



MEDICAL BOARD
OF CALIFORNIA

ANNUAL REPORT

2022/23

The Medical Board of California's vision is to be the premier consumer protection agency by leading and partnering in the effort to prevent harm and advance high quality, safe medical care.

WWW.MBC.CA.GOV





MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Executive Office

2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2944
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

TO: Members of the California State Legislature
Office of the Secretary of the Senate
Office of the Chief Clerk of the Assembly
Office of the Legislative Counsel
FROM: Reji Varghese, Executive Director
DATE: October 2, 2023
RE: Fiscal Year 2022-2023 Annual Report of the Medical Board of California

Pursuant to Business and Professions Code section 2313 and Government Code section 9795, I am pleased to submit the Fiscal Year 2022-2023 Annual Report of the Medical Board of California (Board).

This report contains a summary of the Board's key activities between July 1, 2022, and June 30, 2023, including various statistics related to its budget and the enforcement and licensing programs.

This report discusses various significant actions taken related to the Board's 2023 sunset review; publishing updated guidelines to prescribing controlled substances for pain, a five-year strategic plan, and reports of the enforcement monitor; holding stakeholder meeting; changes to leadership; the Board's progress towards a paperless license application process; communication and complaint intake process improvements; and innovations in the medical expert reviewer program.

The Board's annual reports are available for viewing and download online at <https://www.mbc.ca.gov/Resources/Publications/Annual-reports.aspx>. To request a hard copy of the report, please call the Board's executive office at (916) 263-2389.

STRENGTH CON

BOARD ROSTER	04
EXECUTIVE SUMMARY	05
BUDGET SUMMARY	07
LICENSING PROGRAM	09
ENFORCEMENT PROGRAM	13
ALLIED HEALTHCARE PROFESSIONALS	21

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.

Randy W. Hawkins, M.D.
President

Laurie Rose Lubiano, J.D.
Vice President

Ryan Brooks
Secretary

Michelle Anne Bholat, M.D.

James M. Healzer, M.D.

Nicole A. Jeong, J.D.

Kristina D. Lawson, J.D.

David Lee

Asif Mahmood, M.D.

Richard E. Thorp, M.D.

Veling Tsai, M.D.

Eserick "TJ" Watkins



MISSION

The mission of the Medical Board of California is to protect healthcare consumers and prevent harm through the proper licensing and regulation of physicians and surgeons and certain allied healthcare 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, policy, and regulatory functions.

VALUES

Accountability, Consumer Protection, Empathy, Fairness, Integrity, and Trust

Gavin Newsom
Governor

Reji Varghese
Executive Director

EXECUTIVE SUMMARY

During Fiscal Year (FY) 2022-2023, the Medical Board of California (Board) focused on internal process improvements to operate in a more efficient manner and enhance communication. The Board devoted significant resources this year to recruit, hire, and train new employees to fill staff vacancies.

Further, the Board worked closely with the Legislature and various stakeholders on its sunset review process, including advocating for a necessary increase to physician and surgeon initial licensure and renewal fees and various licensing and enforcement law changes that further the Board's consumer protection mission.

The following content of this Annual Report provides an overview of the Board's various key accomplishments throughout the fiscal year.

SUNSET REVIEW

During FY 2022–2023, the Board underwent a sunset review, which is an opportunity for the Legislature to review the Board's work on behalf of California consumers with state legislators and various stakeholders. In January 2023, 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. Stakeholders also provided comments on the Board's operations and recommended statutory changes to the Legislature. During this review, the Board participated in a legislative sunset hearing held March 16, 2023, which focused on the Board's enforcement program and proposed statutory changes. The Board's sunset extension, as well as other law changes approved by the Legislature, are included within [Senate Bill 815](#) (Roth).

APPOINTMENTS AND LEADERSHIP

Governor Gavin Newsom reappointed Asif Mahmood, M.D., and Richard Thorp, M.D., to the Board, where they have served since 2019. The Speaker of the Assembly appointed one new public member, Mr. David Lee. Mr. Eserick "TJ" Watkins was reappointed by the Senate Rules Committee as a public member to the Board. Mr. Reji Varghese was sworn in as the Board's executive director on June 23, 2023. Mr. Varghese has more than thirty years of medical regulatory experience and first joined the Board as deputy director in August 2020. He was appointed by the Board as interim executive director in February 2023.

PRESCRIBING GUIDELINES UPDATED

The Board published its revised [Guidelines for Controlled Substances for Pain](#) in July 2023. The guidelines were updated to incorporate statutory changes and provide new support and guidance to physicians who prescribe controlled substances for pain. These revised guidelines emphasize the need for individualized care based on the unique characteristics of each patient. The Board welcomes any further comments or questions related to these guidelines which may be directed to the Board at PrescribingGuidelines@mbc.ca.gov.

**DID
YOU
KNOW?**

New legislation makes immediate changes to certain licensure deadlines, now in effect.

Learn more on our [Latest News webpage](#).

PHYSICIANS AND SURGEONS' YEAR IN REVIEW



10,794

Applications
Received¹



10,449

Licenses
Issued¹



73,263

Licenses
Renewed



9,521

Complaints
Received

¹ Includes Postgraduate Training Licenses

PUBLIC STAKEHOLDER MEETINGS

To foster transparency, improve communication, and promote trust, the Board held interested parties meetings with the public and other stakeholders to obtain feedback and input on its revision to the Guidelines for Prescribing Controlled Substances for Pain, Sunset Review Report, and a proposed new Online Complaint Tracking System.

STRATEGIC PLAN ADOPTED

The Board adopted a new **Strategic Plan for 2023 – 2027** in February 2023. The strategic plan was developed based on stakeholder input and discussions with the Board on August 26 and October 28, 2022, which were facilitated by DCA's SOLID Training and Planning Solutions Unit. The Board set ambitious goals to further the Board's mission to protect healthcare consumers and prevent harm through its licensing and enforcement programs. This strategic plan includes, among other priorities, a goal to improve communications and trust with its stakeholders and to continue developing more efficient ways to accomplish its mission. Additionally, the Board updated its mission and vision statements and its values.

ENFORCEMENT MONITOR REPORTS

Senate Bill 806 (Roth, Chapter 649, Statutes of 2021) required the Department of Consumer Affairs' (DCA) director to approve an enforcement monitor for the Board. DCA hired Alexan RPM Inc. in July 2022 to monitor and report on the Board's enforcement program. The **enforcement monitor's initial report**, released in March 2023, included the following key findings: 1) Inadequate investigator workforce staffing, resulting in case delays, disruptions, and inconsistent investigations; 2) Lack of structured collaboration between DCA's Health Quality Investigation Unit (HQIU) and the Attorney General's Office Health Quality Enforcement (HQE) section during investigation and administrative action phases; 3) Shortage of specialized medical experts; and 4) Lack of sufficient funding for Board program operations.

