



2012 Oversight Report

REPORT TO THE SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT

NOVEMBER 2012

BOARD MEMBERS:

Joseph Provenzano, D.O., President
Keith Higginbotham, Esq., Vice-President
Michael J. Feinstein, D.O., Secretary-Treasurer
David Connett, D.O.
Scott Harris, Esq.
Alan Howard
Claudia Mercado
Joseph Zammuto, D.O.
Jane Xenos, D.O.

Donald J. Krpan, D.O.
Executive Director

Osteopathic Medical Board of California
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OSTEOPATHIC MEDICAL BOARD

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

As of 11/01/2012

Section 1

Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.¹ Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

History and Function of the Osteopathic Medical Board of California (OMBC)

Developed more than 130 years ago by Andrew Taylor Stills, M.D., D.O. Osteopathic medicine brings a unique philosophy to traditional medicine. Osteopathic physicians (D.O.'s) are fully licensed to prescribe medication and practice in all medical specialty areas including surgery, just as any M.D. D.O.'s are trained to consider the health of the whole person and use their hands to help diagnose and treat their patient.

D.O.'s are one of the fastest growing segments of health care professionals in the United States. California has the 4th largest osteopathic population in the United States.

The Business and Professions (B&P) Code Section (§) 3600 (Osteopathic Initiative Act) and the California Code of Regulations (CCR) Title 16. Professional and Vocational Regulations, Division 16., §1600. Et. Seq., authorizes the Osteopathic Medical Board of California to license qualified osteopathic physicians and surgeons to practice osteopathic medicine, and to effectuate the enforcement of laws and regulations governing their practice (Medical Practice Act). The Act requires the Board to ensure that consumer protection is their highest priority in exercising its licensing, regulatory and disciplinary functions.

The Osteopathic Medical Board of California (hereinafter, "Board" or "OMBC") is a fully functioning board within the Department of Consumer Affairs with the responsibility and sole authority to issue licenses to physicians and surgeons (hereafter Doctors of Osteopathic Medicine or D.O.'s) to practice osteopathic medicine in California. The OMBC is also responsible for ensuring enforcement of legal and professional standards to protect California consumers from incompetent, negligent or unprofessional D.O.'s. The OMBC regulates D.O.'s only. There are 4,986 D.O.'s in California with active licenses at this time and another 941 D.O.'s who maintain active licenses in California while residing in other states. There are 645 D.O.'s who maintain inactive licenses. Total number of osteopathic physicians and surgeons currently holding a California license is 6,546

¹ The term "board" in this document refers to a board, bureau, commission, committee, department, division, program or agency, as applicable. Please change the term "board" throughout this document to appropriately refer to the entity being reviewed.

D.O.'s are similar to M.D.s in that both are considered to be "complete physicians", in other words, one who has taken the prescribed amount of premedical training, graduated from an undergraduate college (typical emphasis on science courses) and received four years of training in medical school. The physician has also received at least one more year of postgraduate training (residency or rotating internship) in a hospital with an approved postgraduate training program.

After medical school, D.O.'s may choose to practice in a specialty, such as internal medicine, surgery or obstetrics, which involves completing a residency program (typically two to six years of additional training). Licensing examinations are comparable in rigor and comprehensiveness to those given to M.D.'s. Whether one becomes a D.O. or an M.D., the process of receiving complete medical training is basically the same. The same laws govern the required training for D.O.'s and M.D.s who are licensed in California.

D.O.'s utilize all scientifically accepted methods of diagnosis and treatment, including the use of drugs and surgery. D.O.'s are licensed in all fifty states to perform surgery and prescribe medication. D.O.'s practice in fully accredited and licensed hospitals and medical centers. Section 2453 of the Business and Professions Code states that it "is the policy of this State that holders of M.D. degrees and D.O. degrees shall be accorded equal professional status and privileges as licensed physicians and surgeons."

A D.O. may refer himself/herself as a "Doctor" or "Dr." but in doing so, must clearly state that he/she is a D.O. or osteopathic physician and surgeon. He or she may not state or imply that he or she is an M.D. while being licensed in California as a D.O.

A key difference between the two professions is that D.O.'s have additional dimension in their training and practice, one not taught in medical schools giving M.D. degrees. Osteopathic medicine gives particular recognition to the musculoskeletal system (the muscles, bones and joints) which makes up over 60% of body mass. The osteopathic physician is trained to recognize that all body systems, including the musculoskeletal system, are interdependent, and a disturbance in one can cause altered functions in other systems of the body. The osteopathic physician is also trained in how this interrelationship of body systems is facilitated by the nervous and circulatory systems. The emphasis on the relationship between body structure and organic functioning is intended to provide a broader base for the treatment of the patient as a unit. These concepts require a thorough understanding of anatomy and the development of special skills in diagnosing and treating structural problems through manipulative therapy. D.O.'s use structural diagnosis and manipulative therapy along with all of the other traditional forms of diagnosis and treatment to care effectively for patients and to relieve their distress.

To meet its responsibilities for regulation of the D.O. profession, the OMBC is authorized by law to:

- a. Monitor licensees for continued competency by requiring approved continuing education.
- b. Take appropriate disciplinary action whenever licensees fail to meet the standard of practice, or otherwise commit unprofessional conduct.

- c. Determine that osteopathic medical schools and hospitals are in compliance with medical education curriculum and post-graduate training requirements.
- d. Provide rehabilitation opportunities for licensees whose competency may be impaired due to abuse of alcohol or other drugs.

Additionally the OMBC is charged with enforcement of laws proscribing unlicensed osteopathic medical practice.

1. Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

Table 1a. Attendance			
<i>Geraldine O'Shea, D.O.</i>			
Date Appointed:	06/01/05		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	Y
Board Meeting	06/12/08	Sacramento, CA	Y
Board Meeting	11/20/08	Los Angeles, CA	Y
Annual Board Meeting	01/22/09	Sacramento, CA	Y
Board Meeting	04/23/09	Huntington Beach, CA	Y
Board Meeting	09/24/09	Sacramento, CA	Y
Annual Board Meeting	02/18/10	Sacramento, CA	Y
Board Meeting	05/20/10	Sacramento, CA	Y
Board Meeting	10/14/10	Sacramento, CA	Y
Annual Board Meeting	01/13/11	Sacramento, CA	Y
Board Meeting	04/14/11	Pomona, CA	Y
Board Meeting	09/29/11	Sacramento, CA	Y
Annual Board Meeting	01/05/12	Sacramento, CA	Y
Board Meeting	04/13/12	Sacramento, CA	Y
Board Meeting	06/12/12	Sacramento, CA	OFF BOARD
Board Meeting	09/20/12	Sacramento, CA	OFF BOARD
<i>Joseph Provenzano, D.O.</i>			
Date Appointed:	09/12/06		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	Y
Board Meeting	06/12/08	Sacramento, CA	Y
Board Meeting	11/20/08	Los Angeles, CA	Y
Annual Board Meeting	01/22/09	Sacramento, CA	Y
Board Meeting	04/23/09	Huntington Beach, CA	Y
Board Meeting	09/24/09	Sacramento, CA	Y
Annual Board Meeting	02/18/10	Sacramento, CA	Y
Board Meeting	05/20/10	Sacramento, CA	Y
Board Meeting	10/14/10	Sacramento, CA	Y
Annual Board Meeting	01/13/11	Sacramento, CA	Y
Board Meeting	04/14/11	Pomona, CA	Y
Board Meeting	09/29/11	Sacramento, CA	Y
Annual Board Meeting	01/05/12	Sacramento, CA	Y
Board Meeting	04/13/12	Sacramento, CA	Y
Board Meeting	06/12/12	Sacramento, CA	Y
Board Meeting	09/20/12	Sacramento, CA	Y
<i>Susan Melvin, D.O.</i>			

Date Appointed:	09/12/06		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	Y
Board Meeting	06/12/08	Sacramento, CA	Y
Board Meeting	11/20/08	Los Angeles, CA	Y
Annual Board Meeting	01/22/09	Sacramento, CA	N
Board Meeting	04/23/09	Huntington Beach, CA	Y
Board Meeting	09/24/09	Sacramento, CA	N
Annual Board Meeting	02/18/10	Sacramento, CA	Y
Board Meeting	05/20/10	Sacramento, CA	Y
Board Meeting	10/14/10	Sacramento, CA	Y
Annual Board Meeting	01/13/11	Sacramento, CA	Y
Board Meeting	04/14/11	Pomona, CA	N
Board Meeting	09/29/11	Sacramento, CA	Y
Annual Board Meeting	01/05/12	Sacramento, CA	Y
Board Meeting	04/13/12	Sacramento, CA	Y
Board Meeting	06/12/12	Sacramento, CA	OFF BOARD
Board Meeting	09/20/12	Sacramento, CA	OFF BOARD
<i>Alan Howard</i>			
Date Appointed:	09/07/07		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	Y
Board Meeting	06/12/08	Sacramento, CA	Y
Board Meeting	11/20/08	Los Angeles, CA	Y
Annual Board Meeting	01/22/09	Sacramento, CA	Y
Board Meeting	04/23/09	Huntington Beach, CA	Y
Board Meeting	09/24/09	Sacramento, CA	N
Annual Board Meeting	02/18/10	Sacramento, CA	Y
Board Meeting	05/20/10	Sacramento, CA	N
Board Meeting	10/14/10	Sacramento, CA	Y
Annual Board Meeting	01/13/11	Sacramento, CA	N
Board Meeting	04/14/11	Pomona, CA	Y
Board Meeting	09/29/11	Sacramento, CA	Y
Annual Board Meeting	01/05/12	Sacramento, CA	Y
Board Meeting	04/13/12	Sacramento, CA	Y
Board Meeting	06/12/12	Sacramento, CA	N
Board Meeting	09/20/12	Sacramento, CA	N
<i>Veronica Vuksich, D.O.</i>			
Date Appointed:	10/11/07		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	Y
Board Meeting	06/12/08	Sacramento, CA	Y
Board Meeting	11/20/08	Los Angeles, CA	Y
Annual Board Meeting	01/22/09	Sacramento, CA	Y
Board Meeting	04/23/09	Huntington Beach, CA	Y

Board Meeting	09/24/09	Sacramento, CA	Y
Annual Board Meeting	02/18/10	Sacramento, CA	Y
Board Meeting	05/20/10	Sacramento, CA	Y
Board Meeting	10/14/10	Sacramento, CA	Y
Annual Board Meeting	01/13/11	Sacramento, CA	N
Board Meeting	04/14/11	Pomona, CA	Y
Board Meeting	09/29/11	Sacramento, CA	Y
Annual Board Meeting	01/05/12	Sacramento, CA	Y
Board Meeting	04/13/12	Sacramento, CA	N
Board Meeting	06/12/12	Sacramento, CA	OFF BOARD
Board Meeting	09/20/12	Sacramento, CA	OFF BOARD

Paul Wakim, D.O.

