critical licensing and enforcement functions. Board members and staff continued their work despite various requirements that limited in-person meetings. In addition, during this year, the Board engaged closely with the Legislature and various stakeholders with the sunset review process. Sunset review is an opportunity for the Board to work with state lawmakers and other stakeholders to improve Board operations and strengthen consumer protection in California.

SUNSET REVIEW

Sunset review generally takes place every four years and is an opportunity for the Board to review its recent work and accomplishments and request that the Legislature approve changes in the law that will support the Board's mission. Through this public process, stakeholders provide comments on the Board's operations and make various recommendations to the Legislature.

During FY 2020-2021, the Board participated in two legislative sunset hearings. The first hearing was held March 19, 2021 and focused on the Board's Enforcement Program. The second hearing was held on May 5, 2021 and reviewed the Board's licensing processes. Prior to those hearings, the Board submitted its [Sunset Report](#) to the Legislature and included multiple requests for statutory

changes the Board believes would strengthen consumer protection in California and provide the Board adequate financial resources. The Board's sunset extension, and other law changes approved by the Legislature are included within Senate Bill 806 (Roth).

AB 149 OUTREACH

The Board launched an outreach campaign on Assembly Bill 149 (Cooper, Statutes of 2019), which requires paper prescription forms for controlled substances to contain a unique serialized number and other security features.

The Board's campaign consisted of a podcast, newsletter articles, website content, social media messaging and email messaging.

Year in Review¹



7,798

Applications
Received²



8,206

Licenses
Issued²



70,802

Licenses
Renewed



10,103

Complaints
Received

¹ Physicians and Surgeons

² Includes Postgraduate Training Licenses

The campaign was amplified by the Department of Consumer Affairs (through a news release to the media) and the California Board of Pharmacy, which helped to reach other prescribers impacted by the law but who are not regulated by the Board.

EXPANSION OF PUBLIC STAKEHOLDER MEETINGS

Previously held annually, the Board increased the frequency of its Public Stakeholder meetings, strengthening the Board's commitment to bringing the public together to engage in a dialogue with the Board.

The goal of the Public Stakeholder Meeting is to expand communication with public stakeholders, respond to their questions, comments and suggestions, and discuss ways for the Board to improve its processes in pursuit of its consumer protection mission.

The April 21, 2021 stakeholder meeting featured a presentation from Bridget Fogarty Gramme, of the Center for Public Interest Law. Gramme's presentation, "Amplifying Public Voices: Transforming Public Comment into Meaningful Change," gave several tools that consumers can use to communicate with the Board at public meetings and described the Board's jurisdiction and legislative authority.

DOWNLOAD **THE** Medical Board of California App for iOS!

Quick, Optimized Access to Website Content

Follow up to 16 Doctors' Licenses

Immediate License Profile Access to the
Doctors Being Followed

Free, Automated License Alert Notifications
When Profile is Updated



Access to information on your doctor at your fingertips, 24/7. Developed by the Medical Board of California as part of their ongoing commitment to protecting California's health care consumers.

Making informed healthcare decisions has never been easier. Receive notifications when a doctor's name, address, practice status, license expiration, or survey data changes, and when administrative actions and enforcement documents are added to a doctor's profile. This information includes notification when a doctor is suspended, revoked, or placed on probation.

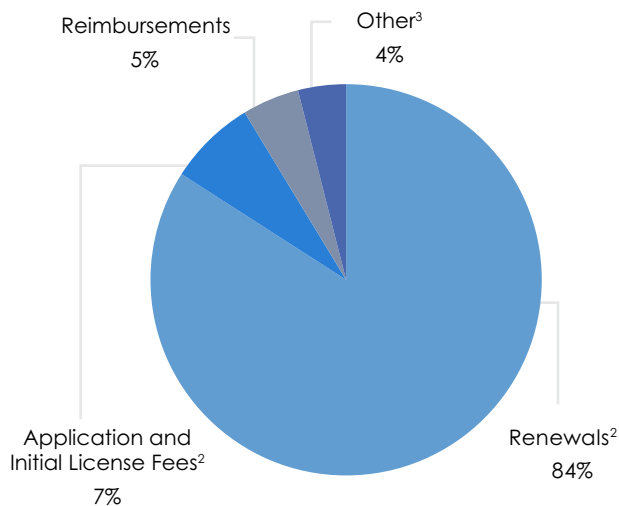


BUDGET SUMMARY

Physicians' renewal fees are the primary source of revenue for the Board, as illustrated below in the revenues and reimbursements chart. The budget distribution chart reflects the actual expenditures in each of the Board's programs.

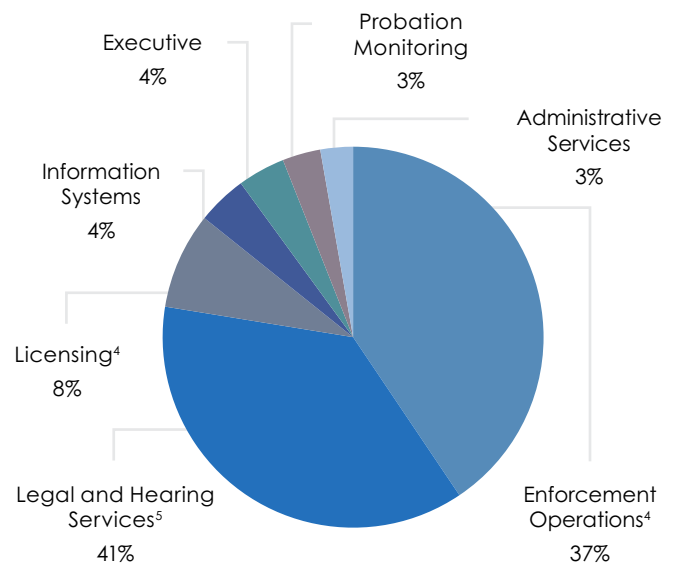
The Enforcement Program accounts for 81 percent of the Board's overall expenditures. Although the Board cannot order cost recovery for the investigation and prosecution of a case, the Board can order probation monitoring costs be reimbursed. The Licensing Program accounts for eight percent of the Board's expenditures, while the Executive and Administrative Services account for seven percent. The Information Systems Branch accounts for the remaining four percent of the Board's overall expenditures.

Revenues and Reimbursements¹



Revenues and Reimbursements ¹		
Renewals ²	\$51,555,000	84%
Application and Initial License Fees ²	\$4,435,000	7%
Reimbursements	\$2,892,000	5%
Other ³	\$2,429,000	4%
Total	\$61,311,000	100%

Budget Distribution



Budget Distribution		
Legal and Hearing Services ⁵	\$29,764,000	41%
Enforcement Operations ⁴	\$27,135,000	37%
Licensing ⁴	\$6,002,000	8%
Information Systems	\$3,094,000	4%
Executive	\$2,958,000	4%
Probation Monitoring ⁴	\$2,376,000	3%
Administrative Services	\$2,028,000	3%
Total	\$73,357,000	100%

¹ Period 12 is not yet closed. Data as of August 19, 2021.

² Physicians and Surgeons.

³ Regulatory Fees, Delinquency/Penalty/Reinstatement Fees, Interest on Fund, and Miscellaneous.

⁴ Excludes Attorney General Services, Office of Administrative Hearings, and Court Reporter Services.

