1999-2000 ANNUAL REPORT
Medical Board of California

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Consumer Protection: Board's Top Priority

The Medical Board of California has been involved in activities over the past fiscal year which are critical to its consumer-protection mandate. Notable among these efforts are the following.

Cosmetic and Outpatient Surgery Patient Protection Act

AB 271 (Gallegos), sponsored by the Medical Board of California, is a product of the Board's Committee on Plastic-Cosmetic Surgery, established to examine ways to protect patients as more surgery procedures are performed in outpatient settings, many of them cosmetic surgery procedures, sometimes by physicians ill-trained or ill-equipped to perform the procedures attempted. This new law requires:

- Whenever a patient is present in the facility and has not been discharged from supervised care, a minimum of two staff persons must be on the premises, one of whom must be either a licensed physician or a licensed health care professional with current certification in advanced cardiac life support (ACLS).
- Physicians must maintain adequate security by liability insurance for claims that may result from surgical procedures performed outside of general acute care hospitals.
- A written report must be filed with the Medical Board within 15 days when any physician or person acting under a physician's orders or supervision performs a scheduled medical procedure outside of a hospital that results in the death of the patient or transfer of the patient to a hospital or emergency center for more than 24 hours.
- Each outpatient setting regulated by the Board's Division of Licensing must have written discharge criteria, and these settings must conspicuously post their certificate of registration and name and telephone number of the accrediting agency with instructions on submitting complaints.

Internet Prescribing

In response to the potential danger to patients of Internet prescribing of drugs, the Board sponsored SB 1828 (Speier), which would prohibit the prescribing or furnishing of dangerous drugs on the Internet for delivery to any Californian without a good faith prior examination and medical indication. It would provide either a fine of up to $25,000 per occurrence resulting from a citation issued by the Medical Board, or a civil penalty of the same amount to be enforced by the Attorney General. The bill also adds that if a prescribing physician is not a resident of California, a violation of this section will be reported to the physician's professional licensing authority.

This legislation is designed to prohibit physicians from engaging in substandard health care by writing prescriptions on the basis of electronic completion of a questionnaire, without a good faith medical examination as the law currently requires for non-Internet prescribing. In the absence of such an examination, the Board has determined that a physician who prescribes over the Internet is engaging more so in a commercial venture rather than, and perhaps to the detriment of, the delivery of quality health care.

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Current Physician and Surgeon Licenses by County

Alameda	3,551	Inyo	43	Monterey	785	San Luis Obispo	626	Trinity	13
Alpine	0	Kern	910	Napa	430	San Mateo	2,298	Tulare	447
Amador	56	Kings	127	Nevada	222	Santa Barbara	1,084	Tuolumne	119
Butte	407	Lake	73	Orange	7,483	Santa Clara	5,211	Ventura	1,473
Calaveras	43	Lassen	41	Placer	601	Santa Cruz	580	Yolo	486
Colusa	11	Los Angeles	24,428	Plumas	30	Shasta	429	Yuba	64
Contra Costa	2,319	Madera	126	Riverside	2,133	Sierra	2		
Del Norte	53	Marin	1,366	Sacramento	3,074	Siskiyou	68	**California Total**	
El Dorado	242	Mariposa	15	San Benito	34	Solano	681	**82,872**	
Fresno	1,490	Mendocino	203	San Bernardino	2,978	Sonoma	1,206	**Out of State Total**	
Glenn	10	Merced	217	San Diego	7,660	Stanislaus	690	**25,196**	
Humboldt	297	Modoc	5	San Francisco	4,748	Sutter	162	**Current Licenses**	
Imperial	121	Mono	28	San Joaquin	820	Tehama	53	**108,068**	

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.

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Diversion Task Force

The Diversion Program is a five-year monitoring and rehabilitation program administered by the Board to support and monitor the recovery of physicians who have substance abuse or mental health disorders. Responding to concerns raised during Sunset Review Committee hearings and subsequent issues addressed by consumer advocates, the Board created the Diversion Task Force to undertake an extensive review of the operation of the Diversion Program. The intention of the Board was that improvements to the operation of the program would be recommended based on this review and that areas allowing for improved consumer protection would be identified.

