# 2011 - 2012 ANNUAL REPORT **Medical Board of California**

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## **Executive Summary**

The Medical Board of California is a special-fund entity, which means it operates solely on revenues received from its licensing and enforcement authority. During the 2011-2012 fiscal year, advancements were made in the area of staffing. The general hiring freeze was lifted in the last quarter of calendar year 2011 allowing the Board to begin filling the vacancies that existed due to the large numbers of staff members that opted to retire while the hiring freeze was in effect. Many of the vacant positions were filled by June 2012. These gualified individuals have helped increase productivity and fulfill the Board's primary mission of public protection.

The Board's education outreach program reached new heights during the fiscal year. This valuable service aids in reducing the processing time for applicant licensing without shortcutting any part of the process that is designed to ensure public protection.

The Board became the first agency to have regulations approved for Sponsored Free Healthcare Events. The regulations provide the rules and documents for registration of Sponsored Free Healthcare Events and the physicians who volunteer their services. Sponsors of such events in California must register a minimum of 90 days before the event. Physicians from out of state must register with the Board to practice at the events. Fingerprints and background checks are required of all physicians registering to provide their services, for up to 10 days, at such events. Physicians must hold a license in good standing in another state in order to register.

Pursuant to the enactment of SB 100 (Price, Chapter 645, Statutes of 2011) effective January 1, 2012, the Board is required to obtain and maintain a list of accredited outpatient settings from the information provided by the accreditation agencies approved by the Board. The Board is required to notify the public, by posting on its Web site, whether an outpatient setting is accredited or whether the setting's accreditation has been revoked, suspended, or placed on probation, or if the setting has received a reprimand by the accreditation agency. The Board has placed this information on the Board's Web site and updates it as new accreditation information is received.

SB 100 also requires the Board to adopt regulations regarding the appropriate level of physician availability needed within clinics or other settings using lasers or intense pulse light devices for elective cosmetic surgerv.

Complaints received regarding an outpatient setting will be initially reviewed to determine whether the setting is accredited or not. If accredited, the compliant will be referred to the accrediting agency for inspection. Once the inspection report is received, the findings will be reviewed to determine if any deficiencies were identified that related to patient safety. Patient safety deficiencies will be referred to the CCU to be initiated and referred for formal investigation.

The breakdown of those license statuses is: California - 2,212, (						Out of State – 4,2	147, <sup>′</sup> Tota	l – 6,359.	
Alameda	4,674	Inyo <b>41</b> I		Monterey	868	San Luis Obispo	779	Trinity	8
Alpine	2	Kern <b>1,0</b>	94	Napa	487	San Mateo	2,719	Tulare	501
Amador	62	Kings 1	.39	Nevada	246	Santa Barbara	1,181	Tuolumne	117
Butte	482	Lake	73	Orange	9,360	Santa Clara	7,354	Ventura	1,723
Calaveras	52	Lassen	37	Placer	1,104	Santa Cruz	685	Yolo	508
Colusa	9	Los Angeles 28,1	.81	Plumas	27	Shasta	426	Yuba	43
Contra Costa	3,065	Madera 1	.99	Riverside	2,864	Sierra	0	California	
Del Norte	40	Marin <b>1,4</b>	49	Sacramento	4,459	Siskiyou	81	total	102,372
El Dorado	293	Mariposa	13	San Benito	40	Solano	932	Out-of-State	
Fresno	1,875	Mendocino 2	.07	San Bernardino	3,741	Sonoma	1,344	total	24,111
Glenn	9	Merced 2	43	San Diego	9,746	Stanislaus	956	Current	
Humboldt	284	Modoc	6	San Francisco	6,099	Sutter	192	licenses	
Imperial	136	Mono	29	San Joaquin	1,039	Tehama	49	total	126,483

### **Current Physician and Surgeon Licenses by County**

Data reflects physicians with a renewed and current license excluding those in an inactive, retired, or disabled license status.

#### The mission of the Medical Board of California

The mission of the Medical Board of California is to protect health care consumers through proper licensing and regulation of physicians and surgeons and certain allied health care professions 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.