⁵ Includes Attorney General Services, Office of Administrative Hearings, and Court Reporter Services.

LICENSING PROGRAM

The Board's Licensing Program (Program) protects consumers by setting requirements for licensure, including education, experience, and demonstrated competence, and issues licenses to individuals meeting those requirements.

The Program also provides license verification services, issues fictitious name permits, and approves accreditation agencies for the accreditation of outpatient surgery settings. While the second half of FY 2019-2020 focused on implementing the new licensure requirements effective January 1, 2020, and reacting to a global pandemic, in FY 2020-2021, the Program focused on evaluating its business processes to adapt to the new teleworking workforce and improve the application process. The program began identifying changes that create efficiencies, streamline the process for applicants, and keep processing times low.

BUSINESS PROCESS EVALUATION

With the 2020 implementation of the Postgraduate Training License (PTL) during the onset of the global pandemic, the Program changed certain business processes to support applicants who faced difficulty providing hard copy documents from institutions whose workforce were working remotely. To further streamline business processes, reduce processing times, and create efficiencies, the Program began collaborating with the Department of Consumer Affairs' Organization Improvement Office to map its current business processes. The Program will eventually map its "could-be" processes to improve its organizational effectiveness. Once completed, the maps will support the Program's goals to reduce its reliance on paper-based processes and improve quality and efficiency.

Continuing its efforts to provide more electronic document submission options, the Program registered more than 100 medical schools and 1,300 postgraduate training programs in its Direct Online Certification Submission (DOCS) portal during FY 2020-2021. DOCS allows schools and programs to submit documents electronically, which reduces the overall application timeline and provides a safer and more reliable means to submit required documents to the Board.

There are currently more than 160 registered medical schools and 1,400 registered postgraduate training programs in DOCS with 929 total registered users.

The Program also began accepting additional forms of electronic documents submitted through trusted and verified service providers, such as electronic diplomas and electronic signatures. The Program continues to evaluate application requirements and business processes to reduce timelines and create a more efficient process that better serves both consumers and physicians.

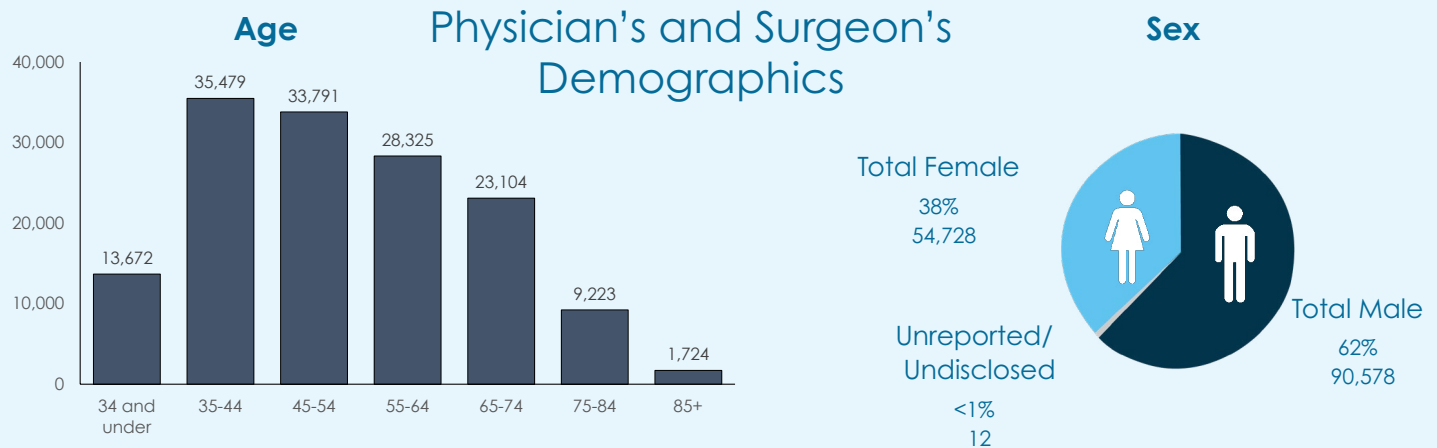
LICENSE TRANSITIONING

After a PTL holder completes all required postgraduate training and meets the appropriate requirements, they may obtain a Physician's and Surgeon's License. The Board developed a "Transition from a Postgraduate Training License to a Physician's and Surgeon's License" (Transition) application and began receiving its first applications in September 2020, as PTL holders began to complete the required 36 months of postgraduate training. This new application simplifies the licensure process, as the applicant will not be required to provide documentation previously submitted with their PTL application.

By the end of the FY 2020-2021, the Board received 290 Transition applications (209 were received in quarter four). The initially low volume of applications may be attributed to the COVID-19 waivers in place that extended the deadline to August 31, 2021 for when a California resident must obtain a PTL, as this resulted in less residents needing a PTL prior to completing 36 months

of training. Non-PTL holders submit the Physician's and Surgeon's License application rather than a Transition application.

However, once the waivers expire, the Licensing Program expects to receive higher volumes of Transition applications, especially around the end of the fiscal year when residency programs conclude.