During FY 99-00 the Task Force conducted a side-by-side comparison of the Diversion Program with a draft document entitled *Guideline for the Regulatory Management of Chemically Dependent Health Care Practitioners*, prepared by the Citizen Advocacy Center, a training, research, and support network for public members of health care regulatory and governing boards. At its meeting in February 2000, the Task Force found that the Diversion Program policies meet or exceed the guidelines in most areas, however, the Task Force also began to identify the need for ongoing Quality Assessment reporting as a foundation for the development of a strategy of Continuous Quality Improvement (CQI). In May 2000 reporting requirements were established in the following areas.

- relapse
- drug testing
- case manager contact
- group attendance
- outcomes

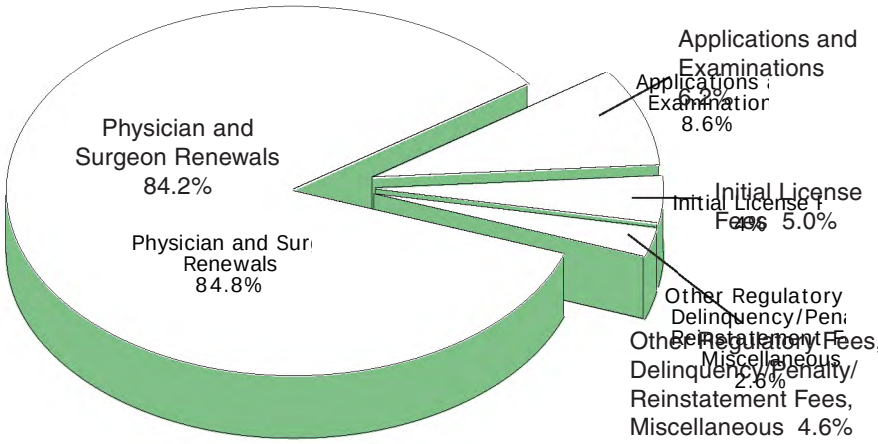
The Board subsequently established a standing committee on Diversion to which data in these areas will be reported quarterly. Standardized reporting of statistical data, along with case studies, was developed to facilitate the Task Force's efforts to establish a system of CQI. This data is presented quarterly for review of system strengths and weaknesses.

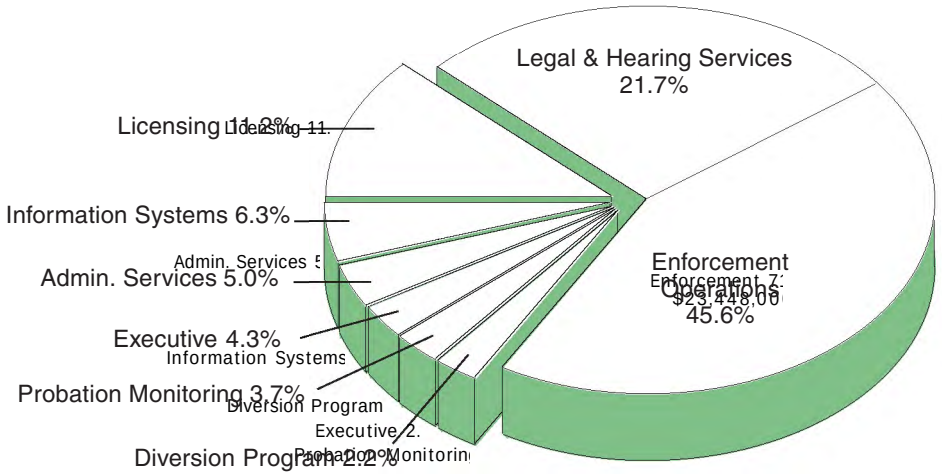
During FY 99-00 the issue of the structure and authority of the Diversion Evaluation Committees was addressed. The Task Force also pursued legislation to clearly reflect the advisory role of these committees while recognizing the valuable expertise which they offer and which is critical to the Program's success.

Medical Board of California

1999-2000 Fiscal Year Sources of Revenue

Physician & Surgeon Renewals	$28,511,000
Applications and Examinations	$2,094,000
Initial License Fees	$1,683,000
Other Regulatory Fees, Delinquency/Penalty/ Reinstatement Fees, Miscellaneous	$1,570,000
Total	**$33,858,000**





1999-2000 Fiscal Year Budget Distribution

Enforcement Operations	$15,295,000
Legal & Hearing Services	7,309,000
Licensing	3,756,000
Information Systems	2,111,000
Administrative Services	1,666,000
Executive	1,452,000
Probation Monitoring	1,230,000
Diversion Program	750,000
Total Budget	**$33,569,000**

Division of Licensing

The Division of Licensing is responsible for initial and renewal licensing of physicians and surgeons. Additionally, the Division administers licensing programs for lay midwives, dispensing opticians, spectacle lens dispensers, contact lens dispensers, and research psychoanalysts.