On August 18, 2023, the **enforcement monitor's final report** was issued, which included various recommendations related to the Board's resources and operations.

BUDGET SUMMARY

Physicians' renewal fees are the primary source of revenue for the Board, as illustrated on the revenues and reimbursements chart on [page eight](#). The budget distribution chart reflects the actual expenditures in each of the Board's programs.

The Enforcement Program accounts for 76 percent of the Board's overall expenditures. FY 2022-2023 marked the first complete year during which the Board possessed the authority to order cost recovery for case investigation and prosecution, following the reinstatement of that authority on January 1, 2022. The Board is also reimbursed for probation monitoring costs. The Licensing Program accounts for 13 percent of the Board's overall expenditures, while Executive

and Administrative Services account for six percent, and the Information Systems Branch the remaining five percent.

The Board is currently facing a financial structure imbalance and required an \$8 million loan to ensure solvency at the conclusion of the fiscal year. The Board also required a \$10 million loan in June 2022 and currently owes \$18 million to the Vehicle Inspection and Repair Fund. While the Board worked diligently to reduce expenditures, the Board has been pursuing a significant fee increase that will adequately fund its operations, through the current sunset review process. An appropriate fee increase will allow the Board to repay its debts, build a financial reserve, and be prepared for anticipated increases in expenses.

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

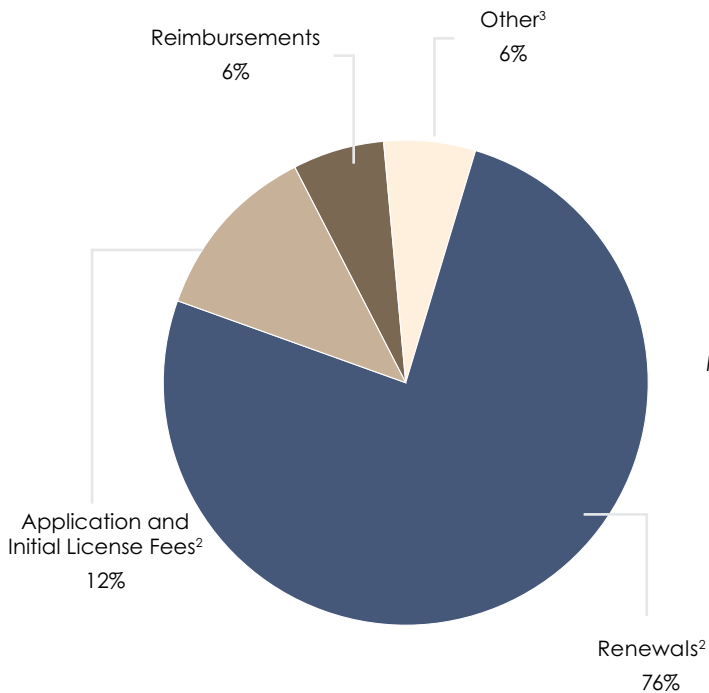
Free, Automated License Alert Notifications
When Profile is Updated



BUDGET CHARTS AND TABLES

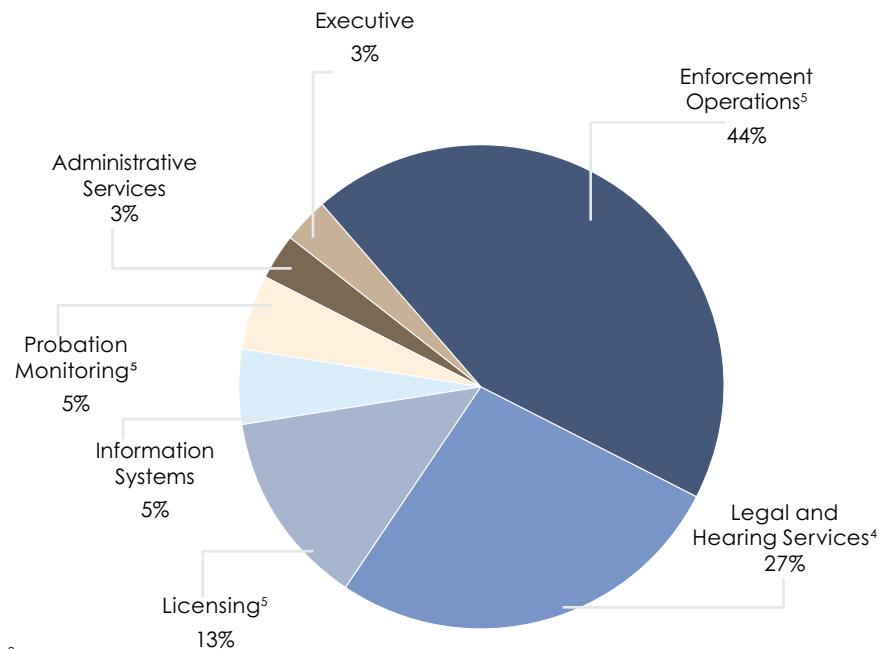
The numbers shown in the associated charts and tables below are preliminary and do not reflect all revenues and expenses for FY 2022-2023. For the most recent data see the Executive management report included in the Board's quarterly [board meeting documents](#).

Revenues and Reimbursements¹



Revenues and Reimbursements ¹		
Renewals ²	\$56,544,000	76%
Application and Initial License Fees ²	\$8,966,000	12%
Other ³	\$4,341,000	6%
Reimbursements	\$4,125,000	6%
Total	\$73,976,000	100%

Budget Distribution



Budget Distribution		
Enforcement Operations ⁵	\$30,625,000	44%
Legal & Hearing Services ⁴	\$18,517,000	27%
Licensing ⁵	\$9,172,000	13%
Probation Monitoring ⁵	\$3,731,000	5%
Information Systems	\$3,601,000	5%
Executive	\$2,222,000	3%
Administrative Services	\$2,210,000	3%
Total	\$70,078,000	100%

¹ Financials through period 12, as of August 19, 2023.

² Physicians and Surgeons.

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

⁴ Includes Attorney General Services, Office of Administrative Hearings, Legal - Attorney Fees, Legal - Witness Fees, Evidence and Witness Fees, Court Reporter Services.

⁵ Excludes Attorney General Services, Office of Administrative Hearings, Legal - Attorney Fees, Legal - Witness Fees, Evidence and Witness Fees, Court Reporter Services.