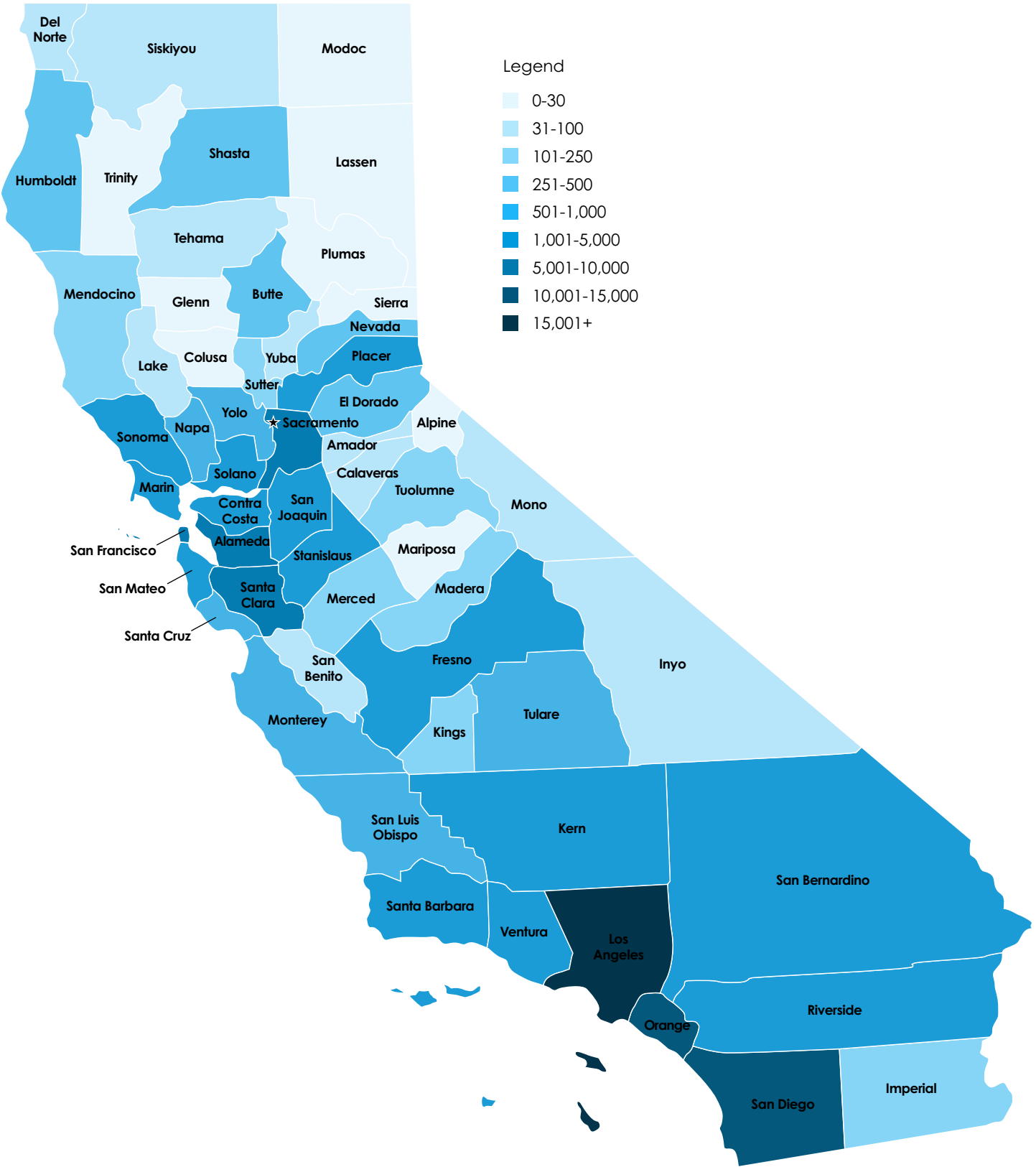


MBC NEEDS YOU!



If you are currently practicing in California, the Board needs your help as an expert reviewer. The Board is looking for physical and mental examiners, clinical diagnostic examiners, and psychologists. For information and how to apply, please visit: <https://www.mbc.ca.gov/Resources/brochures/expert-reviewer-program.aspx> or contact the Board's expert reviewer program at: MBCMedicalExpertProgram@mbc.ca.gov

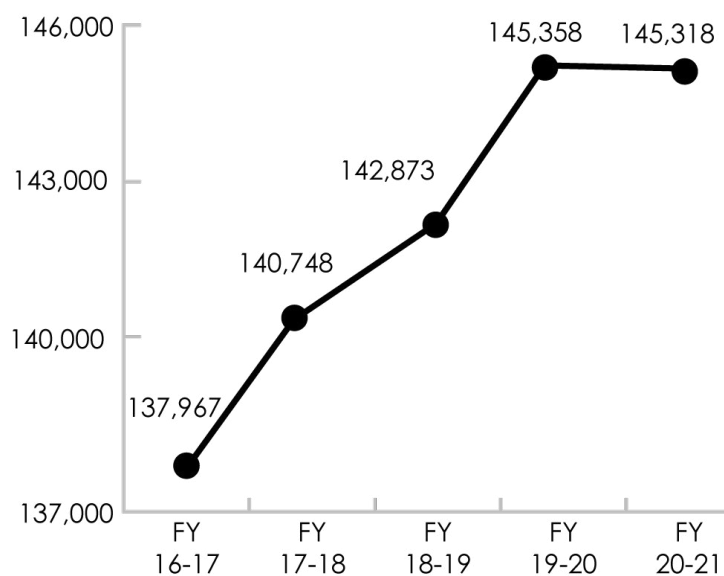
Physicians and Surgeons by County



Physicians and Surgeons by County¹

County		County		County	
Alameda	5,597	Riverside	3,598	Stanislaus	1,069
Alpine	2	Sacramento	5,477	Sutter	181
Amador	64	San Benito	47	Tehama	52
Butte	445	San Bernardino	4,466	Trinity	6
Calaveras	46	San Diego	11,898	Tulare	579
Colusa	10	San Francisco	6,944	Tuolumne	123
Contra Costa	3,697	San Joaquin	1,261	Ventura	2,109
Del Norte	30	San Luis Obispo	873	Yolo	568
El Dorado	357	San Mateo	3,170	Yuba	43
Fresno	2,230	Santa Barbara	1,306	Total In State Address	118,860
Glenn	11	Santa Clara	9,117	Total Out-of-State Address	26,458
Humboldt	264	Santa Cruz	771	Total	145,318
Imperial	140	Shasta	412	¹ Data is for physicians with a renewed and current license excluding those in an inactive, retired, or disabled license status. The breakdown of the excluded license statuses is: California - 2,723, Out-of-State - 4,527, Total - 7,250.	
Inyo	53	Sierra	0		
Kern	1,224	Siskiyou	74		
Kings	146	Solano	1,025		
Lake	67	Sonoma	1,535		
Lassen	27				
Los Angeles	31,314				
Madera	226				
Marin	1,640				
Mariposa	11				
Mendocino	180				
Merced	217				
Modoc	6				
Mono	38				
Monterey	982				
Napa	512				
Nevada	265				
Orange	10,848				
Placer	1,483				
Plumas	24				

Physician's and Surgeon's Licenses Past Five FY's



Licenses

FY 19-20 FY 20-21

Physician Applications Received		
Physician Applications Received	5,629	4,699 ¹
Physician Licenses Issued		
FLEX/USMLE ²	4,680	2,724
NBME ²	239	231
Reciprocity with Other States (BPC §2135)	1,153	1,386
Total	6,072	4,341
Physician Licenses Renewed		
Renewal Licenses Issued - Fee	65,110	65,211
Renewal Licenses Issued - Fee Exempt ³	5,914	5,591
Total	71,024	70,802
Physician Licenses In Effect ⁴		
In-State Address	119,574	118,860
Out-of-State Address	25,784	26,458
Total	145,358 ⁵	145,318 ⁶
Physician License Administrative Activity		
Licenses Issued with Public Letters of Reprimand	2	3
Probationary Licenses Issued	22	19
Licenses Denied (No Hearing Requested)	3	0
Statements of Issues to Deny License Filed	13	3
Statements of Issues Granted (License Denied)	3	1
Statements of Issues Denied (License Granted)	2	3
Statements of Issues Withdrawn	1	2
Postgraduate Training Licenses (PTL)		
PTL Applications Received	4,122	3,099
Issued	1,925	3,865
In Effect	1,925	5,655

¹The Board notes a decrease in the amount of applications received due to the creation of the postgraduate training license (PTL), and the discontinuing of the postgraduate training authorization letter (PTAL) effective January 1, 2020.

²FLEX: Federation Licensing Exam. USMLE: United States Medical Licensing Exam. NBME: National Board Medical Examiners.

³Includes physicians with disabled, retired, military, or voluntary services license status.

⁴Excludes physicians with inactive, retired, or disabled license status.

⁵Total physician licenses in effect including inactive, retired or disabled license status - 152,402.

⁶Total physician licenses in effect including inactive, retired or disabled license status - 152,568.

**DID
YOU
KNOW?**

Medical schools and post graduate training programs can electronically upload forms to the Board's Direct Online Certification Submission portal. Learn more on our [website](#).