Physician and Surgeon Application Processing. During the 1999-2000 fiscal year, 4,043 new physician and surgeon licenses were issued. The volume of application processing work peaks around June 30, the end of the annual residency training year. At this time of year, the Licensing Program experiences increased activity resulting from applicants requiring licensure in order to continue into the third year of postgraduate training or to begin permanent positions at the conclusion of their training. In its effort to provide quality service, the Division encourages applicants to submit their application materials and fees well in advance of the time they expect to be licensed.

Fingerprint clearances are an important part of the application process and a frequent cause for processing delays. In FY 1999-2000, Division staff worked with the Department of Justice to streamline fingerprint processing through participation in the Livescan process which will eliminate the use of fingerprint cards for in-state fingerprint checks. Additionally, INTERPOL inquiries were initiated this year in situations requiring criminal history checks and clearances from abroad.

New provisions in section 2089 of the California Business and Professions Code (B&P) added training in pain management and end-of-life care to curriculum requirements for all applicants for physician and surgeon licensure. This was intended to help educate and influence the attitudes and behavior of physicians toward treating patients with pain, and to help medical educators initiate changes in the curriculum to ensure that new practitioners have attitudes, knowledge, and skills relevant to care for terminal patients. This law applies to all individuals entering medical school on or after June 1, 2000 who apply for California licensure.

Section 1321(d) was added to the regulations to require that each of the two years of approved postgraduate training required for licensure be completed in continuous blocks, but also permit each year to be completed in a different program. Additionally, this law allows for interruption of either year due to illness or hardship.

Special Programs. Special programs provide opportunities for foreign physicians to participate in research and faculty appointments at medical schools located in California. Special program site inspections were conducted at the University of California, San Diego School of Medicine; the University of California, Los Angeles School of Medicine; and Stanford University School of Medicine. These site inspections included meetings with deans, program directors and supervisors, and participants in B&P Code section 2111 postgraduate study programs and section 2113 faculty appointment programs.

Because California medical schools may experience difficulties recruiting eminent clinical faculty from other states, B&P Code section 2168 was implemented in 1998-1999 to create a new category of restricted licensure for the purposes of research, medical advancement and educational progress. A physician eligible for a special faculty appointment must have been offered a full-time appointment at a California medical school at the full professor level in a tenure track position, or its equivalent. During the 1999-2000 fiscal year, the Division issued three special faculty permits to outstanding physicians at the University of California, Los Angeles School of Medicine; the University of California, San Diego School of Medicine; and the University of California, San Francisco School of Medicine.

Consumer Information and Services for Affiliated Health Professions. Implementation of a new telephone system enabled the Consumer Information Unit to assume broader support responsibilities than could previously be assigned. In addition to providing licensing verifications and other general telephone assistance, CIU staff also responded to requests for applications and other forms, letters of good standing, duplicate licenses and address changes. The Division of Licensing sustains relationships with various affiliated health professions. The CIU plays an important role by responding not only to inquiries related to the Medical Board, but also to questions concerning the Acupuncture Board, Hearing Aid Dispensers Program, Physical Therapy Board, Physician Assistant Committee, Board of Podiatric Medicine, Board of Psychology, Respiratory Care Board, and the Speech-Language Pathology & Audiology Board.