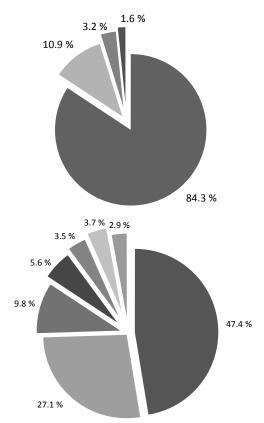
## Medical Board of California 2011–2012 Fiscal Year

#### **Revenues & Reimbursements**

Fund, Miscellaneous Total Receipts	\$54,606,000	100%
Other Regulatory Fees, Delinquency/ Penalty/Reinstatement Fees, Interest on	890,000	1.6%
Reimbursements	1,749,000	3.2%
Application & Initial License Fees	5,919,000	10.9%
Physician & Surgeon Renewals	\$46,048,000	84.3%

#### **Budget Distribution**

Enforcement Operations	\$25,758,000	47.4%
Legal & Hearing Services	14,752,000	27.1%
Licensing	5,336,000	9.8%
Information Systems	3,069,000	5.6%
Probation Monitoring	2,013,000	3.7%
Executive	1,885,000	3.5%
Administrative Services	1,586,000	2.9%
Total	\$54,399,000	100%



## **Licensing Program**

The Licensing Program continues to achieve its mission of protecting the healthcare consumers, and the proper licensing of physicians and surgeons and certain allied healthcare professionals. The Licensing Program also issues fictitious name permits and licenses non-nurse midwives, research psychoanalysts, spectacle and contact lens dispensers, registered dispensing optician businesses, and registers nonresident contact lens sellers. The Licensing Program has a new allied health care program for Polysomnographic Trainees, Technicians and Technologists and developed the regulations to implement the Polysomnographic Program. The Licensing Program also approves accreditation agencies that accredit outpatient settings in which general anesthesia is being used.

The Licensing Program implemented changes as required pursuant to the enactment of SB 100 (Price, Chapter 645, Statutes of 2011), effective January 1, 2012. SB 100 requires the Board to obtain and maintain a list of accredited outpatient settings from the information provided by the accreditation agencies approved by the Board.

The list of outpatient settings shall include all of the following:

- Name, address, telephone number and medical license number of any owners.
- Name and address of the facility.
- Name and telephone number of the accreditation agency.
- Effective and expiration dates of the accreditation.

The Board is required to post the information on its Web site, regarding whether an outpatient setting is accredited or whether the setting's accreditation has been revoked, suspended, or placed on probation, or if the setting has received a reprimand by the accreditation agency. Accrediting agencies must notify the Board and update the Board on all outpatient settings that are accredited.

This will assist consumers by providing additional information regarding outpatient settings. The following are links to the Board's Web site regarding outpatient settings:

#### http://www.mbc.ca.gov/outpatient\_surgery.html http://www2.mbc.ca.gov/OSSDPublic/

During the last fiscal year, the Licensing Program received 6,623 new physician's and surgeon's applications. This was an increase of 576 (9.5%) more applications than the previous fiscal year. The Licensing Program issued 5,351 new physician's and surgeon's licenses. This was an increase of 79 (1.5%) more new licenses than the previous fiscal year. The Licensing Program recognized 47 international medical schools pursuant to California Code of Regulations, Title 16, Division 13, (CCR) Section 1314.1(a)(1) and one international medical school pursuant to CCR Section 1314.1(a)(2). In addition, all physician's and surgeon's applications were reviewed within the 60 working days regulatory time frame, most within 45 calendar days. These accomplishments were achieved despite multiple staff vacancies. Staff continues to identify opportunities to streamline and improve the application process and improve the Licensing Program's outreach efforts.

## **Licensing Program Activity**

	FY 10-11	FY 11-12
Physician Applications Received	6,047	6,623
Physician Licenses Issued		
FLEX/USMLE <sup>1</sup>	4,419	4,483
NBME <sup>1</sup>	302	270
Reciprocity with other states (B&P Code §2135)	551	598
Total new licenses issued	5,272	5,351
Renewal licenses issued – with fee	57,663	59,341
Renewal licenses issued – fee exempt <sup>2</sup>	4,993	5,010
Total licenses renewed	62,656	64,351
Physician Licenses in Effect <sup>3</sup>		
California address	100,544	102,372
Out-of-state address	23,854	24,111
Total	124,398 <sup>4</sup>	<b>126,483</b> ⁵
Fictitious Name Permits		
Issued	1,288 <sup>6</sup>	1,431 <sup>7</sup>
Renewed	4,943	5,294
Total number of permits in effect	13,094	13,726