Permits and Special Programs

FY 19-20 FY 20-21

Fictitious Name Permits		
Issued	1,286 ¹	1,448 ²
Renewed	5,409	5,415
In Effect	12,981	13,082
Special Faculty Permits		
Issued	3	4
Renewed	7	13
In Effect	24	27
Special Programs		
Applications Received	55	32
Licenses Issued	51	30
Licenses Renewed	93	105
In Effect	244	176

¹Includes 31 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

²Includes 30 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

Verification and Reporting

FY 19-20 FY 20-21

License Status Verifications		
Telephone Verifications	2,414	1,951
Non-Verification Telephone Calls	48,173 ¹	43,753 ²
Authorized License Verification System (LVS) Internet Users	729	759
Web License Look-Up ³	1,254,028	1,668,670
Certification Letters and Letters of Good Standing Verifications	11,891	13,496
Reporting Activities		
Disciplinary Reports Mailed to Health Facilities Upon Written Request Pursuant to BPC §805.5	839	787
Adverse Actions Reported to the National Practitioner Data Bank (NPDB)	621 ⁴	542 ⁵
BPC §805 / §805.01 Reports of Health Facility Discipline Received	170 / 11	96 / 7

¹Excludes the 11,544 listed under Consumer Inquiries on page 12.

²Excludes the 13,326 listed under Consumer Inquiries on page 12.

³Statistics from the Board's [BreEZe Online License Verification](#) web page.

⁴Includes 620 MDs and 1 Polysomnographic Technologist.

⁵Includes 537 MDs and 1 Polysomnographic Technologist, 1 Polysomnographic Technician, and 3 Licensed Midwives.

ENFORCEMENT PROGRAM

The Board's Enforcement Program is responsible for reviewing the thousands of complaints the Board receives each fiscal year and managing them through the investigatory and disciplinary processes. During FY 2020-2021, the Board received 10,103 complaints, a modest decrease compared to the 10,868 received in FY 2019-2020. To help the public better understand what happens to the complaints once they are filed, the Board has implemented a new chart and graph ([page 13](#)) that tracks the categories of closed complaints.

COMPLAINT PROCESS IMPROVEMENTS

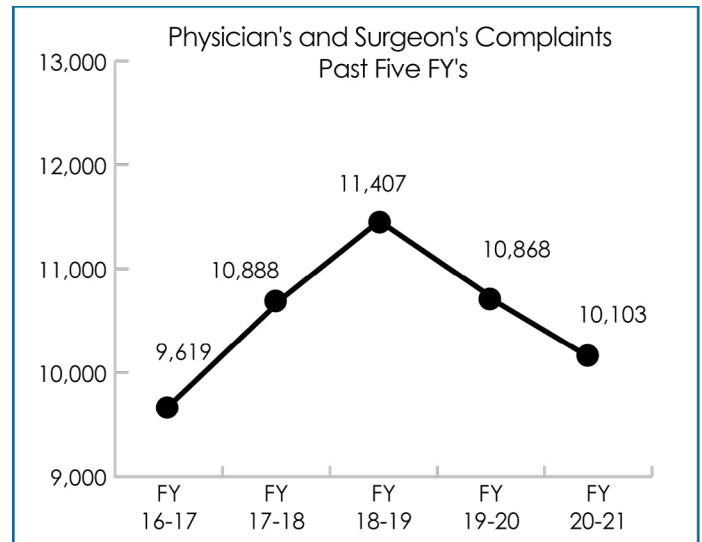
The Central Complaint Unit (CCU) has identified ways to improve the consumer complaint form, worked on enhancing the online complaint process and updated content on the Board's website. With many staff teleworking due to COVID-19, CCU staff compiled a list of tools and resources needed to go paperless. CCU worked with the Board's Information Systems Branch (ISB) to update letters and forms used by CCU staff.

CENTRAL COMPLAINT UNIT CLOSED COMPLAINTS

Each year the Board receives thousands of complaints against physicians and surgeons. Every complaint received is reviewed and many are closed in CCU without referral for investigation, for a variety of reasons.

To promote greater understanding of the Board's complaint review process, the Board is including new information in its Annual Report that discusses why certain complaints are closed.

In FY 2020-2021, the Board received a total of 10,103 complaints and closed 10,030. The Board closed 6,851 complaints received in that fiscal year and closed 3,179 complaints received in previous fiscal years. Oftentimes, the Board may require several months to conclude its review and investigation of a complaint before it has sufficient information to determine whether it is appropriate to close it.



FORTY TWO PERCENT OF COMPLAINTS RECEIVED ARE "UNACTIONABLE"

A significant portion of the complaints received by the Board each year are considered unactionable, which includes those that are beyond the Board's jurisdiction, are redundant (i.e., duplicative), and those that lack information necessary to proceed.

Of the total 10,030 complaints the Board closed within the fiscal year, 4,183 complaints, or 42 percent, were unactionable. These complaints are typically closed quickly, often within a few weeks of receipt by the Board.

Non-jurisdictional complaints are the largest group of unactionable complaints, which commonly include those about professionals that the Board does not oversee (e.g., registered nurses and osteopathic medical doctors) and matters related to health insurance coverage.

The Board closes these complaints and refers them to the relevant licensing board or agency. In FY 2020-2021, non-jurisdictional complaints accounted for 2,585 of the unactionable complaints closed in the Board's Central Complaint Unit (CCU).

Redundant complaints are another significant portion of the unactionable complaints closed by CCU. This occurs when the Board receives complaints from separate individuals about the same incident, often occurring when a physician is featured in the media.

Physician's and Surgeon's Enforcement Summary

	FY 19-20	FY 20-21
Complaints¹		
Complaints Received	10,868	10,103
Complaints Closed by Complaint Unit	12,903	11,124
Closed ¹	11,131	10,030 ²
Referred to Cite and Fine	142	45
Referred to Investigations	1,630	1,049
Investigations		
Opened	1,956	1,063
CIO	383	200
HQIU	1,573	863
Closed	1,689	1,766
CIO	384	320
HQIU	1,305	1,446
Investigation Referrals		
Referred to the AG	563	649
MBC	137	172
HQIU	426	477
Cases Referred for Criminal Action	36	25
Probation Violation Reports Referred to the AG	40	41
Consumer Inquiries		
Consumer Telephone Inquiries	11,544	13,326
Consumer Jurisdictional Inquiries	6,349	7,329

¹ FY 19/20 - 4,641 complaints closed were received in a prior fiscal year. FY 20/21 - 3,179 complaints closed were received in a prior fiscal year.

² Represented as total closures in the "Complaints Closed by Complaint Unit" Chart on page 13.

In addition, a complaint is considered redundant if the same complainant files subsequent complaints that are intended to provide additional information to the Board about the same incident. In FY 20-21, redundant complaints accounted for 1,190 complaint closures.

The final type of unactionable complaint consists of those closed due to insufficient information. These often include those from anonymous complainants who do not include enough information for the Board to proceed. Under these and similar circumstances, the Board is unable to investigate the matter further and the complaint must be closed. In FY 20-21, 408 complaints were closed due to inadequate information.

MANY COMPLAINTS CLOSED FOLLOWING CCU REVIEW

In addition to unactionable complaints, the Board closed 5,847 after CCU staff exhausted its review process. Of these complaints, 1,219 were closed due to insufficient evidence, which occurs when the evidence received by the Board does not support the legal burden of proof, as required by law. In these complaints, the Board is unable to establish "clear and convincing evidence to a reasonable certainty," and the complaints must therefore be closed.