Affiliated Healing Arts

	1999–00 LICENSES/APPROVALS	
	ISSUED	CURRENT
Licensed Midwife	12	110
Dispensing Optician	46	1,252
Contact Lens Dispenser	20	488
Spectacle Lens Dispenser	96	1,911
Physician Asst. Supervisor	1,436	10,549
Research Psychoanalyst	0	65
Accrediting Agencies for Outpatient Surgery Settings	0	4
Doctor of Podiatric Medicine	102	1,932
Total	**1,712**	**16,311**

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Division of Licensing Activity

	FY 98-99	FY 99-00
Physician Licenses Issued		
FLEX/USMLE[1]	3,210	3,338
NBME[1]	671	528
Reciprocity with other states	162	177
Total new licenses issued	**4,043**	**4,043**
Renewal licenses issued—with fee	46,613	47,518
Renewal licenses—fee exempt[2]	4,457	4,433
Total licenses renewed	**51,070**	**51,951**
Physician Licenses in Effect		
California address	81,762	82,872
Out-of-state address	25,147	25,196
Total	**106,909**	**108,068**
Licensing Examination Activity		
United States Medical Licensing Exam (USMLE)		
Applicants passing USMLE exam	2,122	*
Applicants failing USMLE exam	570	*
Total	**2,692**	*

	FY 98-99	FY 99-00
Licensing Enforcement Activity		
Probationary license granted	0	2
License Denied (no hearing requested)	2	2
Statement of Issues to deny license filed	8	4
Statement of Issues granted (license denied)	6	2
Statement of Issues denied (license granted)	2	1
Statement of Issues withdrawn	0	1

[1] *FLEX = Federation Licensing Exam*
USMLE = United States Medical Licensing Exam
NBME = National Board Medical Exam

[2] *Includes physicians with disabled, inactive, retired, or military license status.*

* *The Medical Board stopped administering Step 3 of USMLE in FY 98-99.*

Verification Activity Summary

	FY 98-99	FY 99-00
License Status Verifications		
Phone verifications	220,726	180,400
Online access verifications	288,533	*
Written verifications	68,472	44,273
Authorized Internet users	532	534
Non-verification telephone calls	40,682	52,899

* *Due to Y2K, the system previously used to access licensee information became inoperable in December 1999. Effective April 1, 2000 a new password-protected site on the Internet was developed to replace the previous system. Thus, statistics are unavailable.*

	FY 98-99	FY 99-00
Certification Letters and Letters of Good Standing	9,151	11,132
Fictitious Name Permits		
Issued	849	1,180
Renewed	3,800	4,084
Total number of permits in effect	7,869	8,107
Continuing Medical Education		
CME audits	792	794
CME waivers	461	351

Report Verifications

	FY 98-99	FY 99-00
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	358	253
Adverse Actions reported to the NPDB[1]	486	528[2]
NPDB reports received from insurance companies or self-insured individuals/ organizations	1,442	815
B&P Code §805 reports of health facility discipline received:	83	112[3]

[1] *NPDB = National Practitioner Data Bank*

[2] *Includes 516 MDs, 7 podiatrists, and 5 physician assistants.*

[3] *Includes 110 reports for MDs, 1 for a psychologist and 1 for a podiatrist.*

Division of Medical Quality

The Medical Board of California made great strides in the 1990s to develop itself as one of the nation's leading medical regulatory boards. It has successfully achieved its mandate to provide public protection through the efficient resolution of consumer complaints while providing objective, evenhanded review of the medical care which gave rise to those complaints. The Board's efforts resulted in 366 administrative actions being taken in 1999-2000 as compared to the 149 actions reported in 1992-93.

Among the most notable achievements of the past fiscal year was the continued decrease in time elapsed at each major stage of complaint processing. The staff of the Board's Central Complaint Unit now complete preliminary processing of 10,000+ complaints in an average of **44** days and investigators complete the field investigation of complaints in an average of **206** days. It is through this continually improving closure time on consumer complaints that the Board achieves improved consumer protection with reduced disruption of physician practice.

Of significance to the overall aim of providing real public protection is the increasing effectiveness of the Board's Division of Medical Quality in taking action designed to address the specific cause of the violation which led to the action. In some cases, this only can be achieved by revocation of the physician's license or by seeking the surrender of that license to practice medicine. More and more, however, other administrative actions are being taken which are aimed at remedying the underlying cause of the violation, while placing the public on notice that the physician is, or has been, the subject of disciplinary action by the Medical Board.

Public disclosure of disciplinary actions remains an important element of the Board's regulatory efforts, built upon the view that healthcare consumers deserve to have all of the information pertinent to their decision-making made available to them. This is the reason that the Medical Board has developed and maintains a web site that lists all physicians who are licensed to practice medicine in California and contains information concerning any disciplinary action which the Board has taken against the license as well as information concerning felony convictions and malpractice judgments or arbitration awards (www.medbd.ca.gov).