LICENSING PROGRAM

The Board's Licensing Program protects consumers by setting requirements for licensure consistent with statutory and regulatory law, including education, experience, and demonstrated competence, and issues licenses to individuals meeting those requirements. The Licensing Program also provides license verification services, issues fictitious name permits, and approves accreditation agencies for the accreditation of outpatient surgery settings.

BOARD PROGRESS TOWARD A PAPERLESS APPLICATION

On February 1, 2023, the Board stopped accepting paper applications for the Postgraduate Training License (PTL) application and the Transition from a PTL to a Physician's and Surgeon's (P&S) License application. June 30, 2023, was the last day an applicant could submit a paper application for the P&S License application. As of July 1, 2023, all physician license applications are required to be submitted online through the BreEZe system.

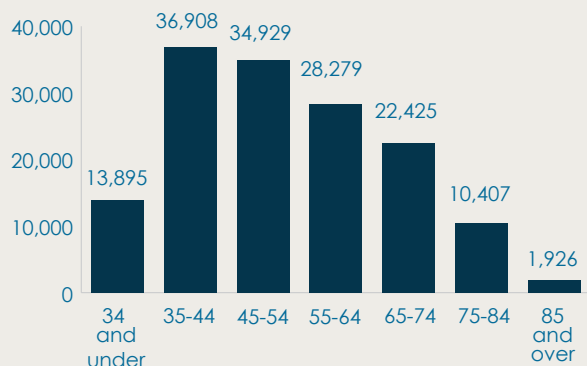
These changes are major steps in the Board's efforts to transition to a paperless process both for applicants and the Board's internal processes. Next, the Licensing Program will require medical schools and postgraduate training programs to submit all documents through the Board's Direct Online Certification Submission (DOCS) portal. Moving to a paperless application further streamlines the application review process, reduces the risk of missing documents, and provides immediate confirmation of the receipt of an application and associated documents.

The Licensing Program also completed mapping its "as-is" and "could-be" business processes, which will be utilized to implement further process efficiencies. The Licensing Program has already made changes to its internal business processes to help reduce the application review time, no longer requiring applicant photos, notarization of the application, and license certifications.

As part of the Licensing Program's effort to streamline processes by expanding the license applications available online through BreEZe and improving its current online applications, on April 19, 2023, the Board launched the online Licensed Midwife renewal application. The Licensing Program also updated all physician online applications by removing unnecessary questions and allowing applicants to attach all applicant-required documents in BreEZe.