Date Appointed:	09/12/06		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	Y
Board Meeting	06/12/08	Sacramento, CA	Y
Board Meeting	11/20/08	Los Angeles, CA	Y
Annual Board Meeting	01/22/09	Sacramento, CA	Y
Board Meeting	04/23/09	Huntington Beach, CA	Y
Board Meeting	09/24/09	Sacramento, CA	Y
Annual Board Meeting	02/18/10	Sacramento, CA	Y
Board Meeting	05/20/10	Sacramento, CA	Y
Board Meeting	10/14/10	Sacramento, CA	Y
Annual Board Meeting	01/13/11	Sacramento, CA	Y
Board Meeting	04/14/11	Pomona, CA	Y
Board Meeting	09/29/11	Sacramento, CA	Y
Annual Board Meeting	01/05/12	Sacramento, CA	Y
Board Meeting	04/13/12	Sacramento, CA	N
Board Meeting	06/12/12	Sacramento, CA	OFF BOARD
Board Meeting	09/20/12	Sacramento, CA	OFF BOARD

Emily Robinson

Date Appointed:	06/14/07		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	Y
Board Meeting	06/12/08	Sacramento, CA	Y
Board Meeting	11/20/08	Los Angeles, CA	Y
Annual Board Meeting	01/22/09	Sacramento, CA	N
Board Meeting	04/23/09	Huntington Beach, CA	Y
Board Meeting	09/24/09	Sacramento, CA	Y
Annual Board Meeting	02/18/10	Sacramento, CA	N
Board Meeting	05/20/10	Sacramento, CA	N
Board Meeting	10/14/10	Sacramento, CA	N
Annual Board Meeting	01/13/11	Sacramento, CA	OFF BOARD
Board Meeting	04/14/11	Pomona, CA	OFF BOARD
Board Meeting	09/29/11	Sacramento, CA	OFF BOARD

Annual Board Meeting	01/05/12	Sacramento, CA	OFF BOARD
Board Meeting	04/13/12	Sacramento, CA	OFF BOARD
Board Meeting	06/12/12	Sacramento, CA	OFF BOARD
Board Meeting	09/20/12	Sacramento, CA	OFF BOARD

Gregory Weisswasser, N.D.

Date Appointed:	05/19/10		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	06/12/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	11/20/08	Los Angeles, CA	NOT APPOINTED YET
Annual Board Meeting	01/22/09	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/23/09	Huntington Beach, CA	NOT APPOINTED YET
Board Meeting	09/24/09	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	02/18/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	05/20/10	Sacramento, CA	Y
Board Meeting	10/14/10	Sacramento, CA	Y
Annual Board Meeting	01/13/11	Sacramento, CA	OFF BOARD
Board Meeting	04/14/11	Pomona, CA	OFF BOARD
Board Meeting	09/29/11	Sacramento, CA	OFF BOARD
Annual Board Meeting	01/05/12	Sacramento, CA	OFF BOARD
Board Meeting	04/13/12	Sacramento, CA	OFF BOARD
Board Meeting	06/12/12	Sacramento, CA	OFF BOARD
Board Meeting	09/20/12	Sacramento, CA	OFF BOARD

Koren Barrett, N.D.

Date Appointed:	05/19/10		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	06/12/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	11/20/08	Los Angeles, CA	NOT APPOINTED YET
Annual Board Meeting	01/22/09	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/23/09	Huntington Beach, CA	NOT APPOINTED YET
Board Meeting	09/24/09	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	02/18/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	05/20/10	Sacramento, CA	Y
Board Meeting	10/14/10	Sacramento, CA	Y
Annual Board Meeting	01/13/11	Sacramento, CA	OFF BOARD
Board Meeting	04/14/11	Pomona, CA	OFF BOARD
Board Meeting	09/29/11	Sacramento, CA	OFF BOARD
Annual Board Meeting	01/05/12	Sacramento, CA	OFF BOARD
Board Meeting	04/13/12	Sacramento, CA	OFF BOARD
Board Meeting	06/12/12	Sacramento, CA	OFF BOARD
Board Meeting	09/20/12	Sacramento, CA	OFF BOARD

Scott Harris, Esq.

Date Appointed:	12/12/10		
Meeting Type	Meeting Date	Meeting Location	Attended?

Annual Board Meeting	01/24/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	06/12/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	11/20/08	Los Angeles, CA	NOT APPOINTED YET
Annual Board Meeting	01/22/09	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/23/09	Huntington Beach, CA	NOT APPOINTED YET
Board Meeting	09/24/09	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	02/18/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	05/20/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	10/14/10	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	01/13/11	Sacramento, CA	Y
Board Meeting	04/14/11	Pomona, CA	Y
Board Meeting	09/29/11	Sacramento, CA	Y
Annual Board Meeting	01/05/12	Sacramento, CA	Y
Board Meeting	04/13/12	Sacramento, CA	Y
Board Meeting	06/12/12	Sacramento, CA	Y
Board Meeting	09/20/12	Sacramento, CA	Y

Keith Higginbotham, Esq.

Date Appointed:	07/01/11		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	06/12/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	11/20/08	Los Angeles, CA	NOT APPOINTED YET
Annual Board Meeting	01/22/09	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/23/09	Huntington Beach, CA	NOT APPOINTED YET
Board Meeting	09/24/09	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	02/18/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	05/20/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	10/14/10	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	01/13/11	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/14/11	Pomona, CA	NOT APPOINTED YET
Board Meeting	09/29/11	Sacramento, CA	Y
Annual Board Meeting	01/05/12	Sacramento, CA	Y
Board Meeting	04/13/12	Sacramento, CA	Y
Board Meeting	06/12/12	Sacramento, CA	Y
Board Meeting	09/20/12	Sacramento, CA	Y

David Connett, D.O.