Among the methods the Board uses to tailor discipline to the violation is in the terms of probation which are part of the disciplinary order. Depending on the violation which led to the discipline, probation frequently includes such terms as an ethics course; a prescribing course; requirement of additional CME or other education; passage of the SPEX (Special Purpose Examination); attendance at PACE (Physician Assessment and Clinical Education); community service; practice monitoring; or the successful passage of physical and/or psychological exams. Through the use of these focused requirements the Board seeks not just discipline, but the remediation or enhancement of physicians' skill and knowledge so that they become better practitioners in the communities which they serve. Nevertheless, not all physicians realize the importance of these corrective endeavors and in 1999-2000 the Probation Unit referred 21 cases involving probation violations to the Office of the Attorney General. This vigilant follow-up emphasizes the Board's commitment to meaningful discipline in pursuit of enhanced patient care.

Other means at the disposal of the Medical Board which are used to address more minor violations include citation and fines or public letters of reprimand. Such alternative sanctions are used for lesser violations such as failure to timely sign a death certificate or the maintenance of incomplete medical records.

In summary, there are many tools available today to fit the Medical Board's response to a Practice Act violation. In the most serious cases, license revocation or suspension will be the only appropriate penalties. However, the Board will continue to seek effective rehabilitation in less serious cases in order to protect the public.

Physicians & Surgeons Complaints Received

	Health & Safety[1]	[2]	[3]	[4]	[5]			
Public	136	219	365	4,747	0	39	1,267	135	6,908
B&P Code[6]	3	7	0	1,294	0	39	35	0	1,378
Licensee/Prof. Group[7]	21	22	11	64	3	9	110	38	278
Governmental Agency[8]	110	81	23	781	44	148	360	132	1,679
Anonymous/Misc.	13	24	5	40	1	9	69	41	202
Totals	**283**	**352**	**403**	**6,921**	**59**	**244**	**1,837**	**346**	**10,445**

1 *Health and Safety complaints, e.g. excessive prescribing, sale of dangerous drugs, etc.*

2 *Non-jurisdictional complaints are not under the authority of the Board and are referred to other agencies such as the Department of Health Services, Department of Managed Care, etc.*

3 *Competence/Negligence complaints are related to the quality of care provided by licensees.*

4 *Personal Conduct complaints, e.g. licensee self-use of drugs/alcohol, conviction of a crime, etc.*

5 *Unprofessional Conduct complaints include sexual misconduct with patients, discipline by another state, failure to release medical records, etc.*

6 *Reference is to B&P Code §§800 and 2240(a) and includes complaints initiated based upon reports submitted to the Medical Board by hospitals, insurance companies and others, as required by law, regarding instances of health facility discipline, malpractice judgments/settlements, or other reportable activities.*

7 *"Licensee or Professional Group" includes the following complaint sources: Other Licensee, Society/Trade Organization, and Industry.*

8 *"Governmental Agency" includes the following complaint sources: Internal, Law Enforcement Agency, Other California State Agency, Other State, Other Unit of Consumer Affairs, and Federal or Other Governmental Agency.*

Information required by Business and Professions Code section 2313.

Complaints Received Based Upon Reports Required by Law

Physicians & Surgeons

	FY 98-99	FY 99-00
Medical Malpractice		
Insurers		
B&P Code §§801 & 801.1	1,041	982
Attorneys or Self-Reported or Employers		
B&P Code §§802 & 803.2	287	196
Courts		
B&P Code §803	28	28
Total Malpractice Reports	**1,356**	**1,206**
Coroners' Reports		
B&P Code §802.5	26	29
Criminal Charges & Convictions		
B&P Code §§802.1 & 803.5	21	31
Health Facility Discipline		
Medical Cause or Reason		
B&P Code §805	82	110
Outpatient Surgery Settings Report		
Patient Death		
B&P Code §2240(a) (effective 1-1-00)	n/a	2
Patient Transfer		
B&P Code §2240(b) (effective 1-1-00)	n/a	105

