

Do Not Panic! What should you Expect if a complaint Is filed against you?



The mission of the Board is to protect the public by requiring competency, accountability, and integrity in the safe practice of medicine by osteopathic physicians and surgeons. However, most complaints filed with the Osteopathic Medical Board of California (Board) do not result in administrative actions.

In the fiscal year 2021- 2022 the Board received 650 complaints. During that same time frame, the Board took 10 administrative actions. The Board's complaint process is thoughtful, deliberate, and aligned with the Board's mission. The process has two basic goals: to determine whether or not the allegations contained in a complaint are within the Board's jurisdiction, as defined by the Medical Practice Act, and, if they are jurisdictional, to determine whether or not the issues raised by the complaint indicate that further investigation is required.

You will likely be contacted. With some exceptions, Business and Professions Code Section 2220.08 requires the Board to take specific actions when processing a complaint involving the quality of care provided by a physician. For each quality-of-care complaint, the Board is required to request the relevant patient records and a statement or explanation of care and treatment from the physician who is the subject of the complaint. The subject physician is also given an opportunity to provide relevant expert testimony or literature. Once received, this information becomes part of the complaint file. The complaint file is then reviewed by a medical consultant to evaluate the specific standard of care issues raised by the complaint to determine if further investigation is required.

In addition to quality-of-care complaints, the Board receives complaints relating to other issues, such as: failure to provide medical records, misleading advertising, fraudulent billing, illegal corporate practice of medicine, etc. When the Board receives a that does not involve allegations pertaining to quality of care, the subject physician is often contacted for a statement or explanation in order to assist the Board in determining if further investigation is required.

You will be provided a comprehensive summary of the complaint.

If the Board contacts a physician to request information relating to a complaint, a comprehensive summary of the complaint is provided, pursuant to Business and Professions Code Section 800(c). In accordance with the law, the Board provides a comprehensive summary rather than a copy of the actual complaint. Also, the identity of the complainant is kept confidential.

Your response is not required, but the requested medical records are.



A physician is not required to provide a statement or explanation to the Board in response to a complaint. However, pursuant to Business and Profession Code Section 2225.5, a physician is required to provide the Board with certified medical records within 15 days of receiving a request. A physician who fails to provide the requested records may be subject to a civil penalty of \$1,000 a day for each day the records have not been provided, up to \$10,000.

You will be notified of the final outcome of the complaint. Once a complaint is closed, if the subject physician was previously contacted by the Board, then the Board will send a letter to that physician indicating that the complaint has been closed.

But what if it's not closed? Your cooperation is requested. The Board's complaint process is a tool used to fulfill the Board's mission. The process is not meant to harass or annoy the Board's licensees. If you happen to be the subject of a complaint, your cooperation with the process will be requested and will be greatly appreciated. If you have additional questions regarding the Board's complaint process, please feel free to contact the Consumer Protection Unit at (916) 928-8390 ext. 6