Date Appointed:	06/09/12		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	06/12/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	11/20/08	Los Angeles, CA	NOT APPOINTED YET
Annual Board Meeting	01/22/09	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/23/09	Huntington Beach, CA	NOT APPOINTED YET
Board Meeting	09/24/09	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	02/18/10	Sacramento, CA	NOT APPOINTED YET

Board Meeting	05/20/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	10/14/10	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	01/13/11	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/14/11	Pomona, CA	NOT APPOINTED YET
Board Meeting	09/29/11	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	01/05/12	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/13/12	Sacramento, CA	NOT APPOINTED YET
Board Meeting	06/12/12	Sacramento, CA	Y
Board Meeting	09/20/12	Sacramento, CA	Y

Joseph Zammuto, D.O.

Date Appointed:	06/07/12		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	06/12/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	11/20/08	Los Angeles, CA	NOT APPOINTED YET
Annual Board Meeting	01/22/09	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/23/09	Huntington Beach, CA	NOT APPOINTED YET
Board Meeting	09/24/09	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	02/18/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	05/20/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	10/14/10	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	01/13/11	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/14/11	Pomona, CA	NOT APPOINTED YET
Board Meeting	09/29/11	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	01/05/12	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/13/12	Sacramento, CA	NOT APPOINTED YET
Board Meeting	06/12/12	Sacramento, CA	Y
Board Meeting	09/20/12	Sacramento, CA	Y

Michael Feinstein, D.O.

Date Appointed:	06/07/12		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	06/12/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	11/20/08	Los Angeles, CA	NOT APPOINTED YET
Annual Board Meeting	01/22/09	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/23/09	Huntington Beach, CA	NOT APPOINTED YET
Board Meeting	09/24/09	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	02/18/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	05/20/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	10/14/10	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	01/13/11	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/14/11	Pomona, CA	NOT APPOINTED YET
Board Meeting	09/29/11	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	01/05/12	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/13/12	Sacramento, CA	NOT APPOINTED YET

Board Meeting	06/12/12	Sacramento, CA	Y
Board Meeting	09/20/12	Sacramento, CA	Y
Jane Xenos, D.O.			
Date Appointed:	06/07/12		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	06/12/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	11/20/08	Los Angeles, CA	NOT APPOINTED YET
Annual Board Meeting	01/22/09	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/23/09	Huntington Beach, CA	NOT APPOINTED YET
Board Meeting	09/24/09	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	02/18/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	05/20/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	10/14/10	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	01/13/11	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/14/11	Pomona, CA	NOT APPOINTED YET
Board Meeting	09/29/11	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	01/05/12	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/13/12	Sacramento, CA	NOT APPOINTED YET
Board Meeting	06/12/12	Sacramento, CA	Y
Board Meeting	09/20/12	Sacramento, CA	Y
Claudia Mercado			
Date Appointed:	08/18/12		
Meeting Type	Meeting Date	Meeting Location	Attended?
Annual Board Meeting	01/24/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	06/12/08	Sacramento, CA	NOT APPOINTED YET
Board Meeting	11/20/08	Los Angeles, CA	NOT APPOINTED YET
Annual Board Meeting	01/22/09	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/23/09	Huntington Beach, CA	NOT APPOINTED YET
Board Meeting	09/24/09	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	02/18/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	05/20/10	Sacramento, CA	NOT APPOINTED YET
Board Meeting	10/14/10	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	01/13/11	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/14/11	Pomona, CA	NOT APPOINTED YET
Board Meeting	09/29/11	Sacramento, CA	NOT APPOINTED YET
Annual Board Meeting	01/05/12	Sacramento, CA	NOT APPOINTED YET
Board Meeting	04/13/12	Sacramento, CA	NOT APPOINTED YET
Board Meeting	06/12/12	Sacramento, CA	NOT APPOINTED YET
Board Meeting	09/20/12	Sacramento, CA	Y

Table 1b. Board/Committee Member Roster

Member Name (Include Vacancies)	Date First Appointed	Date Re- appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Geraldine O'Shea, D.O.	06/01/05	11/21/08	06/01/11	Governor	Professional
Joseph Provenzano, D.O.	09/12/06	04/19/10	06/01/11	Governor	Professional
Susan Melvin, D.O.	09/12/06	11/21/08	06/01/11	Governor	Professional
Alan Howard	09/07/07	12/02/10	01/20/13	Governor	Public
Veronica Vuksich, D.O.	10/11/07	04/19/10	06/01/12	Governor	Professional
Paul Wakim, D.O.	09/12/06	11/24/08	06/01/11	Governor	Professional
Emily Robinson	06/14/07	n/a	01/01/11	Governor	Public
Gregory Weisswasser, N.D.	05/19/10	n/a	01/01/11	Governor	Public
Koren Barrett, N.D.	05/19/10	n/a	01/01/11	Governor	Public
Scott Harris, Esq.	12/12/10	12/02/10	01/01/13	Governor	Public
Keith Higginbotham, Esq.	07/01/11	07/01/12	06/01/15	Spkr of Assembly	Public
David Connett, D.O.	06/09/12	n/a	06/01/15	Governor	Professional
Joseph Zammuto, D.O.	06/07/12	n/a	06/01/15	Governor	Professional
Michael Feinstein, D.O.	06/07/12	n/a	06/01/15	Governor	Professional
Jane Xenos, D.O.	06/07/12	n/a	06/01/15	Governor	Professional
Claudia Mercado	08/18/12	n/a	06/01/13	Senate Rules	Public

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

In the past four years, the Board was able to hold all of its meetings. There has not been a lack of quorum.

3. Describe any major changes to the board since the last Sunset Review, including:
- Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)
 - All legislation sponsored by the board and affecting the board since the last sunset review.
 - All regulation changes approved by the board the last sunset review. Include the status of each regulatory change approved by the board.