Further, the Board closes many complaints after determining that no violation of the Medical Practice Act occurred. This determination is reached after the complaint, including the available evidence, is reviewed by a physician (referred to as a Medical Consultant) who practices in the same specialty as the physician named in the complaint, and it was determined that no violation of the standard of care occurred. The No Violation category accounted for 2,702 closed complaints.

No Response is a closure category assigned to complaints where the Board has requested further information from a complainant or requested a release from a patient to obtain their medical records, but did not receive a response, and is therefore unable to continue its investigation. The Board closed 1,551

complaints due to no response from the complainant. These complaints may be reopened if additional information, including an authorization to obtain medical records, is provided to the Board at a later date.

The Other Closures category encapsulates several other instances where a complaint is closed without disciplinary action, including when a physician has died either before or after the complaint was filed, or when the Board otherwise no longer had the ability to discipline the physician’s license. This may include complaints filed past the statute of limitations, which is usually seven years from the date of incident, unless an exception applies. The Other Closures category accounted for 375 complaint closures in FY 20-21.

NUMEROUS COMPLAINTS STILL OPEN AT THE END OF FY 2020-2021

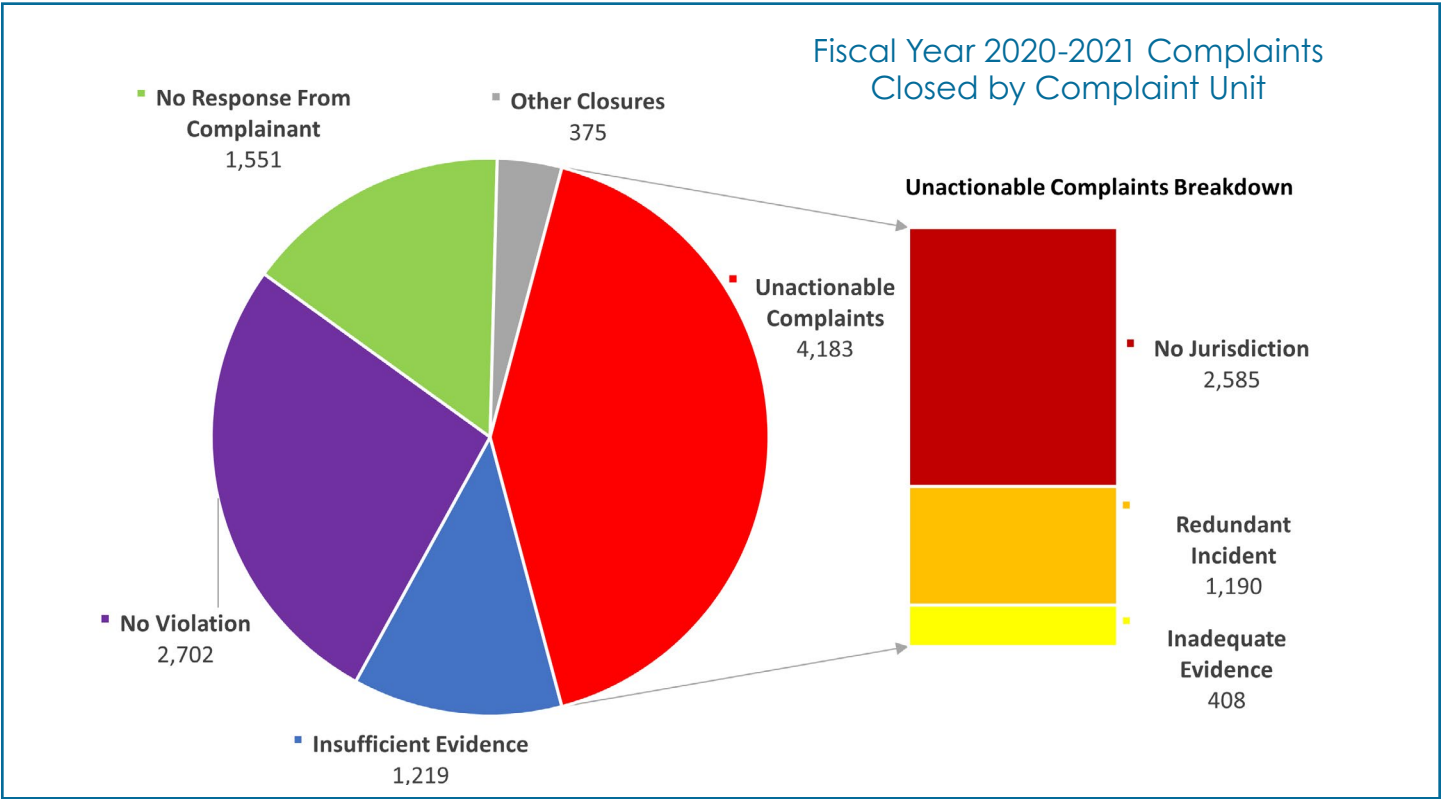
The remaining 3,252 of the 10,103 complaints received within the fiscal year are in different stages of the process, some may be in the review or investigation process. For more information regarding the Board’s pending

complaints, please review the “[Pending Enforcement Caseload Summary](#)” on page BRD 8B-12 provided in the August 19-20, 2021 Board Meeting Materials. That document includes summary information about the Board’s pending complaints, regardless of when they were received.

PREScription REVIEW PROGRAM

In November 2020, CCU received death certificate data for the 2019 calendar year from the California Department of Public Health. The data is being reviewed as part of the Prescription Reviewer Program, formerly known as the Board’s Death Certificate Project.

The data is being reviewed to identify physicians who may be inappropriately prescribing opioids to patients. The Board recognizes that although a patient death occurred, the physician may not have deviated from the standard of care or violated the Medical Practice Act. The results indicate the use of street or illegal medications have risen significantly in comparison to prior years.



COMMUNICATION PROCESS IMPROVEMENTS

In response to public concerns regarding inadequate Board communication, CCU reviewed a sample of complaint files to verify whether letters were sent to those complainants at various stages of the complaint process.

As a result, CCU Management implemented a review process that ensures appropriate communications are sent to complainants at key milestones during the complaint process.

Managers are providing ongoing training for staff to ensure that complainants are informed of the status of their complaint. Regular random audits of complaint files are being conducted to measure compliance with timeframes and correspondence requirements.

This process supports ongoing staff training and provides a quality assurance model that may be applicable to other Board processes.

EXPERT REVIEWER RECRUITMENT

CCU continues advertising in the Board's quarterly newsletter to recruit expert reviewers for its Expert Reviewer Program and Medical Consultants for the Board's Medical Consultant Program.

Additionally, letters were sent to the Deans of California universities to request they share information about the Board's Expert Reviewer Program in their communications with staff. To date, two universities have advertised in their newsletters, and one is sharing information about the Board's Expert Reviewer Program with faculty. Finally, the Board's Expert Reviewer Program conducted expert reviewer training via WebEx in January and April 2021. Another training session is scheduled in October 2021.