	FY 10-11	FY 11-12
Special Faculty Permits		
Permits issued	0	2
Permits renewed	11	4
Total active permits	14	15
Licensing Enforcement Activity		
Licenses Issued with Public Letter of Reprimand	13	5
Probationary license granted	23	24
License denied (no hearing requested)	3	0
Statement of Issues to deny license filed	6	11
Statement of Issues granted (license denied)	1	1
Statement of Issues denied (license granted)	0	3
Statement of Issues withdrawn	1	4

<sup>1</sup> FLEX: Federation Licensing Examination USMLE: United States Medical Licensing Examination

NBME: National Board Medical Examination

<sup>2</sup> Includes physicians with disabled, retired, military, or voluntary service license status

<sup>3</sup> Excludes physicians with an inactive, retired, or disabled license status

<sup>4</sup> Grand Total Physician Licenses in Effect - 130,670

<sup>5</sup> Grand Total Physician Licenses in Effect - 132,842

<sup>6</sup> Includes 22 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine

<sup>7</sup> Includes 21 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine

#### **Verification & Reporting Activity Summary**

Application Status Verifications	FY 10-11	FY 11-12
Web Applicant Access System (WAAS) application look-up	98,996	97,033
License Status Verifications		
Telephone verifications	29,081	28,236
Non-verification telephone calls	51,434 <sup>1</sup>	46,236 <sup>2</sup>
Authorized LVS <sup>3</sup> Internet users	490	503
Online LVS <sup>3</sup> access verifications	2,631,385	2,959,273
Web license look-up	6,458,770	6,724,331
Certification Letters and Letters of Good Standing	11,706	8,879
Reporting Activities		
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	319	340
Adverse Actions reported to the NPDB <sup>4</sup>	486 <sup>5</sup>	581 <sup>6</sup>
B&P Code §805 reports of health facility discipline received	94 <sup>7</sup>	117 <sup>8</sup>

#### 2011-2012 Allied Health Care Professions Licenses/Registrations

	Issued	Current
Licensed Midwife	31	270
Dispensing Optician	49	1,170
Contact Lens Dispenser	85	948
Non-Resident Contact Lens Seller	1	10
Spectacle Lens Dispenser	192	2,258
Research Psychoanalyst	4	87
Accreditation Agencies for Outpatient Settings	0	4
Doctor of Podiatric Medicine	61	<b>2,105</b> <sup>9</sup>

<sup>1</sup> Does not include the 19,355 listed under Consumer Inquiries on page vi

- <sup>2</sup> Does not include the 14,411 listed under Consumer Inquiries on page vi
   <sup>3</sup> LVS: Licensing Verification System
- <sup>4</sup> NPDB: National Practitioner Data Bank
- Includes 417 MDs, 19 Doctors of Podiatric Medicine, 31 Physician Assistants, 4 Registered Dispensing Optician Program Registrants, 1 Licensed Midwife and 14 Denials by Licensing Program
- Includes 530 MDs, 11 Doctors of Podiatric Medicine, 31 Physician Assistants, 4 Registered Dispensing Optician Program Registrants, 2 Licensed Midwives and 3 Denials by Licensing Program
- Includes 93 MDs and 1 Doctor of Podiatric Medicine
   Includes 114 MDs and 2 Doctors of
- <sup>8</sup> Includes 114 MDs and 3 Doctors of Podiatric Medicine
- <sup>9</sup> Includes fee-exempt licenses