Physician's and Surgeon's Demographics

Age



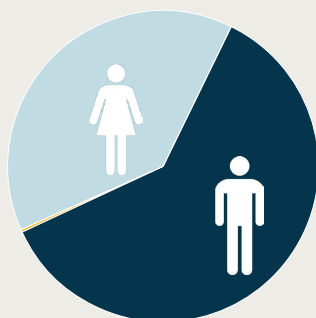
Sex

Total Female

39%
58,111

Unreported/ Undisclosed

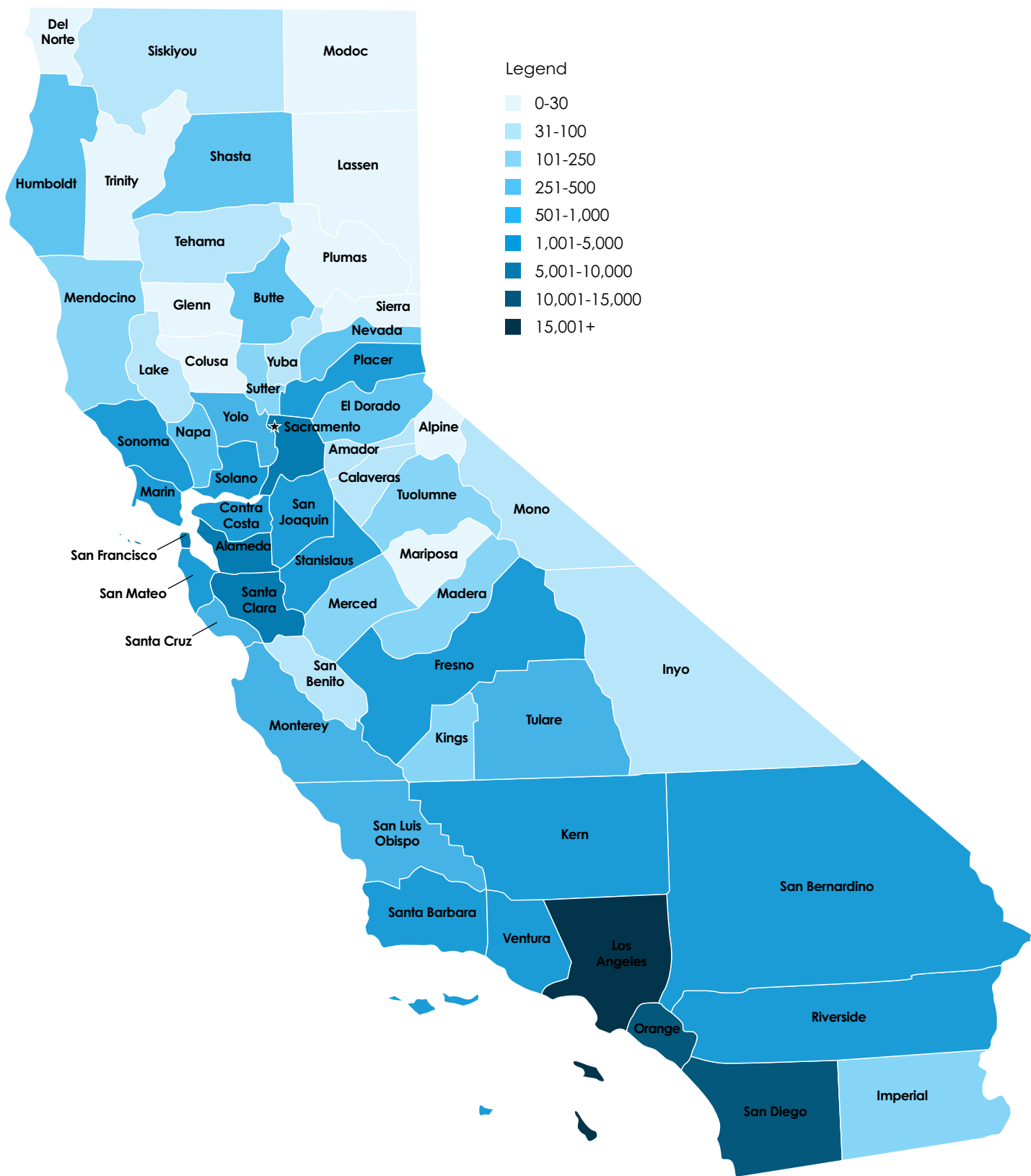
<1%
57



Total Male

61%
90,601

Physicians and Surgeons by County

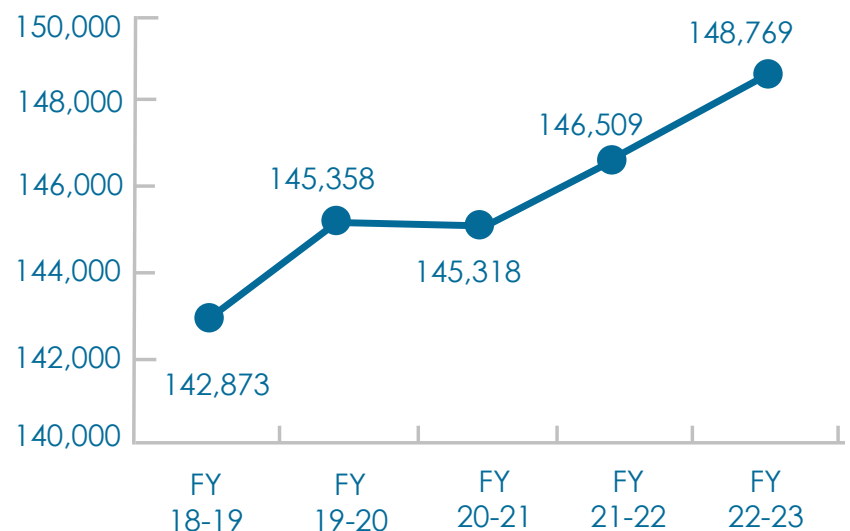


Physicians and Surgeons by County¹

County		County		County	
Alameda	5,597	Riverside	3,838	Stanislaus	1,054
Alpine	2	Sacramento	5,774	Sutter	177
Amador	64	San Benito	43	Tehama	47
Butte	425	San Bernardino	4,661	Trinity	9
Calaveras	45	San Diego	12,264	Tulare	575
Colusa	9	San Francisco	7,179	Tuolumne	116
Contra Costa	3,706	San Joaquin	1,282	Ventura	2,127
Del Norte	27	San Luis Obispo	858	Yolo	546
El Dorado	363	San Mateo	3,229	Yuba	46
Fresno	2,310	Santa Barbara	1,299	Total In State Address	121,714
Glenn	9	Santa Clara	9,317	Total Out-of-State Address	27,055
Humboldt	278	Santa Cruz	759	Total	148,769
Imperial	126	Shasta	399		
Inyo	48	Sierra	0		
Kern	1,253	Siskiyou	69		
Kings	138	Solano	1,027		
Lake	70	Sonoma	1,533		
Lassen	23				
Los Angeles	32,062				
Madera	237				
Marin	1,607				
Mariposa	13				
Mendocino	166				
Merced	227				
Modoc	9				
Mono	40				
Monterey	994				
Napa	483				
Nevada	251				
Orange	11,326				
Placer	1,555				
Plumas	23				

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 - 3,097, Out-of-State - 4,552, Total - 7,649.

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



Licenses

	FY 21-22	FY 22-23
Physician Applications Received		
Physician Applications Received	7,910	8,649
Physician Licenses Issued		
FLEX/USMLE ¹	5,361	6,086
NBME ¹	229	179
Reciprocity with Other States (BPC §2135)	1,342	1,374
Total	6,932	7,639
Physician Licenses Renewed		
Renewal Licenses Issued - Fee	64,618	67,033
Renewal Licenses Issued - Fee Exempt ²	6,124	6,230
Total	70,742	73,263
Physician Licenses In Effect³		
In-State Address	119,522	121,714
Out-of-State Address	26,987	27,055
Total	146,509 ⁴	148,769 ⁵
Physician License Administrative Activity		
Licenses Issued with Public Letters of Reprimand	4	5
Probationary Licenses Issued	14	17
Licenses Denied (No Hearing Requested)	8	0
Statements of Issues to Deny License Filed	4	1
Statements of Issues Granted (License Denied)	1	0
Statements of Issues Denied (License Granted)	4	1
Statements of Issues Withdrawn	1	0
Postgraduate Training Licenses (PTL)		
PTL Applications Received	2,924	2,145
Issued	2,911	2,810
In Effect	6,735	7,552

¹ FLEX: Federation Licensing Exam. USMLE: United States Medical Licensing Exam. NBME: National Board Medical Examiners.

² Includes physicians with disabled, retired, military, or voluntary services license status.

³ Excludes physicians with inactive, retired, or disabled license status.

⁴ Total physician licenses in effect including inactive, retired, or disabled license status - 153,862.

⁵ Total physician licenses in effect including inactive, retired, or disabled license status - 156,418.

Permits and Special Programs

	FY 21-22	FY 22-23
Fictitious Name Permits		
Issued	1,523 ¹	1,761 ²
Renewed	5,261	5,414
In Effect	12,991	13,444
Special Faculty Permits		
Issued	1	3
Renewed	9	13
In Effect	26	26
Special Programs		
Applications Received	49	57
Licenses Issued	44	58
Licenses Renewed	101	100
In Effect	193	132

¹ Includes 21 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

² Includes 29 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

Verification and Reporting

	FY 21-22	FY 22-23
License Status Verifications		
Telephone Verifications	1,632	1,028
Non-Verification Telephone Calls	41,724 ¹	47,012 ²
Authorized License Verification System (LVS) Internet Users	810	793
Web License Look-Up ³	1,291,716	3,178,683
Certification Letters and Letters of Good Standing Verifications	13,965	12,765
Reporting Activities		
Disciplinary Reports Mailed to Health Facilities Upon Written Request Pursuant to BPC §805.5	916	996
Adverse Actions Reported to the National Practitioner Data Bank (NPDB)	685 ⁴	465 ⁵
BPC §805 / §805.01 Reports of Health Facility Discipline Received	108 / 4	97 / 3

¹ Excludes the 14,768 listed under Consumer Inquiries on page 14.

² Excludes the 14,401 listed under Consumer Inquiries on page 14.

³ Statistics from the Board's [BreZE Online License Verification](#) webpage.

⁴ Includes 676 MD's, 2 Postgraduate Training Licensees, 2 Polysomnographic Technicians, 4 Polysomnographic Technologists, and 1 Licensed Midwife.