Affiliated Healing Arts Professionals*

	FY 98-99	FY 99-00
Medical Malpractice		
Insurers		
B&P Code §§801 & 801.1	37	36
Attorneys or Self-Reported or Employers		
B&P Code §§802 & 803.2	4	7
Courts		
B&P Code §803	0	1
Total Malpractice Reports	**41**	**44**
Coroners' Reports		
B&P Code §802.5	0	1
Criminal Charges & Convictions		
B&P Code §803.5	0	3
Health Facility Discipline		
Medical Cause or Reason		
B&P Code §805	1	2
Outpatient Surgery Settings Report		
Patient Death		
B&P Code §2240(a) (effective 1-1-00)	n/a	1
Patient Transfer		
B&P Code §2240(b) (effective 1-1-00)	n/a	2

* *Affiliated Healing Arts Professionals include: podiatrists, physician assistants, psychologists, dispensing opticians and licensed midwives.*

Division of Medical Quality Action Summary

	96-97	97-98	98-99	99-00
Complaints/Investigations[1]				
Complaints Received	10,123	10,816	10,751	10,445
Complaints Closed by Complaint Unit	8,161	8,657	9,024	8,319
Investigations				
Cases Opened	2,039	2,154	2,139	2,083
Cases Closed	2,255	2,423	2,493	1,995
Cases referred to the AG	567	676	618	491
Cases referred to DAs/CAs	47	81	69	61
Administrative Filings				
Interim Suspensions	33	32	31	19
Temporary Restraining Orders	4	1	2	0
Other Suspension Orders	13	10	29	25[2]
Statement of Issues to Deny Application	4	4	8	*[3]
Petition to Compel Mental Exam	4	13	19	6
Petition to Compel Competency Exam	11	9	5	0
Petition to Compel Physical Exam	2	6	15	5
Accusation/Petition to Revoke Probation	296	391	392	290
Total Administrative Filings	**367**	**466**	**501**	**345**
Administrative Actions				
Revocation	49	47	48	55
Surrender (in lieu of Accusation or with Accusation pending)	87	86	77	67
Suspension Only	0	0	3	2
Probation with Suspension	27	19	12	17
Probation	112	108	110	109
Probationary License Issued	3	4	0	2
Public Reprimand	39	50	45	56
Other decisions (e.g., exam required, education course, etc.)	23	69	64	58
Total Administrative Actions	**340**	**383**	**359**	**366**
Referral and Compliance Actions				
Citation and Administrative Fines Issued	214	288	332	250
Physicians Called in for Medical Review	25	19	23	16
Physicians Referred to Diversion Program[4]	44	33	27	12
Total Referral & Compliance Actions	**283**	**340**	**382**	**278**
Other Administrative Outcomes				
Accusation Withdrawn[5]	57[6]	80[6]	76[6]	71
Accusation Dismissed	11	8	16	12
Petitions for Penalty Relief [7] granted	19	29	19	16
Petitions for Penalty Relief [7] denied	11	20	14	17
Petition to Compel Exams granted	15	27	32	11
Petition to Compel Exams denied	0	3	4	0

[1] *Some cases closed were opened in a prior fiscal year.*

[2] *Includes 5 Automatic Suspension Orders per section 2236.1 B&P Code, 11 license restrictions per section 23 Penal Code, 7 out-of-state suspension orders per section 2310 B&P Code effective 1/1/98, and 2 stipulated agreements to suspend or restrict the practice of medicine.*

[3] *Statement of Issues data now shown on Division of Licensing Activity, p. iv.*

[4] *Diversion Program referrals pursuant to B&P Code section 2350(b).*

[5] *Accusations withdrawn for the following reasons: physician passed a competency exam; physician met stipulated terms and conditions; physician was issued a citation/fine instead; physician died; etc.*

[6] *Includes Statement of Issues withdrawn.*

[7] *Penalty Relief includes Petitions for Reinstatement, Petitions for Modification of Penalty, and Petitions for Termination of Probation.*

Information required by Business and Professions Code section 2313.

Business & Professions Code §2313—Additional Data Elements

1. Additional data for Temporary Restraining Orders, Interim Suspension Orders, Automatic Suspension Orders, Orders issued pursuant to Penal Code §23, Out-of-State Suspension Orders, and Stipulated Agreements to suspend or restrict the practice of medicine:

	Orders Sought	Orders Granted
Mental/Physical Illness	5	4
Drug Prescribing Violations	1	5
Sexual Misconduct	8	8
Self Abuse of Drugs or Alcohol	6	9
Gross Negligence/Incompetence	5	3
Unprofessional Conduct	1	3
Criminal Charges/Conviction of a Crime	3	4
Fraud	7	8
Total	**36**	**44**

NOTE: Some orders granted were sought in prior fiscal year.