## 2011 Licensed Midwife Annual Report Summary<sup>1</sup>

Clients served as primary caregiver at the onset of care	2 1 1 5	
. , .	3,115	3,934
Clients served with collaborative care available through or given by a licensed physician and surgeon	1,802	2,288
Clients served under the supervision of a licensed physician and surgeon	203	257
Planned out-of-hospital births at the onset of labor	2,245	2,611
Planned out-of-hospital births completed in an out-of-hospital setting:	1,840	2,123
Twin Births	5	4
Multiple Births (other than Twin Births)	0	0
Breech Births	13	13
VBAC (vaginal births after the performance of a Cesarean section)	109	115
Complications - Resulting in the mortality of the mother prior to transfer	0	0
Complications - Resulting in the mortality of the mother after transfer	0	0
Complications - Resulting in the mortality of the infant prior to transfer	0	1
Complications - Resulting in the mortality of the infant after transfer	2	5
Antepartum - Primary care transferred to another health care practitioner (elective)	240	247
Antepartum - Urgent or emergency transport of expectant mother	49	63
Intrapartum - Elective hospital transfer	333	388
Intrapartum - Urgent or emergency transfer of an infant or mother	53	64
Postpartum - Elective hospital transfer of mother	28	52
Postpartum - Elective hospital transfer of infant	22	25
Postpartum - Urgent or emergency transfer of a mother	21	34
Postpartum - Urgent or emergency transfer of an infant	37	31

Conclusions should not be drawn from this summary as data does not specify whether the death is fetal, 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.

## **Enforcement Program**

During fiscal year 2011-2012, the Enforcement Program was confronted with a number of operational challenges including: hiring freeze, unprecedented high vacancy rate, and furloughs. In addition, 239 more complaints than last fiscal year were sent to the field for investigation.

Despite these challenges, the Enforcement Program staff remained focused and made phenomenal progress. When the hiring freeze ended, staff engaged in a hiring frenzy (over 41 background investigations were completed) that resulted in the reduction of investigator vacancies, including those currently completing backgrounds, to a potential all-time low of 2%.

The average number of days to complete an investigation was dramatically reduced to 264 days. This average for investigation completion has not been lower in the past seven years. Although "17" is shown in the table on page vi as the average number of investigations per investigator, it is misleading because the number is based on all investigator positions including vacancies. With a low vacancy rate, further reduction of the timeline is anticipated. Another major accomplishment this fiscal year is the referral of 112 cases for criminal action. This is more than twice as many referred in the past fiscal year. The Operation Safe Medicine Unit was largely responsible for this major increase. Additionally, the number of Suspension Orders sought and granted increased in comparison to the previous fiscal year. This increase correlates to the observed trend in an increased number of physician impairment cases.

While achieving the aforementioned accomplishments in this richly challenged environment, staff developed and implemented a new Expert Reviewer Training program designed to enhance the quality of the opinions rendered by Expert Reviewers. This extremely successful 8-hour training was initially held at UC Davis Medical Center where over 100 Expert Reviewers were in attendance. Evaluations by the attendees were overwhelmingly positive. Additionally, the attendees received Continuing Medical Education units for their participation. Future presentations of this training will be held throughout the state.

## 2011-2012 Malpractice Settlement Reports

## Received Per Business and Professions Code Section 801.01 by Specialty Practice

Specialty/Subspecialty	No. of Reports <sup>1</sup>	No. of Physicians <sup>2</sup>	Specialty/Subspecialty	No. of Reports <sup>1</sup>	No. of Physicians <sup>2</sup>
Anesthesiology	21	5,427	Occupational Medicine	1	393
Cardiology	15	3,104	Ophthalmology	10	2,778
Colon and Rectal Surgery	1	170	Orthopedic Surgery	44	3,340
Dermatology	4	2,014	Otolaryngology	8	1,526
Emergency Medicine	28	3,850	Pain Medicine	3	554
Gastroenterology	10	1,450	Pathology	8	3,681
General/Family Practice	69	9,263	Pediatrics	15	11,766
General Surgery	49	4,190	Physical Medicine & Rehabilitation	3	1,060
Gynecology	17	5,557	Plastic Surgery	21	919
Hematology	1	720	Psychiatry	3	6,850
Infectious Disease	1	693	Pulmonology	5	1,347
Internal Medicine	47	24,442	Radiation Oncology	2	543
Neurological Surgery	12	566	Radiology	34	5,558
Neurology	11	1,963	Rheumatology	2	604
Nephrology	2	1,024	Thoracic Surgery	3	663
Nuclear Medicine	1	599	Urology	11	1,140
Obstetrics	39	5,557	Vascular Surgery	3	260
Oncology	3	1,262			

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

<sup>2</sup> Number of California physicians certified in specialty according to the American Board of Medical Specialties 2011 Certificate Statistics report

## Enforcement Program Action Summary Physicians & Surgeons

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### Reports Per Business and Professions Code Section 805