History of D.O. Regulation and Legislation in California

The OMBC's predecessor organization, the Board of Osteopathic Examiners of California (BOEC), was created by an Initiative Measure, "The Osteopathic Act", in November 1922. This Act authorized the BOEC to license osteopathic physicians and surgeons. This had previously been a responsibility of the Board of Medical Examiners. From 1907 to 1919, osteopathic physicians and surgeons were required to pass the same examination for licensure as practitioners of allopathic medicine. However, in 1919, the Board of Medical Examiners stopped allowing osteopathic trained physicians and surgeons to take the examination. As a result, the California Osteopathic Association sponsored the 1922 Initiative Measure in order to ensure the continued viability of the osteopathic medical profession in California.

The Osteopathic Act was amended by referendum in 1962 (Chapter 48, 1962 First Extraordinary Session). The purpose of this referendum measure was to facilitate an agreement in principle to effectively merge the D.O. and M.D. professions. The key provisions of this measure were:

- a. Osteopathic physicians and surgeons could choose to be licensed as M.D.s, and if so, would then be under the jurisdiction of the Board of Medical Examiners instead of BOEC;
- b. The Osteopathic Act was modified to rescind the authority of the BOEC to issue new licenses to osteopathic physicians and surgeons, but the BOEC would continue to have authority over existing D.O.'s who chose not to become M.D.s; and
- c. The State Legislature was given authorization to amend or modify the Osteopathic Act.

The provisions of the 1962 referendum which permitted the M.D. election, and which authorized legislative amendments to the Osteopathic Act, were upheld by the State courts in 1974 and 1975 (see *Board of Osteopathic Examiners v. Board of Medical Examiners* 53 C.A.3d 78). However, the provisions that rescinded the licensing authority of the BOEC were successfully challenged by out-of-state osteopathic physicians, who were effectively barred by these provisions from being licensed to practice in California, unless they had already been so licensed before 1962. In 1974, the Supreme Court reinstated the BOEC's licensing authority (see *D'Amico v. Board of Medical Examiners* 11 C.3d 1, 24), and the BOEC immediately resumed its function as the sole agency with authority to license D.O.'s in California.

The Osteopathic Act was further amended by legislation in 1969 and 1971, and new sections were added by legislation in 1982. The most significant impact of these amendments were:

- a. To change the name of the licensing body from the Board of Osteopathic Examiners to the Osteopathic Medical Board of California;
- b. To limit Board members to two full terms; and
- c. To add two public members to the five member Board.

Today, the legal authority and mandate for the powers and duties of OMBC provided in the Osteopathic Act (B&P Code sections 3600-1 to 3600-5), which includes by reference the Medical Practice Act. This authority is further defined by other provisions of the B&P Code, particularly the Medical Practice Act (beginning with section 2000) which includes Article 21 (sections 2450-2459.7): "Provisions Applicable to Osteopathic Physicians and Surgeons." Board powers and duties include:

- a. Accepting applications from D.O.'s to be licensed to practice in California.
- b. Adopting examinations that assess professional competency.
- c. Determining the qualifications of, and issuing licenses to D.O. applicants; issuing fictitious name permits; and maintaining a database of all licensees and applicants for licensure.
- d. Setting standards for and enforcing compliance with continuing medical education (CME requirements).
- e. Providing information to the public regarding licensed D.O.'s.

- f. Responding to requests for verification of the license status of D.O.'s (e.g., as required for hospital privileges, licensure in another state, contracting with insurers, and patient inquiries.)
- g. Enforcing the disciplinary, administrative, criminal and civil provisions of the Medical Practice Act with respect to D.O.'s.
- h. Providing rehabilitation opportunities for D.O. licensees whose competency may be impaired due to the abuse of alcohol or other drugs.
- i. Approving medical schools and their curriculum, for purpose of giving resident professional instruction in osteopathic medicine.
- j. Approving hospitals for postgraduate training in osteopathic medicine.

The OMBC's authority has not been materially expanded at any time since the original Osteopathic Act of 1922. Other than the action by the State Supreme Court, to nullify the attempt to rescind the OMBC's licensing authority, the only other significant legal decision relating to the powers and authority of the OMBC was rendered 1997, by the Court of Appeal, in Shacket v. Osteopathic Medical Board. This decision established that no formal hearing by a health care licensing board is necessary prior to distribution of a report filed with the board pursuant to B&P Section 805.5, concerning action taken by a peer review body against a doctor's membership or staff privileges. As such, this decision set an important precedent for all California health care licensing boards, not just the OMBC.

The Board has not adopted a code of professional conduct for licensees, per se. Our interpretation of the law is that only the law defines the professional practices that are within the Board's regulatory authority. Therefore, we would not have the authority to enforce a set of standards that embellish what is found in the law. On the other hand, professional associations such as the AOA do promulgate statements of ethical professional behavior to which association members are expected to adhere.

Current Composition of the Board

The OMBC is comprised of nine members: five D.O.'s and four public members, all five D.O.'s and two of the public members are appointed by the Governor one public member is appointed by the Speaker of the Assembly and one is appointed by the Senate Pro Tem.

Members serve for terms of three years, and no member may serve more than two full consecutive terms, which does not include time a new member may spend filling an unexpired term of a previous member. Currently, two members (one D.O. and one public member) are serving in a grace period, two public members are in terms scheduled to expire on January 1, 2013, three D.O.'s are in terms scheduled to expire on June 1, 2014 and one D.O. and one public member are in terms scheduled to expire on June 1 and January 1, 2015 respectively.