⁵ Includes 457 MD's, 1 Polysomnographic Technologist, 1 Polysomnographic Trainee, and 6 Licensed Midwives.

**NEED
YOUR
LICENSE?**

Apply early and
check the **License
Application
Processing Times.**

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 2022-2023, the Board received 9,521 complaints, compared to the 9,943 received in FY 2021-2022.

Although the number of complaints received decreased in comparison to prior years, a higher number of complaints were referred to investigation in FY 2022-2023 than in FY 2021-2022 (1,080 in FY 2022-2023 and 1,019 in FY 2021-2022). The number of citations and administrative fines issued in FY 2022-2023 increased to 195, compared to 122 in FY 2021-2022.

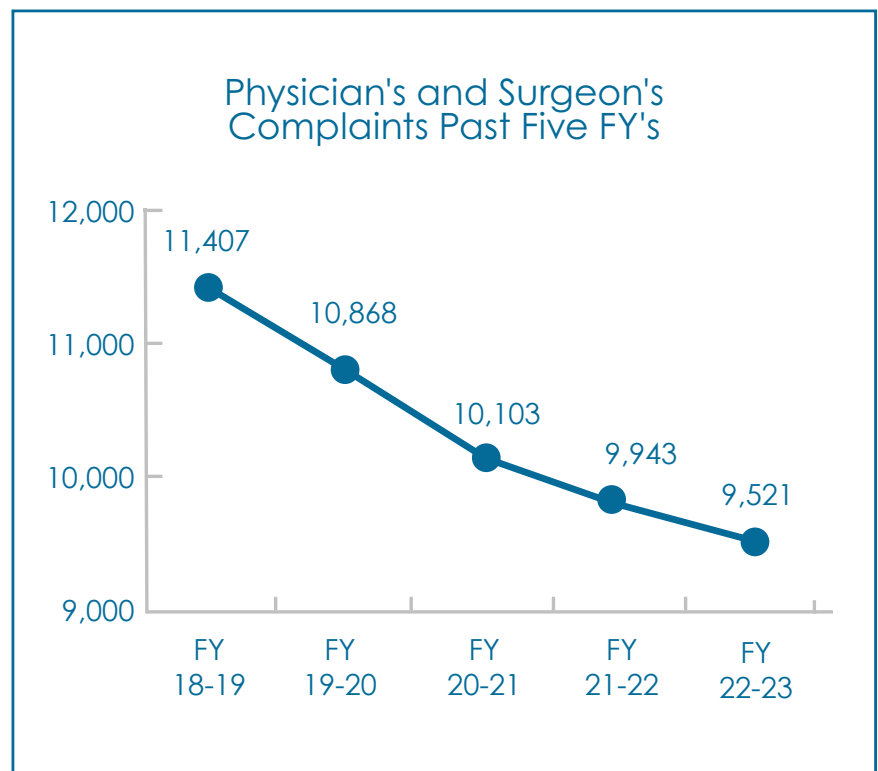
Throughout FY 2022-2023, the Enforcement Program offered key support to the enforcement monitor, sharing knowledge regarding complaint and disciplinary action processing.

COMMUNICATION PROCESS IMPROVEMENTS

Central Complaint Unit (CCU) managers continued their emphasis on staff training to help ensure that complainants are kept informed of the status of their complaint at key milestones. In addition, CCU began sending an additional letter to complainants that introduces them to the CCU staff person assigned to their complaint and includes information related to the medical records relevant to their complaint.

CCU also made various updates to the Board's website, consumer-oriented brochures, and other complainant letters to ensure they continue to accurately reflect current processes. Additionally, CCU management worked with the Information Systems Branch (ISB) on the planning and development of an online complaint tracking system.

While simultaneously recruiting and training new employees, CCU staff continued to meet the 10-day timeframe mandated by Business and Professions Code section 129(b) to notify the complainant of the initial administrative action taken on the complaint.



COMPLAINT FORM IMPROVEMENTS

CCU partnered with ISB to update the online complaint form to help ensure the Board receives complete and accurate complaint information and clarify that the Board may not be able to effectively pursue anonymous complaints.

EXPERT REVIEWER/MEDICAL CONSULTANT PROGRAMS

In FY 2022-2023, the Expert Reviewer Program Unit focused on recruiting new medical expert reviewers and consultants into their respective programs, including through an outreach program to various specialty groups and organizations. Further, unit staff created a monthly report that identifies physicians whose contract with the Board soon expires, thereby facilitating the contract renewal process.

Finally, unit staff conducted medical expert and consultant training via WebEx in January, April, and August 2023, with an additional training scheduled for October 2023. Unit staff are exploring software solutions that will implement a self-paced, distance-learning training program for the Board's medical experts and consultants.

THE BOARD NEEDS YOUR EXPERTISE

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 our [Expert Reviewer webpage](#), or contact the Board's Expert Reviewer Program at: MBCMedicalExpertProgram@mbc.ca.gov

CLOSED COMPLAINTS

In recent years, the Board began featuring closed complaint data by type which can be found in the [Complaints Closed by Complaint Unit chart](#) on page 15. For more detailed information and definitions of each complaint type, please refer to the [Fiscal Year 2020-2021 Annual Report \(pp. 11-13\)](#).

PROBATION UNIT

During FY 2022-2023, the Probation Unit referred 42 probation violations to the Attorney General's Office, a 7.7 percent increase compared to the prior fiscal year amount of 39.

Physician's and Surgeon's Enforcement Summary

	FY 21-22	FY 22-23
Complaints		
Complaints Received	9,943	9,521
Complaints Closed by Complaint Unit	9,362	9,009
Closed ¹	8,254	7,850 ²
Referred to Cite and Fine	89	79
Referred to Investigations	1,019	1,080
Investigations		
Opened	1,049	1,099
CIO	235	287
HQIU	814	812
Closed	1,307	1,142
CIO	263	238
HQIU	1,044	904
Investigation Referrals		
Referred to the AG	502	448
MBC	127	113
HQIU	375	335
Cases Referred for Criminal Action	19	17
Probation Violation Reports Referred to the AG	39	42
Consumer Inquiries		
Consumer Telephone Inquiries	14,768	14,401
Consumer Jurisdictional Inquiries	8,122	7,921

¹ FY 21-22 - 2,158 complaints closed were received in a prior fiscal year. FY 22-23 - 2,341 complaints closed were received in a prior fiscal year.

² Represented as total closures in the "Complaints Closed by Complaint Unit" Chart on page 15.