Physician and Surgeon Complaints Received by Complaint Type and Source

	Public	Business and Professions Code ¹	Licensee/ Professional Group ²	Government Agency ³	Miscellaneous/ Anonymous	Total Type Complaints Received
Fraud	19	3	1	13	4	40
Health and Safety ⁴	134	1	12	83	77	307
Non-Jurisdictional ⁵	1,567	4	129	43	657	2,400
Gross Negligence/Incompetence ⁶	3,280	552	57	293	374	4,556
Personal Conduct ⁷	43	66	8	147	57	321
Unprofessional Conduct ⁸	1,142	147	65	603	274	2,231
Unlicensed/Unregistered	106	0	5	36	101	248
Total Source Complaints Received	6,291	773	277	1,218	1,544	10,103

¹ Includes complaints received pursuant to BPC §§800 and 2240(a), and includes complaints initiated based upon reports submitted to the Board by hospitals, insurance companies and others, as required by law, regarding instances of health facility discipline, malpractice judgments/settlements, or other reportable activities.

² Includes the following complaint sources: other Licensee, Professional Society or Association.

³ Includes the following complaint sources: Internal, Law Enforcement Agency, other California State Agency, other State Agency, other boards within the Department of Consumer Affairs, and Federal or other Government Agency.

⁴ Includes excessive prescribing, sale of dangerous drugs, etc.

⁵ Includes complaints not under the authority of the Board and are referred to other agencies such as the Department of Health Care Services, Department of Managed Health Care, etc.

⁶ Includes complaints related to the quality of care provided by licensees.

⁷ Includes licensee self-abuse of drugs/alcohol, conviction of a crime, etc.

⁸ Includes sexual misconduct with patients, failure to release medical records, violation of BPC §805 reporting, etc.

Administrative Actions

	FY 19-20	FY 20-21
Administrative Actions		
Accusation	308	383
Petition to Revoke Probation/Accusation and Petition to Revoke	30	36
Amended Accusation/Petition to Revoke	96	66
Completed Investigations Referred to the AG and Awaiting the Filing of Accusation as of June 30, 2021	125	101
Cases Over 6 Months Old that Resulted in the Filing of Accusation	297	362
Administrative Outcomes		
License Revoked	28	36
License Surrendered (in Lieu of Accusation or with Accusation Pending)	89	118
License Placed on Probation with Suspension	4	4
License Placed on Probation	130	122
Probationary License Issued	22	19
Public Reprimand	107	152
Other Actions (e.g., Exam Required, Educational Course, etc.)	0	2
Accusation Withdrawn	16	20
Accusation Dismissed	3	9
Probation Violation Outcomes		
License Revoked	7	13
License Surrendered	7	7
Additional Suspension and Probation	0	0
Additional Probation	14	10
Public Reprimand	1	2
Other Actions (e.g., Exam Required, Educational Course, etc.)	0	0
Petition Withdrawn	1	3
Petition Dismissed	0	0
Referral and Compliance Actions		
Citation and Administrative Fines Issued	62	51

Petition Activity

	FY 19-20	FY 20-21
Petitions for Reinstatement of License		
Filed	15	22
Granted	9	5
Denied	9	9
Petitions for Penalty Relief¹		
Granted	37	33
Denied	17	14
Petitions to Compel Exam		
Filed	30	20
Granted	27	15
Denied	0	0

¹Penalty Relief includes: Petitions for Modification of Penalty and Petitions for Termination of Probation.

License Restrictions/Suspensions and Temporary Restraining Orders

	FY 19-20	FY 20-21
Imposed while Administrative Action Pending		
Interim Suspension Order (ISO)	14	23 ¹
Temporary Restraining Order (TRO)	0	0 ¹
Other Suspension Orders	42	44 ²
Sought and Granted by Case Type for FY 20-21		
	Sought	Granted³
Gross Negligence/Incompetence	16	10
Inappropriate Prescribing	1	1
Unlicensed Activity	2	0
Sexual Misconduct	7	5
Mental/Physical Illness	18	13
Self-Abuse of Drugs/Alcohol	30	21
Fraud	4	3
Criminal Charges/Conviction	3	3
Unprofessional Conduct	10	11
Total	91	67

¹ Pursuant to BPC §2220.05(c), ISOs and TROs were granted in the following priority categories: 0 - gross negligence/incompetence resulting in death or serious bodily injury; 0 - drug or alcohol abuse involving death or serious bodily injury; 0 - excessive prescribing; 0 - excessive recommending of medical cannabis; 1 - sexual misconduct with a patient; 0 - practicing under the influence of drugs/alcohol; and 0 - excessive prescribing to a minor.

² Includes 0 - Automatic Suspension Orders per BPC §2236; 5 - license restrictions per Penal Code §23; 3 - license restrictions pursuant to court order; 13 - out-of-state suspension orders per BPC §2310; 0 - stipulated agreements to suspend or restrict the practice of medicine; and 23 - cease practice orders issued for violation of probation condition or violation of interim suspension order.

³ Some orders granted were sought in prior FY.

**DID
YOU
KNOW?**

The Medical Board has its own podcast chatting on all things from new and changing legislation, to one-on-one interviews with Board management and members.

Find the latest episode on our [website](#).

Malpractice Settlement Reports Received per BPC §801.01 by Specialty Practice

	Reports ¹	Physicians ²
Anesthesiology	16	7,397
Cardiology	10	4,234
Colon and Rectal	1	242
Critical Care	1	1,949
Dermatology	3	2,472
Diagnostic Radiology	1	4,931
Emergency Medicine	21	5,346
Gastroenterology	8	1,982
General/Family Practice	33	11,017
Gynecology	4	6,676
Infectious Disease	1	1,120
Internal Medicine	25	24,829
Neonatal/Perinatal	2	776
Neurological Surgery	10	662
Neurology	9	2,687
Obstetrics	48	6,676
Occupational Medicine	1	471
Oncology	3	1,808
Ophthalmology	7	3,095
Orthopedic Surgery	30	3,533
Otolaryngology	6	1,824
Pain Medicine	3	785
Pathology	5	4,673
Pediatrics	8	12,181
Physical Medicine & Rehabilitation	1	1,385
Plastic Surgery	21	1,302
Psychiatry	8	9,447
Pulmonary Disease	1	1,897
Radiation Oncology	1	499
Radiology	32	1,487
Sports Medicine	1	716
Surgery	37	4,676
Thoracic Surgery	6	660
Urology	11	1,521
Vascular Surgery	4	362

¹ The procedure was performed in the practice specialty/ subspecialty; however, the physician may or may not have been certified in the specialty/subspecialty area.

² California physicians certified in specialty according to the 2019-2020 American Board of Medical Specialties Certification Statistics Report.

Reports Received per BPC §§805 and 805.01 and Report Outcomes

	805	805.01
Total Reports Received		
Total Reports Received	96	7
Peer Review Body Type		
Health Care Facility/Clinic	71	6
Surgical Center	3	0
Health Care Services Plan	4	0
Professional Society	0	0
Medical Group/Employer	18	1
Outcomes of Reports Received		
Suspension and Accusation Filed	1	0
Accusation Filed	1	0
Pending Disposition	71	6
Cases Closed	23	1

Reports Received Based Upon Legal Requirements for Physicians and Surgeons

	FY 19-20	FY 20-21
Medical Malpractice		
Insurers ¹	366	324
Attorneys/Self-Reported/Employers ¹	174	65
Courts ²	2	0
Total	542	389
Other Required Reporting		
Coroners' Reports ³	1	1
Criminal Charges and Convictions ⁴	49	60
Health Facility Discipline Reports Medical Cause or Reason ⁵	170	96
Health Facility Reports ⁶	11	7
Health Facility Report Sexual Abuse/ Misconduct Allegation ⁷	32	84
Outpatient Surgery Settings Reports Patient Death ⁸	7	14
Total	270	262
Stem Cell Therapy Complaints and Action Taken⁹		
Complaints Received	19	1
Disciplinary Actions Taken	0	0
Administrative Actions Taken	0	0

¹ Per BPC §801.01.