	FY 11-12
Total Reports Received	114
Peer Review Body Type	
Health Care Facility/Clinic	73
Hospital/Clinic	0
Surgical Center	3
Health Care Service Plan	21
Professional Society	0
Medical Group/Employer	17
Outcomes of Reports Received	
Interim Suspension Order Granted & Accusation Filed	1
Accusation Filed	1
Pending Disposition	63
Cases Closed	49

### Reports Received Based Upon Legal Requirements

	FY 10-11	FY 11-12
Medical Malpractice		
Insurers: B&P Code §801.01	482	497
Attorneys or Self-Reported or Employers: B&P Code §801.01	224	240
Courts: B&P Code §803	4	4
Total Malpractice Reports	710	741
Coroners' Reports: B&P Code §802.5	15	4
Criminal Charges & Convictions: B&P Code §§802.1 & 803.5	74	68
Health Facility Discipline Reports Medical Cause or Reason: B&P Code §805	93	114
Outpatient Surgery Settings Reports Patient Death: B&P Code §2240(a)	5	7

# **Enforcement Program Action Summary**

## **Physicians & Surgeons**

#### **Complaints Received by Type & Source**

	Fraud	Health & Safety $^1$	Non- Jurisdictional <sup>2</sup>	Gross Negligence/ Incompetence <sup>3</sup>	Other Category	Personal Conduct <sup>4</sup>	Unprofessional Conduct <sup>5</sup>	Unlicensed/ Unregistered	Total
Public	14	128	744	2,447	0	62	877	80	4,352
B&P Code <sup>6</sup>	2	9	0	821	0	94	23	1	950
Licensee/ Prof. Group <sup>7</sup>	7	6	24	48	0	34	127	24	270
Government Agency <sup>8</sup>	6	57	4	47	80	368	512	105	1,179
Misc./ Anonymous	6	25	12	15	0	22	45	47	172
Totals	35	225	784	3,378	80	580	1,584	257	6,923

<sup>1</sup> Health and Safety complaints, e.g., excessive prescribing, sale of dangerous drugs, etc.

 Non-jurisdictional complaints are 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.

- <sup>3</sup> Gross Negligence/Incompetence complaints are related to the quality of care provided by licensees
- <sup>4</sup> Personal Conduct complaints, e.g., licensee self-abuse of drugs/alcohol, conviction of a crime, etc.
- <sup>5</sup> Unprofessional Conduct complaints include sexual misconduct with patients, discipline by another state, failure to release medical records, etc.
- <sup>6</sup> 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
- <sup>7</sup> Licensee/Professional Group includes the following complaint sources: other Licensee, Society/Trade Organization, and Industry
- <sup>8</sup> 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

## **Enforcement Processing Time Frames**

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 10-11	FY 11-12		
7,122	6,923		
5,670	5,662		
1,338	1,577		
1,411	1,544		
594	610		
41	112 <sup>2</sup>		
35	33		
Consumer Inquiries			
19,355	14,411		
10,645	7,926		
	7,122 5,670 1,338 1,411 594 41 35 19,355		

<sup>1</sup> Some cases closed were opened in a prior fiscal year

#### This number includes allied health care professionals cases

#### **Enforcement Field Operations Caseload<sup>1</sup>**

	FY 11-12 <sup>2</sup>			
	Statewide	Per Investigator		
Active investigations	1,267	17		
AG assigned cases <sup>3</sup>	654	9		
Probation Unit Caseload <sup>4</sup>	Statewide	Per Inspector		
Monitoring Cases <sup>5</sup>	421	25		

Includes physicians and surgeons, licensed midwives, research psychoanalysts, dispensing opticians, doctors of podiatric medicine, physician assistants, psychologists, and osteopathic physicians and surgeons

- <sup>2</sup> Average is determined by using the total number of authorized positions, including vacant positions.
- <sup>3</sup> These 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.
- hearings, etc.
  Includes physicians and surgeons, licensed midwives, research psychoanalysts, and dispensing opticians
- psychoanalysts, and dispensing opticians
   <sup>5</sup> 92 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2012

	FY 10-11			FY 11-12		
	A۷	′G	MED	AV	G	MED
Complaint Unit processing	74 days	.20 yrs	77 days	83 days	.23 yrs	64 days
Investigation	312 days	.85 yrs	283 days	264 days	.72 yrs	225 days
AG Processing to preparation of an accusation	107 days	.29 yrs	72 days	104 days	.28 yrs	78 days
Other stages of the legal process (e.g., after charges filed)	417 days	1.14 yrs	324 days	396 days	1.08 yrs	350 days