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	20	10	2	15	4	51
Health and Safety ⁴	158	4	10	55	51	278
Non-Jurisdictional ⁵	1,136	9	54	45	220	1,464
Gross Negligence/Incompetence ⁶	3,615	603	40	369	324	4,951
Personal Conduct ⁷	58	48	13	160	45	324
Unprofessional Conduct ⁸	965	138	78	639	227	2,047
Unlicensed/Unregistered	125	0	6	86	189	406
Total Source Complaints Received	6,077	812	203	1,369	1,060	9,521

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.

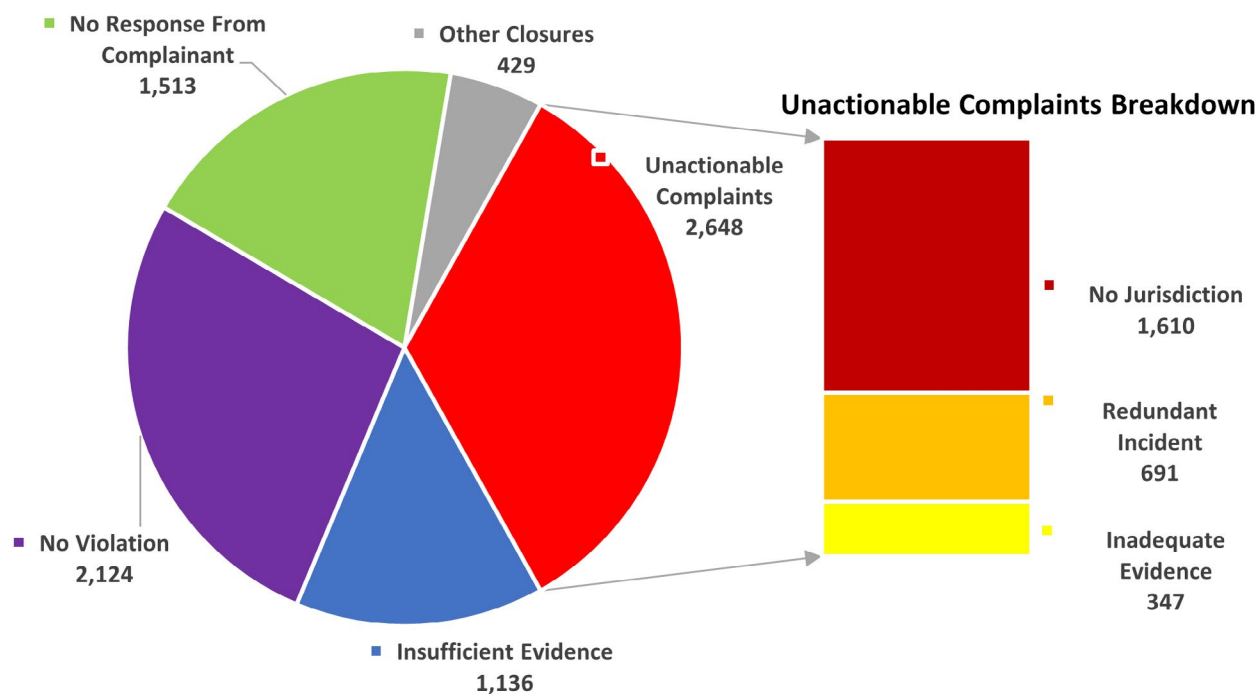
⁵ Includes complaints not under the authority of the Board and are referred to other agencies such as the Department of Health Care Services, Department of Managed Health Care, etc.

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.

Fiscal Year 2022-2023 Complaints Closed by Complaint Unit



Administrative Actions

	FY 21-22	FY 22-23
Administrative Actions		
Accusation	283	230
Petition to Revoke Probation/Accusation and Petition to Revoke	31	23
Amended Accusation/Petition to Revoke	217	85
Completed Investigations Referred to the AG and Awaiting the Filing of Accusation as of June 30, 2021	82	91
Cases Over 6 Months Old that Resulted in the Filing of Accusation	260	196
Administrative Outcomes		
License Revoked	29	22
License Surrendered (in Lieu of Accusation or with Accusation Pending)	96	63
License Placed on Probation with Suspension	5	4
License Placed on Probation	142	142
Probationary License Issued	14	17
Public Reprimand	118	75
Other Actions (e.g., Exam Required, Educational Course, etc.)	1	3
Accusation Withdrawn	11	7
Accusation Dismissed	13	9
Probation Violation Outcomes		
License Revoked	7	14
License Surrendered	10	26
Additional Suspension and Probation	2	0
Additional Probation	14	6
Public Reprimand	0	1
Other Actions (e.g., Exam Required, Educational Course, etc.)	0	1
Petition Withdrawn	0	0
Petition Dismissed	0	1
Referral and Compliance Actions		
Citation and Administrative Fines Issued	122	195

Petition Activity

	FY 21-22	FY 22-23
Petitions for Reinstatement of License		
Filed	16	6
Granted	5	7
Denied	8	9
Petitions for Penalty Relief¹		
Granted	25	24
Denied	4	6
Petitions to Compel Exam		
Filed	33	24
Granted	29	21
Denied	0	0

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

License Restrictions/Suspensions and Temporary Restraining Orders

Imposed while Administrative Action Pending	FY 21-22	FY 22-23
Interim Suspension Order (ISO)	21	17 ¹
Temporary Restraining Order (TRO)	0	0
Other Suspension Orders	36	30 ²
Sought and Granted by Case Type for FY 22-23		
	Sought	Granted ³
Gross Negligence/Incompetence	10	2
Inappropriate Prescribing	8	0
Unlicensed Activity	0	0
Sexual Misconduct	7	5
Mental/Physical Illness	11	6
Self-Abuse of Drugs/Alcohol	19	14
Fraud	5	6
Criminal Charges/Conviction	2	2
Unprofessional Conduct	2	12
Total	64	47

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; 2 - sexual misconduct with a patient; 2 - practicing under the influence of drugs/alcohol; and 0 - excessive prescribing to a minor.

² Includes 6 - Automatic Suspension Orders per BPC §2236; 4 - license restrictions per Penal Code §23; 2 - license restrictions pursuant to court order; 0 - out-of-state suspension orders per BPC §2310; 0 - stipulated agreements to suspend or restrict the practice of medicine; and 18 - cease practice orders issued for violation of probation condition or violation of interim suspension order.

³ Some orders granted were sought in prior FY.

ELECTRONIC SUBMISSION OF APPLICATION DOCUMENTS

Effective January 1, 2024, the Board will only accept certain documents through DOCS or any of the other Board-accepted **Third Party Services**. Learn more on our **DOCS webpage**.