² Per BPC §803.

³ Per BPC §802.5.

⁴ Per BPC §§802.1 and 803.5.

⁵ Per BPC §805.

⁶ Per BPC §805.01.

⁷ Per BPC §805.8 (effective 1/1/2020).

⁸ Per BPC §2240(a).

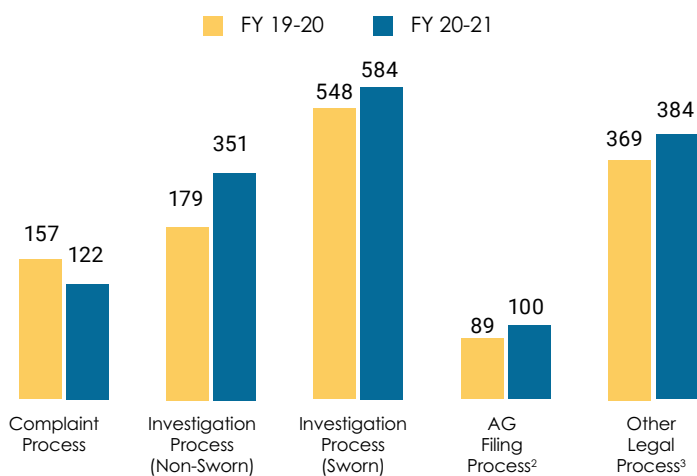
⁹ Physicians and surgeons, licensed midwives, research psychoanalysts, and polysomnographic program.

Administrative and Probation Violation Outcomes by Case Type¹

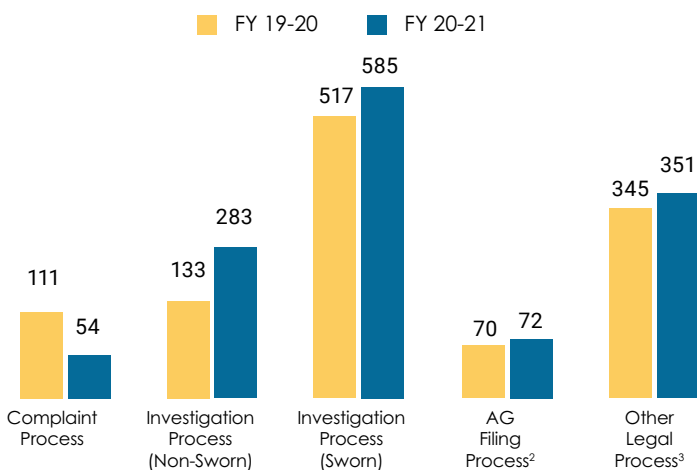
	Revocation	Surrender	Probation with Suspension	Probation	Probationary License Issued	Public Reprimand	Other	Total Actions
Gross Negligence/Incompetence	12	49	1	70	2	97	1	232
Inappropriate Prescribing	4	10	0	21	0	14	0	49
Unlicensed Activity	1	1	0	0	0	1	0	3
Sexual Misconduct	4	11	0	2	0	0	0	17
Mental/Physical Illness	3	9	0	2	2	1	1	18
Self-Abuse of Drugs/Alcohol	6	16	2	24	9	5	0	62
Fraud	4	8	0	4	0	1	0	17
Conviction of a Crime	4	6	0	4	0	2	0	16
Unprofessional Conduct	11	15	1	5	6	33	0	71
Total Administrative Actions	49	125	4	132	19	154	2	485

¹ Pursuant to BPC §2220.05(c), disciplinary actions were taken in the following priority categories: 1 - gross negligence/incompetence resulting in death or serious bodily injury; 0 - practicing under the influence resulting in death or serious bodily injury; 35 - excessive prescribing; 1 - excessive recommending of medical cannabis; 13 - sexual misconduct with a patient; 7 - practicing under the influence of drugs/alcohol; and 0 - excessive prescribing to a minor.

Average Enforcement Processing Time Frames¹



Median Enforcement Processing Time Frames¹



Enforcement Program Caseload

	Statewide	Per Investigator/Inspector
Health Quality Investigation Unit (Department of Consumer Affairs)⁴		
Active Investigations	1,446	19 ⁵
AG Cases Assigned ⁶	416	5
Probation Unit⁷		
Monitoring Cases ⁸	588	37

¹ Average and median time (calendar days) in processing complaints during the fiscal year, for all cases, from date of original receipt of the complaint, for each stage of discipline, through completion of judicial review.

² Days from case transmittal to initial pleading filed.

³ Days from filing to final case disposition.

⁴ Includes physicians and surgeons, licensed midwives, research psychoanalysts, and polysomnographic program.

⁵ Average is determined by using the total number of authorized positions, including vacant positions.

⁶ Cases are at various stages of AG processing and may require supplemental investigative work, such as subpoena services, interviewing new victims or witnesses, testifying at hearings, etc.

⁷ Includes physicians and surgeons and polysomnographic technologist.

⁸ 90 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2021.

Substance-Abusing Licensees

FY 19-20 FY 20-21

Probationers					
Probationers Whose Conduct was Related to a Substance-Abuse Problem		229		209	
Substances Involved ¹					
Alcohol	152		146		
Ambien	0		1		
Ativan	1		1		
Benzodiazepine	4		5		
Cannabis	6		5		
Cocaine	4		3		
Demerol	1		2		
Fentanyl	2		1		
Fiorcet	0		1		
Ketamine	1		1		
Methamphetamines	3		3		
Opiates	4		4		
Propofol	0		1		
Psilocybin	1		1		
Multiple Controlled Substances	86		70		
Probation Completion					
Probation Successfully Completed ³ (Y)		37		30	
Failed to Complete Probation (N)		22		19	
Substances Involved ¹		Y	N	Y	N
Alcohol	25	11	21	11	
Benzodiazepine	0	1	1	0	
Cannabis	1	0	1	1	
Cocaine	0	1	0	0	
Fentanyl	1	0	1	0	
Opiates	0	0	1	0	
Multiple Controlled Substances	13	11	5	9	
Relapses					
Probationers who Relapsed		9		8	
Substances Involved ¹					
Alcohol	5		5		
Cocaine	2		0		
Fentanyl	0		1		
Meprobamate	0		1		
Methaqualone	0		1		
Opiates	2		0		

FY 19-20 FY 20-21

Cease Practice Orders		
Probationers Issued a Cease Practice Order	11	13
Substances Involved/Reason for Order		
Alcohol	4	6
Cocaine	2	0
Fentanyl	0	1
Meprobamate	0	1
Methaqualone	0	1
Opiates	2	0
Failed to Appear for a Biological Fluid Test (BFT)	3	3
Failed to Complete a Clinical Competence Assessment Program	0	1
Suspensions		
Probationers Issued a Suspension	0	0
Substance Involved		
N/A	0	0
Petitions to Revoke		
Petitions to Revoke	15	16
Substances Involved/Reason for Action		
Alcohol	4	4
Cocaine	1	1
Fentanyl	0	1
Methaqualone	0	1
Opiates	1	1
Failed to Appear for a BFT	3	4
Multiple Probation Violations	4	1
Non-Practice Over 2 Years	2	1
Obey All Laws	0	3

¹ Some probationers had more than one substance involved.