## **Enforcement Program Action Summary**

	FY	FY
	10-11	11-12
Administrative Actions		
Accusation	265	312
Petition to Revoke Probation	35	34
Amended Accusation/Petition to Revoke Probation	78	60
Number of completed investigations referred to the AG awaiting the filing of an Accusation as of June 30, 2012	173	155
Number of cases over 6 months old that resulted in the filing of an Accusation	213	251
Administrative Outcomes		
Revocation	38	46
Surrender (in lieu of Accusation or with Accusation pending)	46	71
Probation with Suspension	15	13
Probation	82	117
Probationary License Issued	23	24
Public Reprimand	108	121
Other Actions (e.g., exam required, educational course, etc.)	5	1
Accusation Withdrawn <sup>1</sup>	14	12
Accusation Dismissed	7	9
Dispositions of Probation Filings		
Probation Revoked or License Surrendered	11	21
Additional Suspension and Probation	1	1
Additional Suspension or Probation	3	8
Public Reprimand	1	0
Other	1	0
Petition Withdrawn/Dismissed	1	3
Referral and Compliance Actions		
Citation and Administrative Fines Issued	65	139

<sup>1</sup> 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.

<sup>2</sup> Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation

	FY 10-11	FY 11-12
Petition Activity	10-11	11-12
Petition for Reinstatement of License Filed	20	20
Petition for Reinstatement of License Granted	5	6
Petition for Reinstatement of License Denied	7	11
Petition for Penalty Relief <sup>2</sup> Granted	26	36
Petition for Penalty Relief <sup>2</sup> Denied	8	10
Petition to Compel Exam Filed	19	20
Petition to Compel Exam Granted	11	18
Petition to Compel Exam Denied	0	0
License Restrictions/Suspensions Imposed While Administrative Action Pending		
Interim Suspension Orders	21	<b>28</b> <sup>3</sup>
Temporary Restraining Orders	1	0
Other Suspension Orders	38	<b>36</b> <sup>4</sup>
License Restrictions/Suspensions/Temporary Restrain Orders Sought and Granted by Case Type	ning	
Note: Some orders granted were sought in prior fiscal year.	Sought	Granted
Gross Negligence/Incompetence	14	10
Inappropriate Prescribing	4	5
Unlicensed Activity	2	1
Sexual Misconduct	10	8
Mental/Physical Illness	11	10
Self-Abuse of Drugs or Alcohol	22	19
Fraud	1	1
Criminal Charges/Conviction of a Crime	4	3
Unprofessional Conduct	7	7
Total	75	64

<sup>3</sup> Pursuant to B&P Code §2220.05(c), ISOs and TROs were granted in the following priority categories: 1-gross negligence/incompetence resulting in death or serious bodily injury, 0-drug or alcohol abuse involving death or serious bodily injury, 3-excessive prescribing, 6-sexual misconduct with a patient, and 1-practicing under the influence of drugs/alcohol

<sup>4</sup> Includes 5–Automatic Suspension Orders per B&P Code §2236, 10-license restrictions per Penal Code §23, 17-out-of-state suspension orders per B&P Code §2310, 0–stipulated agreement to suspend or restrict the practice of medicine, and 4–suspension/cease practice orders issued by the Chief of Enforcement for violation of probation condition

	-							
	Revocation	Surrender	Probation with Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions
Gross Negligence/Incompetence	18	19	4	65	0	79	0	185
Inappropriate Prescribing	1	8	0	8	0	12	0	29
Unlicensed Activity	0	2	0	2	0	5	0	9
Sexual Misconduct	1	2	0	4	0	1	0	8
Mental/Physical Illness	6	12	0	5	1	1	1	26
Self-Abuse of Drugs/Alcohol	5	15	1	18	0	2	0	41
Fraud	4	3	5	6	0	2	0	20
Conviction of a Crime	6	6	1	1	0	2	0	16
Unprofessional Conduct	5	4	2	4	23	17	0	55
Miscellaneous Violations	0	0	0	4	0	0	0	4
Totals by Discipline Type	46	71	13	117	24	121	1	393