Malpractice Settlement Reports Received per BPC §801.01 by Specialty Practice

	Reports ¹	Physicians ²
Specialty/Subspecialty		
Anesthesiology	11	7,819
Cardiology	15	4,620
Colon and Rectal	3	249
Critical Care	2	2,243
Dermatology	7	2,597
Diagnostic Radiology	9	4,899
Emergency Medicine	45	5,826
Endocrinology	1	1,175
Gastroenterology	4	2,117
General/Family Practice	41	12,296
Geriatric Medicine	1	841
Gynecology	14	7,191
Hematology	3	1,541
Internal Medicine	38	27,145
Interventional Cardiology	1	687
Neonatal/Perinatal	2	876
Nephrology	1	1,511
Neurological Surgery	17	717
Neurology	10	2,935
Obstetrics	60	7,191
Oncology	2	1,983
Ophthalmology	12	3,092
Orthopedic Surgery	43	3,693
Otolaryngology	11	1,930
Pain Medicine	4	855
Pathology	11	4,889
Pediatrics	7	12,887
Physical Medicine & Rehabilitation	1	1,515
Plastic Surgery	30	1,357
Psychiatry	6	10,197
Pulmonary Disease	4	2,100
Radiation Oncology	2	511
Radiology	41	1,524
Surgery	50	4,833
Thoracic Surgery	7	647
Urology	9	1,598
Vascular Surgery	6	414

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 2021-2022 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	97	3
Peer Review Body Type		
Health Care Facility/Clinic	65	0
Surgical Center	6	1
Health Care Services Plan	8	0
Professional Society	0	0
Medical Group/Employer	18	2
Outcomes of Reports Received		
Pending Disposition	24	3
Cases Closed	73	0

Reports Received Based Upon Legal Requirements for Physicians and Surgeons

	FY 21-22	FY 22-23
Medical Malpractice		
Insurers ¹	374	415
Attorneys/Self-Reported/Employers ¹	107	131
Courts ²	0	0
Total	481	546
Other Required Reporting		
Coroners' Reports ³	1	0
Criminal Charges and Convictions ⁴	36	54
Health Facility Discipline Reports Medical Cause or Reason ⁵	108	97
Health Facility Reports ⁶	4	3
Health Facility Report Sexual Abuse/ Misconduct Allegation ⁷	76	67
Outpatient Surgery Settings Reports Patient Death ⁸	8	4
Total	233	225
Stem Cell Therapy Complaints and Action Taken ⁹		
Complaints Received	1	3
Disciplinary Actions Taken	0	1
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.

⁸ Per BPC §2240(a).

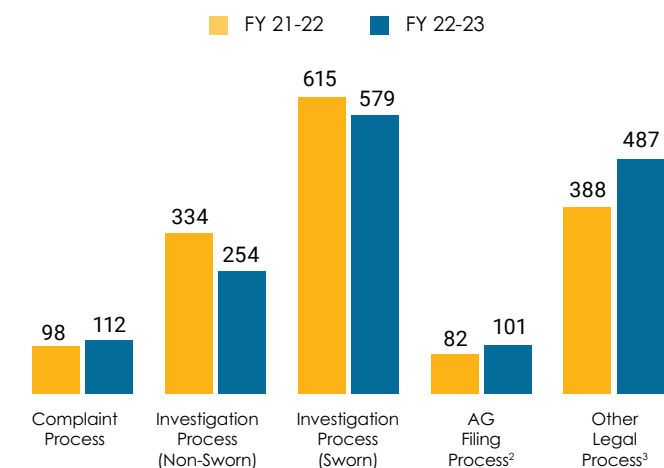
⁹ Physicians and surgeons, licensed midwives, research psychoanalysts, and polysomnographic program.

Administrative and Probation Violation Outcomes by Case Type¹

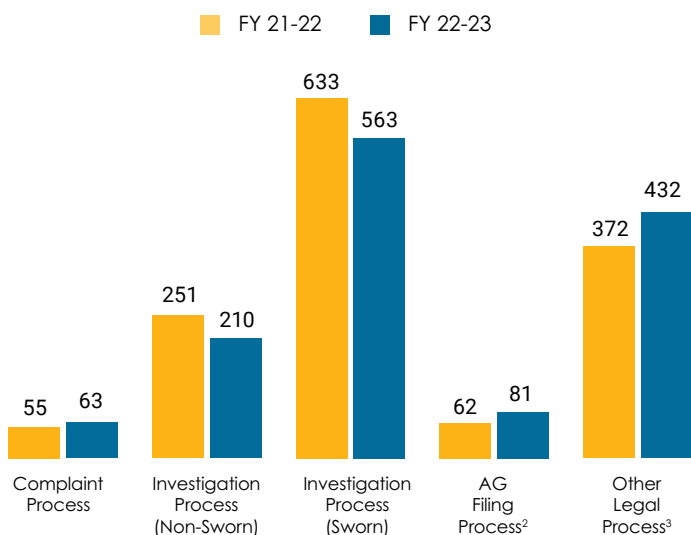
	Revocation	Surrender	Probation with Suspension	Probation	Probationary License Issued	Public Reprimand	Other	Total Actions
Gross Negligence/Incompetence	5	37	3	108	9	57	2	221
Inappropriate Prescribing	1	9	0	19	0	1	0	30
Unlicensed Activity	0	1	0	2	0	0	1	4
Sexual Misconduct	6	6	0	0	0	1	0	13
Mental/Physical Illness	2	10	0	2	0	1	0	15
Self-Abuse of Drugs/Alcohol	4	8	0	13	6	6	0	37
Fraud	4	7	1	2	0	0	0	14
Conviction of a Crime	2	0	0	0	0	1	0	3
Unprofessional Conduct	12	11	0	2	2	9	1	37
Total Administrative Actions	36	89	4	148	17	76	4	374

¹ Pursuant to BPC §2220.05(c), disciplinary actions were taken in the following priority categories: 2 - gross negligence/incompetence resulting in death or serious bodily injury; 0 - practicing under the influence resulting in death or serious bodily injury; 26 - excessive prescribing; 0 - excessive recommending of medical cannabis; 8 - sexual misconduct with a patient; 2 - 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	1,157	14 ⁵
AG Cases Assigned ⁶	367	4
Probation Unit⁷		
Monitoring Cases ⁸	524	33

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, 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, licensed midwives, and polysomnographic technologist.

⁸ 69 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2023.