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

   All Department of Health Services (DHS) notifications of Medi-Cal provider suspensions were added to existing MBC files because the basis for the DHS action (e.g. MBC license revocation, US Dept. of Health and Human Services suspension of Medicare provider privileges, etc.) was already reported or known to MBC. Because DHS suspension of a provider's Medi-Cal privileges results from action already taken by another agency, no additional MBC actions result from these DHS notifications.

3. Consumer inquiries and complaints:

Consumer inquiries	69,831
Jurisdictional inquiries	38,407
Complaint forms sent	15,362
Complaint forms returned by consumers	5,376

4. Number of completed investigations referred to the Attorney General's Office awaiting the filing of an accusation as of June 30, 2000:

Physician and Surgeon	103
Affiliated Healing Arts Professionals[1]	9

5. Number of probation violation reports sent to the Attorney General:

	MD	AH[1]	Total
FY 99-00[2]	21	3	24

	MD	AH[1]	Total
6. Petitions to Revoke Probation Filed:	28	2	30
7. Dispositions of Probation Filings:			
Additional Suspension or Probation	10	1	11
Probation Revoked or License Surrendered	21	1	22
Petition Withdrawn/Dismissed	4	0	4
8. Petitions for Reinstatement of License:			
Filed	17	0	17
Granted	7	1	8
Denied	10	1	11

9. 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:

	FY 98-99		FY 99-00	
	Avg.	Median	Avg.	Median
(a) Complaint Unit Processing	53	21	44	27
(b) Investigation	243	175	206	155
(c) Attorney General Processing to preparation of an Accusation	83	50	97	60
(d) Other stages of the legal process (e.g. after charges filed)	343	284	412	360

10. Investigator caseloads as of June 30, 2000:

Enforcement Field Operations Caseload:	Statewide	Per Investigator
Active Investigations	1,406	21
AG Assigned Cases[3]	496	7
Probation Unit Caseload:		
Monitoring Cases[4]	500[5]	42
Active Investigations	13	1
AG Assigned Cases[3]	37	n/a[6]

[1] *Affiliated Healing Arts Professionals for this section includes: podiatrists, physician assistants, dispensing opticians, research psychoanalysts, and licensed midwives.*

[2] *These are in addition to the 491 MD and 72 AH cases referred to the Attorney General reported in the Enforcement Action Summary.*

[3] *These cases are at various stages of AG processing, and may require supplemental investigative work such as subpoena service, interviewing new victims or witnesses, testifying at hearings, etc.*

[4] *167 additional monitoring cases were inactive because the probationer is out of state as of June 30, 2000.*

[5] *In FY 99-00, 61 probation monitoring cases were transferred from MBC to the Board of Psychology for monitoring.*

[6] *For Probation Unit caseload, the AG Assigned Cases are included as Monitoring Cases.*

11. Number and type of MD & AH action taken by case type in FY 99-00	Revocation	Surrender	Suspension Only	Probation With Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	12	26	0	5	52	0	27	42	164
Inappropriate Prescribing	4	7	0	4	7	0	9	3	34
Unlicensed Activity	2	0	0	0	1	0	3	0	6
Sexual Misconduct	4	10	0	1	5	0	1	1	22
Mental Illness	7	7	0	0	4	0	0	3	21
Self-use of drugs/alcohol	9	8	0	2	11	1	0	1	32
Fraud	5	2	1	2	3	0	6	5	24
Conviction of a crime	7 (2[1])	4	0	3	15	0	2	1	32 (2)
Unprofessional Conduct	5	2	0	0	2	1	8	2	20
Miscellaneous violations	0	1	1	0	9	0	0	0	11
Totals by Discipline Type	**55 (2)**	**67**	**2**	**17**	**109**	**2**	**56**	**58**	**366 (2)**

[1] *Figures in parentheses represent action taken by the Division of Licensing against dispensing opticians, research psychoanalysts, and licensed midwives.*