Each of the five D.O. members of the OMBC must have, for at least five years preceding appointment, been a citizen of the state and in active practice. Each must be a graduate of an osteopathic medical school and hold an unrevoked license to practice osteopathic medicine in this state. No one residing or practicing outside of the state may be appointed to, or sit as a member of, the OMBC. All of the current Board members are primary care physicians.

The four public members of the OMBC may not be licensees of any board which falls under Division 2 (commencing with Section 500 -- i.e., Healing Arts) of the Business and Professions Code, which includes the Medical Practice Act, nor of any initiative act referred to in that division.

The nine-member board is considered satisfactory to handle the volume of business that requires Board attention and action. However, the osteopathic medical profession is growing and, therefore, a need for an increase in the size of the board may develop in the future. In general, the day-to-day operations of the OMBC are more constrained by limitations in staff resources (only six fulltime employees, which is fewer than other comparable licensing boards) than by the size of the board.

Currently, there are no Board vacancies. The delay in filling vacancies has varied over the years, from a few days to several months, a lengthy delay in 2006 resulted in the cancellation of a scheduled board meeting for lack of a quorum. In the past four years the board has met at least three times per year. There have been no cancellations in the past four years.

Committees of the Board

Currently, the OMBC has two functioning committees. One of these is the *Diversion Evaluation Committee (DEC)*, which is not strictly speaking a board committee.

The DEC is composed of California licensed D.O.'s who are appointed by the Board and who serve at the pleasure of the Board. The D.O.'s so appointed must have experience in the diagnosis and treatment of drug or alcohol abuse.

The DEC not only has the responsibility to accept, deny or terminate a participant, they also prescribe in writing for each participant a treatment and rehabilitation plan including requirements for supervision and surveillance. The DEC is currently comprised of three D.O.'s qualified to the position.

The second committee is the *Consultants Committee*, which is also not a Board committee as such. This committee is responsible for reviewing complaints against licensed D.O.'s and the associated medical records. The OMBC staff sends the complaint file to members of the Consultants Committee, who review the complaint and the medical records. The members of the Consultants Committee represent a range of osteopathic medical disciplines. They also receive training and case-by-case guidance as to interpretation and application of relevant law. The Consultants prepare a written report, in accord with standard format, explaining their conclusions and recommendations. Based on the information in the file, the Consultant may conclude that the complaint:

- a. is without merit and should be closed without further action;
- b. may have merit but there is clearly insufficient evidence to take further action;
- c. appears to have merit and should be made the subject of a more detailed investigation leading to possible disciplinary action or even referral to criminal prosecution

- d. all quality of care complaint cases are retained for ten years from date the Board receives the Complaint (Business and Professions Code section 2029, chapter 874, 2003).

The OMBC had a major change in 2009 when the Legislature placed the Naturopathic Committee within the Osteopathic Medical Board of California. The OMBC was increased at that time from seven (five professional and two public) to nine members. The added members were both Naturopathic Doctors and were considered public members. These appointments were in violation of 3600 1.5 of the Business and Professions Code which states, “public members shall not be a licensee of any board in Division 2 commencing with Section 500 of the Business and Professions Code nor of any initiative act referred to in that Section.” In response, the Osteopathic Physicians and Surgeons of California (OPSC) sponsored SB 1050, supported by the OMBC and the Naturopathic Committee. Passage of SB 1050 made the Naturopathic Committee independent and resulted in the removal of the two naturopaths from the OMBC and in their replacement by two public members, one appointed by the Speaker of the Assembly and one by the Senate Pro Tem.

Leadership changes to the board occurred in July, 2012 with the election of:

President:	Joseph Provenzano, D.O.
Vice President	Keith Higginbotham, Esq.
Secretary/Treasurer	Michael Feinstein, D.O.

Additional new appointments (with appointment dates and appointing authority) to the Board are identified in Table 1b.

The Naturopathic Committee remains housed in the offices of the OMBC on a space lease basis.

There has been limited sponsored legislation and no regulatory changes or major studies by or at the OMBC since the last sunset review. The Board completed a Strategic Plan in 2010 and is now beginning a study for implementation.

Regulations

The Board is currently developing regulations in four areas:

- a. The OMBC has maintained the licensure fees at \$200 for initial licensure and \$400 for renewals. The OMBC has maintained the renewal fees at \$400 whereas the Medical Board of California (MBC) has increased this fee to \$800. In applying for the increase for renewals to \$800 the MBC agreed to relinquish the option to obtain cost recovery from physicians who have violated the code of practice. The OMBC opines that the individuals who violate the code should be responsible for expenses associated with investigation and prosecution and on this basis has not requested an increase in renewal fees which would place the burden for costs on physicians who are practicing within the accepted standards. The Board applied for and was approved in 2005 for an increase from \$200 to \$400 for initial licensure. The process has begun to generate the regulation to achieve the requested and approved increase.