Substance-Abusing Licensees

FY 21-22 FY 22-23

FY 21-22 FY 22-23

Probationers				
Probationers Whose Conduct was Related to a Substance-Abuse Problem	206	145		
Substances Involved ¹				
Alcohol	147	102		
Ambien	1	1		
Amphetamine	1	1		
Ativan	1	1		
Benzodiazepine	4	2		
Cannabis	4	5		
Cocaine	4	3		
Demerol	2	1		
Fentanyl	1	1		
Fiorcet	1	1		
Ketamine	1	0		
Methamphetamines	4	3		
Opiates	3	2		
Propofol	2	2		
Psilocybin	1	0		
Multiple Controlled Substances	70	53		
Probation Completion				
Probation Successfully Completed ² (Y)	27	21		
Failed to Complete Probation (N)	22	14		
Substances Involved ¹				
	Y	N	Y	N
Alcohol	23	21	13	11
Ativan	0	0	1	0
Benzodiazepine	0	0	1	0
Cannabis	0	0	1	0
Cocaine	1	0	1	0
Demerol	1	0	0	0
Fentanyl	0	0	0	0
Ketamine	1	0	0	0
Opiates	1	0	0	1
Psilocybin	1	0	0	0
Methamphetamines	0	0	1	0
Multiple Controlled Substances	5	5	8	7
Relapses				
Probationers who Relapsed	5	6		
Substances Involved ¹				
Alcohol	4	5		
Cocaine	0	0		
Fentanyl	0	0		
Meprobamate	0	0		
Methamphetamines	1	1		
Methaqualone	0	0		
Opiates	0	0		
Tramadol	1	0		

Cease Practice Orders		
Probationers Issued a Cease Practice Order	9	9
Substances Involved/Reason for Order ¹		
Alcohol	5	5
Cocaine	0	0
Fentanyl	0	0
Meprobamate	0	0
Methamphetamines	1	1
Methaqualone	0	0
Opiates	0	0
Tramadol	1	0
Failed to Appear for a Biological Fluid Test (BFT)	0	3
Failed to Cooperate with BFT	1	0
Failed to Successfully Complete a Clinical Competence Assessment Program	1	0
Multiple probation violations	1	0
Suspensions		
Probationers Issued a Suspension	0	0
Substance Involved		
N/A	0	0
Petitions to Revoke		
Petitions to Revoke	12	7
Substances Involved/Reason for Action ¹		
Alcohol	3	3
Cocaine	0	0
Fentanyl	0	0
Methamphetamines	1	1
Methaqualone	0	0
Opiates	0	0
Tramadol	1	0
Failed to Appear for a BFT	3	2
Failed to Successfully Complete a Clinical Diagnostic Evaluation	0	1
Failed to Successfully Complete a Clinical Competence Assessment Program	1	0
Multiple Probation Violations	1	1
Non-Practice Over 2 Years	1	0
Obey All Laws	1	0
Practicing Medicine in Own Home	1	0

¹ Some probationers had more than one substance involved.

² Those who successfully completed probation or a petition for termination of probation was granted.

Substance-Abusing Licensees Major Violations by Substance¹

	Alcohol		Ativan		Benzodiazepine		Cocaine		Fentanyl		Methamphetamine		Methaqualone		Opiates		Tramadol		Multiple Controlled Substances		Total Major Violations	
	FY 21-22	FY 22-23	FY 21-22	FY 22-23	FY 21-22	FY 22-23	FY 21-22	FY 22-23	FY 21-22	FY 22-23	FY 21-22	FY 22-23	FY 21-22	FY 22-23	FY 21-22	FY 22-23	FY 21-22	FY 22-23	FY 21-22	FY 22-23	FY 21-22	FY 22-23
Failed to Undergo a Required Clinical Diagnostic Evaluation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Committed Multiple Minor Violations of Probation Conditions and Terms	4	3	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	2	4	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Failed to Undergo Biological Fluid Testing (BFT) when Ordered	12	12	-	1	-	1	1	-	-	-	1	1	-	-	1	1	-	-	6	7	16	16
Used, Consumed, Ingested, or Administered to Himself or Herself a Prohibited Substance ²	4	6	-	-	-	1	-	-	-	-	-	1	-	-	-	3	1	-	-	-	5	11
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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Substances Involved	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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.

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	34	492
Research Psychoanalyst	5	91
Polysomnographic Trainee	43	83
Polysomnographic Technician	21	158
Polysomnographic Technologist	48	611
Accreditation Agencies for Outpatient Surgery Settings	0	4
	FY 21-22	FY 22-23
Complaints		
Complaints Received	30	25
Complaints Closed by Complaint Unit	29	20
Investigations		
Cases Opened	7	11
Cases Closed	6	11
Cases Referred to the Attorney General (AG)	7	5
Cases Referred for Criminal Action	0	2
Probation Violation Reports Referred to the AG	0	0
Reports Received Based Upon Legal Requirements		
Midwife Hospital Transfer Forms ¹	208	230
Outpatient Adverse Event Reports ²	46	41
Referral and Compliance Actions		
Citation and Administrative Fines Issued	1	4
License Restrictions/Suspensions Imposed while Administrative Action Pending		
Interim Suspension Order	0	0
Other Suspension Orders	1	1

	FY 21-22	FY 22-23
Administrative Actions		
Accusation	10	3
Petition to Revoke Probation	0	0
Amended Accusation/Petition to Revoke	0	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	0
Administrative Outcomes		
License Revoked	3	1
License Surrendered (in Lieu of Accusation or with Accusation Pending)	2	2
License Placed on Probation with Suspension	0	0
License Placed on Probation	3	4
Probationary License Issued	0	1
Public Reprimand	0	2
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	2
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	7,976	7,568
Planned Out-of-Hospital Births at the Onset of Labor	5,354	5,123
Planned Out-of-Hospital Births Completed in an Out-of-Hospital Setting ²	4,511	4,339
Sets of Twin Births	3	1
Sets of Multiple Births (Other Than Twin Births)	0	0
Breech Births	64	132
VBAC (Vaginal Birth After Cesarean Section)	221	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	0
Resulting in the Mortality of the Infant After Transfer	4	8
Resulting in Fetal Demise Prior to the Mother Being Transferred	8	10
Resulting in Fetal Demise After the Mother was Transferred	5	5
Antepartum Transfers		
Primary Care Transferred to Another Health Care Practitioner (Elective)	398	329
Urgent or Emergency Transport of Expectant Mother	137	118
Intrapartum Transfers		
Elective Hospital Transfer	704	632
Urgent or Emergency Transfer of an Infant or Mother	142	156
Postpartum Transfers		
Elective Hospital Transfer of Mother	16	21
Elective Hospital Transfer of Infant	19	16
Urgent or Emergency Transfer of Mother	45	60
Urgent or Emergency Transfer of Infant	42	49

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.