## Administrative Outcomes by Case Type<sup>1</sup>

Pursuant to B&P Code §2220.05(c), disciplinary actions were taken in the following priority categories: 65-gross negligence/incompetence resulting in death or serious bodily injury, 0-practicing under the influence resulting in death or serious bodily injury, 12-excessive prescribing, 6-sexual misconduct with a patient, and 4-practicing under the influence of drugs/alcohol

# Enforcement Action Summary Allied Health Care Professionals<sup>1</sup>

	FY 10-11	FY 11-12
Complaints/Investigations		
Complaints received	488	484
Complaints closed by Complaint Unit	379	389
Investigations		
Cases opened	196	238
Cases closed	229	217
Cases referred to the AG	108	102
Cases referred for criminal action	18	23
Number of Probation Violation Reports referred to AG	3	3
License Restrictions/Suspensions Imposed While Administrative Action is Pending		
Interim Suspension Orders	7	7
Other Suspension Orders	3	<b>4</b> <sup>2</sup>
Administrative Actions		
Accusation	31	20
Petition to Revoke Probation	2	3
Amended Accusation/Petition to Revoke Probation	3	3
Statement of Issues to deny application	2	1
Number of completed investigations referred to AG's Office awaiting the filing of an Accusation as of June 30, 2012	15	8

<sup>1</sup> Allied Health Care Professionals includes licensed midwives, research psychoanalysts, dispensing opticians, polysomnographic program, doctors of podiatric medicine, physician assistants, except in the categories of Investigations and License Restrictions/Suspensions Imposed While Administrative Action is Pending, which also includes psychologists and osteopathic physicians and surgeons

- <sup>2</sup> Includes 3-license restrictions per Penal Code §23, and 1-Automatic Suspension Order per B&P Code §2236
- <sup>3</sup> Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation

## Reports Received Based Upon Legal Requirements

	FY	FY
	10-11	11-12
Medical Malpractice		
Insurers: B&P Code §§801 and 801.01	14	21
Attorneys or Self-Reported or Employers:		
B&P Code §§801 and 801.01	3	5
Courts: B&P Code §803	1	3
Total Malpractice Reports	18	29
Coroners' Reports: B&P Code §802.5	1	1
Criminal Charges & Convictions: B&P Code §§802.1 & 803.5	2	3
Health Facility Discipline Reports Medical Cause or Reason: B&P Code §805	1	3
Outpatient Surgery Settings Reports Patient Death: B&P Code §2240(a)	1	0

	FY 10-11	FY 11-12
Administrative Outcomes		
Revocation	13	3
Surrender (in lieu of Accusation	6	5
or with Accusation pending)	0	5
Probation with Suspension	0	1
Probation	11	14
Probationary License Issued	5	9
Public Reprimand	1	1
Other Actions	0	0
(e.g., exam required, Education course, etc.)	0	0
Statement of Issues Granted	2	1
(License Denied)		
Statement of Issues Denied (License Granted)	0	0
Accusation/Statement of Issues Withdrawn	4	3
Accusation Dismissed	1	1
Dispositions of Probation Filings		
Additional Probation or Suspension	1	2
Probation Revoked or License Surrendered	3	0
Petition Withdrawn or Dismissed	1	1
Referral and Compliance Actions		
Citation and Administrative Fines Issued	6	4
Office Conferences Conducted	0	0
Petition Activity		
Petition for Reinstatement of License filed	0	1
Petition for Reinstatement of License granted	0	0
Petition for Reinstatement of License denied	0	1
Petition for Penalty Relief <sup>3</sup> granted	1	2
Petition for Penalty Relief <sup>3</sup> denied	0	0
Petition to Compel Exam granted	0	0
Petition to Compel Exam denied	0	0

## **Medical Board of California**

#### Fiscal Year 2011 - 2012 Board Members

Michael Bishop, M.D.	Sharon Levine, M.D.
Jorge Carreon, M.D.	Reginald Low, M.D.
Hedy Chang, M.D.	Mary Lynn Moran, M.D.
Silvia Diego, M.D.	Janet Salomonson, M.D.
Shelton Duruisseau, Ph.D.	Gerrie Schipske, R.N.P., J.D.
Dev GnanaDev, M.D.	Barbara Yaroslavsky