² Containing Isobutyl Nitrites and/or Ethyl Chloride.

³ Those who successfully completed probation or a petition for termination of probation was granted.

Substance-Abusing Licensees Major Violations by Substance¹

	Alcohol		Fentanyl		Cocaine		Methaqualone		Opiates		Meperbamate		Multiple Controlled Substances		Total Major Violations	
	FY 19-20	FY 20-21	FY 19-20	FY 20-21	FY 19-20	FY 20-21	FY 19-20	FY 20-21	FY 19-20	FY 20-21	FY 19-20	FY 20-21	FY 19-20	FY 20-21	FY 19-20	FY 20-21
Failed to Undergo a Required Clinical Diagnostic Evaluation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Committed Multiple Minor Violations of Probation Conditions and Terms	-	3	-	-	-	-	-	-	-	-	-	-	-	2	0	4
Treated a Patient(s) while Under the Influence of a Prohibited Substance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Engaged in Any Drug or Alcohol Related Act that is a Violation of State or Federal Law or Regulation	1		-	-	-	-	-	-	-	-	-	-	1		1	
Failed to Undergo Biological Fluid Testing (BFT) when Ordered	16	13	-	-	-	-	-	-	-	1	-	-	5	7	18	18
Used, Consumed, Ingested, or Administered to Himself or Herself a Prohibited Substance ²	4	4	-	1	1	-	-	1	1	-	-	1	1		7	7
Knowingly Used, Made, Altered, or Possessed any Object or Product in Such a Way as to Defraud or Attempt to Defraud a BFT Designed to Detect the Presence of a Prohibited Substance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Failed to Comply with any Term or Condition of Probation that Impairs Public Safety ²	1		-	-	-	-	-	-	-	-	-	-	1		1	
Substances Involved	22	20	-	1	1		-	1	1	1	-	1	8	9	27	29

¹ Per 16 CCR §1361.52(a)(1-8).

² The categorized substance is the substance the individual used, consumed, ingested, or administered to themselves, not the substance involved in the original discipline.

Mandatory Electronic Prescriptions

Beginning January 1, 2022, all prescriptions issued by a licensed prescriber will need to be done electronically pursuant to [Assembly Bill 2789](#).

Healthcare practitioners who fail to meet these requirements, will be referred to the appropriate state professional licensing board solely for administration sanctions, as deemed appropriate by the board.

ALLIED HEALTHCARE PROFESSIONALS

Allied healthcare professionals under the Board's authority include licensed midwives, research psychoanalysts, and the polysomnographic program, consisting of polysomnographic trainees, technicians, and technologists. In addition, the Board approves accreditation agencies for the accreditation of outpatient surgery settings.

	Issued	Current
Licenses and Registrations		
Licensed Midwives	36	484
Research Psychoanalyst	4	88
Polysomnographic Trainee	5	48
Polysomnographic Technician	15	137
Polysomnographic Technologist	20	626
Accreditation Agencies for Outpatient Surgery Settings	0	4
	FY 19-20	FY 20-21
Complaints		
Complaints Received	67	32
Complaints Closed by Complaint Unit	73	43
Investigations		
Cases Opened	24	7
Cases Closed	23	21
Cases Referred to the Attorney General (AG)	8	10
Cases Referred for Criminal Action	1	1
Probation Violation Reports Referred to the AG	0	0
Reports Received Based Upon Legal Requirements		
Midwife Hospital Transfer Forms ¹	186	259
Outpatient Adverse Event Reports ²	218	122
Referral and Compliance Actions		
Citation and Administrative Fines Issued	0	2
License Restrictions/Suspensions Imposed while Administrative Action Pending		
Interim Suspension Order	0	0
Other Suspension Orders	0	0

	FY 19-20	FY 20-21
Administrative Actions		
Accusation	3	6
Petition to Revoke Probation	0	0
Amended Accusation/Petition to Revoke	3	1
Statement of Issues to Deny Application	0	0
Completed Investigations Referred to the AG and Awaiting the Filing of Accusation as of June 30, 2021	1	5
Administrative Outcomes		
License Revoked	0	1
License Surrendered (in Lieu of Accusation or with Accusation Pending)	0	1
License Placed on Probation with Suspension	0	0
License Placed on Probation	1	1
Probationary License Issued	0	0
Public Reprimand	0	3
Other Actions (e.g., Exam Required, Educational Course, etc.)	0	0
Statements of Issues Denied (License Granted)	0	0
Statements of Issues Granted (License Denied)	0	0
Accusation/Statements of Issues Withdrawn	0	0
Accusation Dismissed	0	0
Probation Violation Outcomes		
License Revoked or License Surrendered	0	0
Additional Suspension or Probation	0	0
Petition Withdrawn or Dismissed	0	0
Petitions for Reinstatement of License		
Filed/Granted/Denied	0 / 0 / 0	0 / 0 / 0
Petitions for Penalty Relief³		
Granted/Denied	0 / 0	0 / 0
Petitions to Compel Exam		
Filed/Granted/Denied	0 / 0 / 0	0 / 0 / 0

¹ Per BPC §2510.

² Per BPC §2216.3.

³ Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation.

Licensed Midwife Annual Report Summary¹		
Clients Served as Primary Caregiver at the Onset of Care	5,784	7,353
Planned Out-of-Hospital Births at the Onset of Labor	3,833	4,776
Planned Out-of-Hospital Births Completed in an Out-of-Hospital Setting ²	3,245	4,050
Sets of Twin Births	1	3
Sets of Multiple Births (Other Than Twin Births)	0	0
Breech Births	169	179
VBAC (Vaginal Birth After Cesarean Section)	175	216
Complications		
Resulting in the Mortality of the Mother Prior to Transfer	0	0
Resulting in the Mortality of the Mother After Transfer	0	0
Resulting in the Mortality of the Infant Prior to Transfer	0	1
Resulting in the Mortality of the Infant After Transfer	3	6
Resulting in Fetal Demise Prior to the Mother Being Transferred	8	12
Resulting in Fetal Demise After the Mother was Transferred	7	4
Antepartum Transfers		
Primary Care Transferred to Another Health Care Practitioner (Elective)	253	383
Urgent or Emergency Transport of Expectant Mother	110	96
Intrapartum Transfers		
Elective Hospital Transfer	483	598
Urgent or Emergency Transfer of an Infant or Mother	105	135
Postpartum Transfers		
Elective Hospital Transfer of Mother	23	19
Elective Hospital Transfer of Infant	16	15
Urgent or Emergency Transfer of Mother	35	39
Urgent or Emergency Transfer of Infant	39	37

¹ Conclusions should not be drawn from this summary as data does not specify whether the death is intrapartum or neonatal; whether the affected perinate had congenital anomalies incompatible with life; or whether the perinate was born in or out of a hospital. Births are attended by the licensed midwife as the primary caregiver.

² Clients delivering multiples is counted as one birth.