Enforcement Action Summary For Affiliated Healing Arts

	98-99	99-00
Complaints/Investigations[1]		
Complaints Received	1,041	988
Complaints Closed by Complaint Unit	848	763
Investigations: Cases Opened	223	298
Cases Closed	267	290
Cases referred to the AG	89	72
Cases referred to DAs/CAs	10	18
Administrative Filings		
Interim Suspensions	4	0
Automatic Suspension Orders[2]	0	2
Statement of Issues to Deny Application	9	3
Petition to Compel Mental Exam	1	1
Petition to Compel Physical Exam	1	0
Accusation/Petition to Revoke Probation	63	19
Total Administrative Filings	**78**	**25**
Administrative Actions		
Revocation	6	4
Surrender (in lieu of Accusation or with Accusation pending)	17	3
Probation with Suspension	5	1
Probation	25	7
Probationary License Issued	1	0
Public Reprimand	3	1
Other (e.g., exam required, education course, etc.)	9	1
Total Administrative Actions	**66**	**17**
Referral and Compliance Actions		
Citation and Administrative Fines Issued	54	28
Office Conferences Conducted	1	7
Total Referral & Compliance Actions	**55**	**35**
Other Administrative Outcomes		
Accusation/Statement of Issues Withdrawn	7	1
Accusation Dismissed	0	1
Statement of Issues Granted (Lic. Denied)	2	1
Statement of Issues Denied (Lic. Granted)	2	0
Petitions for Penalty Relief granted[3]	0	1
Petitions for Penalty Relief denied[3]	2	1
Petition to Compel Mental Exam granted	1	1
Petition to Compel Physical Exam granted	1	0

[1] *Board of Psychology (BOP) statistics are included in this section. MBC handles complaints and investigations for BOP. The other sections include data on podiatrists, physician assistants, research psychoanalysts, dispensing opticians, and licensed midwives. In prior years, these sections included BOP's data.*

[2] *Includes Automatic Suspension Orders per B&P Code section 2236.1 and license restrictions per Penal Code section 23.*

[3] *Penalty Relief includes Petitions for Reinstatement, Petitions for Modification of Penalty, and Petitions for Termination of Probation.*

Information required by B&P Code section 2313.

Diversion Program

The Physician Diversion Program is a statewide, five-year monitoring and rehabilitation program. It is administered by the Division of Medical Quality to support and monitor the recovery of physicians who have substance abuse or mental health disorders. The Diversion Program was created by statute in 1980 as a cost-effective alternative to discipline by the Medical Board. Diversion promotes public safety by encouraging physicians to seek early assistance for substance abuse and mental health disorders to avoid jeopardizing patient safety.

Physicians enter Diversion by one of three avenues. First, physicians may self-refer. This is often the result of encouragement by concerned colleagues or family members for the physician to seek help. Participation by self-referred physicians is completely confidential from the disciplinary arm of the Board. Second, physicians may be referred by the Enforcement Unit in lieu of pursuing disciplinary action. Finally, physicians may be directed to participate by the Medical Board as part of a disciplinary order.

During FY 99-00, 62 physicians were accepted by the Diversion Evaluation Committee, signed a formal Diversion Agreement and entered the program. Of those, 35 physicians had no open cases with the Board, 13 physicians were diverted from discipline, and an additional 14 physicians entered as a result of disciplinary orders.

A total of 364 physicians participated in Diversion at some time during FY 99-00. Of those who left the program, 16 were unsuccessful while 27 successfully completed the five-year program with a minimum of three years of continuous sobriety and a change in lifestyle that would support ongoing recovery.

Activity[1]

	98-99	99-00
Beginning of fiscal year	222	237
Accepted into program	67	62
Completions:		
Successful	34	27
Unsuccessful	18	16
Active at end of year	237	256
Other Activity		
Applicants[2]	40	48
Out-of-state-monitored California licentiates	17	17
Total being monitored at end of FY 99-00		**321**

Type of Impairment[1]

	99-00	%
Alcohol	54	21
Alcohol & mental illness	18	7
Other drugs	82	32
Other drugs & mental illness	21	8
Alcohol & other drugs	44	17
Alcohol & other drugs & mental illness	32	13
Mental illness	5	2
Total	**256**	**100**

[1] *Does not include applicant or out-of-state participant data.*

[2] *Applicants are participants who either (1) have not been seen by a Diversion Evaluation Committee or (2) have not yet signed a Diversion Agreement.*

Information required by Business and Professions Code section 2313.

Medical Board of California 1999-2000

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