- b. The OMBC is structuring a regulation to comply with 16 CA ADC §1355.4, which requires that a physician prominently display the name and contact information for the agency by which he/she is licensed.
 - c. The OMBC is structuring a regulation for implementation of SB 1441.
 - d. The OMBC is in the process of amending its Disciplinary Guidelines, to assist in better uniformity and applicably for enforcement actions.
 - e. The OMBC is moving forward with drafting a regulation to increase the maximum citation and fine amount to \$5,000.
4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).
- There have been no major studies conducted by the Board at this time, mainly due to lack of staffing.
5. List the status of all national associations to which the board belongs.
- Does the board's membership include voting privileges?
 - List committees, workshops, working groups, task forces, etc., on which board participates.
 - How many meetings did board representative(s) attend? When and where?
 - If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

National Organizations

The OMBC is a dues paying member of the Federation of State Medical Boards (FSMB). The OMBC (for the past six years) has not been active and has not participated in FSMB business. The mandated state limitation on out of state travel for board members and staff has precluded OMBC attendance at FSMB Annual Meetings. The FSMB is comprised of membership (with representation) of medical boards of all U.S. States and Territories. During the annual meeting current important topics including, but not limited to, licensure, enforcement, credentialing, underserved populations and telemedicine are discussed and resolutions offered. The limitation on OMBC travel is predicated on cost savings and is without merit. The annual FSMB dues are \$2,000 for which the OMBC receives all publications and activity reports. As a benefit to the members the FSMB annually gives to each participating board a scholarship of \$3,600 for travel to and room at the annual meeting, \$ 1,800 is allocated to the board president and \$ 1,800 to the executive director. For those boards unable to accept the scholarships there is resulting net loss of \$ 1,600, which is minimized when compared to loss of the individual board and particularly to the public as a result of the nonparticipation in this vital organization.

Section 2

Performance Measures and Customer Satisfaction Surveys

6. Provide each quarterly and annual performance measure report as published on the DCA website

Performance Measures and Customer Satisfaction Surveys

Quarterly and annual performance measures are attached for 2010-11, 2011-12. The Board has met expectations on intake and investigative processes for these years. However, cases which were referred to the Attorney General for formal discipline extended considerably beyond the target dates. For the four quarters of FY 2010-11 the average time required to complete the entire enforcement process for cases resulting in formal discipline were 1,152 days with a target of 540 days. The enforcement staff having recognized the times recorded during FY 2010-11 became more interactive with the Office of the Attorney General during the 2011-12 FY with an appreciative decrease to 949 days (203 day decrease) in the number of days for completion of cases referred to the attorney general for formal discipline. The Board continues to work closely with the various offices of the Attorney General to meet enforcement goals, and to decrease the time to prosecute cases against D.O.'s in violation of the law.

There have been only two reported Consumer Satisfaction Surveys for the OMBC, May and August of 2012. The May results were based on the responses of four consumers and resulted in a 10% performance measure score for the OMBC. The results for August were based on responses from seven consumers and resulted in a 37% performance measure score. There were no other reported consumer satisfaction surveys, it is the policy of the OMBC to include a Consumer Satisfaction Survey (attached) which is provided by the DCA and for which postage is prepaid. As only seven consumers have responded to the survey it is difficult to conclude the level of satisfaction with the actions within the OMBC in response to consumer complaints, it could be assumed that the paucity of responses is a result of general satisfaction by consumers and that with greater numbers of responders that the responses become more favorable. The questions receiving the most critical reviews were, "How satisfied were you with the time it took for us to resolve your complaint?", and "How satisfied were you with the explanation you were provided regarding the outcome of your complaint?" As stated above, the OMBC is within its expectations on intake and investigative processes and it must be assumed that the complaints are related to cases referred for formal discipline. The OMBC is familiar with the time frames in formal disciplinary cases and it is a priority within the staff to continue reduce the time for final resolution of a these cases. Much time is spent explaining the enforcement process with concerned consumers. Of the cases received by the board over 90% are found after investigation to have no merit and are closed with letter to the complaining consumer explaining the decision by the consultant. In many cases the consumer is not satisfied with the result and is refractory to attempts to explain the rational for the decision. The OMBC maintains a policy of giving the necessary time to the public to give justifications for decisions and actions

7. Provide results for each question in the customer satisfaction survey broken down by fiscal year.
Discuss the results of the customer satisfaction surveys.

Section 3

Fiscal and Staff

Fiscal Issues

8. Describe the board's current reserve level, spending, and if a statutory reserve level exists.

At the end of FY 2011-12, the Board had a fund reserve balance of \$2.893 million or 19.6 months. Recently, the Board's expenditures have slightly outpaced the revenue that it receives. Pursuant to Business and Professions Code section 128.5, the Board should maintain a fund balance of no more than 24 months in reserve.

9. Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

No deficit is projected in the foreseeable future. In FY 2011-12 the Boards expenditures were slightly higher than the revenue that it had received, which will result in a fund reserve balance decreasing over time. However, the Board has current plans to start the regulation process to increase our Initial Licensing Fee from \$200 to \$400, which is the maximum allowed in statute. This will bring the fee more in line to what the Medical Board of California charges for Allopathic Physicians and surgeons license.

Table 2. Fund Condition

(Dollars in Thousands)	FY 2008/09	FY 2009/10	FY 2009/10	FY 2011/12	FY 2012/13	FY 2013/14
Beginning Balance	\$3,993	\$4,135	\$4,204	\$4,453	\$2,893	\$2,683
Revenues and Transfers	1,473	1,289	1,443	1,468	1,546	1,622
Total Revenue	\$1,473	\$1,289	\$1,443	\$1,468	\$1,546	\$1,622
Budget Authority	1,358	1,314	1,869	1,964	1,756	1,783
Expenditures	1,291	1,216	1,237	1,528	1,756	1,783
Loans to General Fund	-	-	-	(1,500)	-	-
Accrued Interest, Loans to General Fund	-	-	-	-	-	-
Loans Repaid From General Fund	-	-	-	-	-	-
Fund Balance	\$4,175	\$4,208	\$4,410	\$2,893	\$2,683	\$2,522
Months in Reserve	41.2	40.8	34.6	19.8	18.1	16.6

10. Describe history of general fund loans. When were the loans made? When were payments made? What is the remaining balance?

In FY 2001-02, the General Fund borrowed \$2.6 million from the Board. The loan was subsequently repaid in full with interest in FY 2006-07. Recently, the General Fund borrowed \$1.5 million in FY2010-11. A repayment of this loan has not been scheduled by the Department of Finance (DOF).

11. Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Over the last four fiscal years, approximately 29% of the Boards expenditures have been spent on Enforcement, 35% on Licensing, 13% on Administration, and 12% on Diversion. During the same time period, Personnel Services represented 38% of the Boards expenditures, while OE&E was 62%.

Table 3. Expenditures by Program Component								
	FY 2008/09		FY 2009/10		FY 2010/11		FY 2011/12	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	128,736	232,096	127,764	216,202	143,842	185,289	144,956	335,359
Examination	-	-	-	-	-	-	-	-
Licensing	193,104	348,144	191,646	324,304	215,763	277,934	217,934	86,447
Administration *	64,368	116,048	63,882	108,102	71,921	92,645	153,151	28,816
DCA Pro Rata	-	99,700	-	105,766	-	161,665	-	195,372
Diversion (if applicable)	64,368	116,048	63,882	108,102	71,921	92,645	72,478	28,816
TOTALS	\$450,576	\$912,036	\$447,174	\$862,476	\$503,447	\$810,178	\$588,019	\$674,810
*Administration includes costs for executive staff, board, administrative support, and fiscal services.								

12. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

Licenses are renewed on a biennial basis on the licensee's birth month. Those whose birth month is in an odd numbered month (January, March, May) are renewed in odd numbered years (07, 09, 11) and even numbered months in even numbered years. The fee for an active license is \$400 and for an inactive license is \$300. Delinquent Tax and Registration fee is \$100. **Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xcii).Section 1; and Sections 2456 and 3600-1, Business and Professions Code. Reference: Sections 2435, 2455, 2456.1 and 3535, Business and Professions Code. See California Code of Regulations Article 17. Section 1690 Fees.**

There have been no fee changes in the past 10 years; in fact the last change to the fee structure was in 1997 when the active license fee was *reduced* from \$600 to \$400 for a two year license.

The Board is currently beginning the Regulation Change Process in order to increase the Initial Licensing Fee from \$200 to the statutory maximum of \$400 in order to align the osteopathic and allopathic licensing fee more evenly.

Table 4. Fee Schedule and Revenue

Fee	Current Fee Amount	Statutory Limit	FY 2008/09 Revenue	FY 2009/10 Revenue	FY 2010/11 Revenue	FY 2011/12 Revenue	% of Total Revenue
Endorsement Fee	\$25	\$25	\$3,757	\$9,800	\$9,425	\$12,225	>1%
Duplicate Certificate Fee	25	25	1,750	1,375	1,200	1,250	>1%
*License Reinstatement Fee	Varies	*	8,825	10,310	17,100	6,875	>1%
**License Status Change	Varies	**	1,900	1,550	1,150	2,500	>1%
Application Filing Fee	200	400	132,000	99,400	96,000	110,200	8%
Initial Licensing Fee	Varies	***	91,575	104,025	128,167	122,953	9%
Fictitious Name Permit App Fee	100	100	6,400	7,600	6,900	10,800	>1%
Biennial Active License Renewal	400	400	976,000	902,000	1,016,800	1,056,000	72%
Biennial Inactive License Renewal	300	300	126,000	94,500	111,900	97,200	7%
Fictitious Name Permit Renewal	50	50	20,650	22,600	23,200	24,400	2%
Biennial Active License Delinquency Fee	100	100	7,700	4,900	7,000	4,700	>1%
Biennial Inactive License Delinquency Fee	75	75	3,000	2,550	3,150	1,752	>1%
Cite & Fine	Varies	****	500	3,250	750	6,250	>1%
Sale of Documents	Varies	*****	1,227	1,401	430	131	>1%

***License Reinstatement Fee-** processed when physician with expired license requests reinstatement of license. Fees vary by expiration date and renewal cycle.

****License Status Change Fee** – processed when physicians request change from inactive to active status. Fee varies by expiration date and renewal cycle.

*****Initial Licensing Fee** – processed upon completion of application filing process. Fee varies by birth month and renewal cycle.

******Cite & Fine** – Fines vary depending on violation. Range from \$100 to \$2,500 per violation.

*******Sales of Documents** – Collected from public upon request for copy of disciplinary documents. \$5.00 plus \$.10 (10 cents) per page.

13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

Table 5. Budget Change Proposals (BCPs)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
1110-19	08/09	Staff Increase	1-SSA/1.5-OT	1-SSA and 1.5OT	*\$71,000	\$71,000	\$11,000	\$11,000
1110-27	10/11	Staff Increase	2-OT/2-SSA	1-SSA and 3-OT	218,000	218,000	57,000	57,000
1110-1A	10/11	**CPEI	Enforcement	1 med consult & 1 0.5 non-sworn Investigator	119,953	119,953	86,047	86,047

**There was an internal redirection of \$78,000 in FY 2008-09 and \$69,000 ongoing from OE&E to help fund personnel services.*

***The BCP for Consumer Protection Enforcement Initiative (CPEI) was a DCA-wide BCP which was submitted as a whole and positions and funds were divided between the programs based on their Enforcement needs. OMBC received 1 full-time Medical Consultant and 1 half-time Non-sworn Investigator.*

In the last four fiscal years, the board has submitted two (2) BCP's and DCA submitted one (1) agency-wide BCP, where the board benefitted by receiving 1 full-time Medical Consultant and 1 half-time Non-sworn Investigator for the FY 2011/12. The board is currently in the process of filling these positions.

In FY 2008-09, the board submitted BCP 1110-19 for staffing increases and the ability to redirect resources to fund the positions. The BCP was approved and the board hired new staff to assist in the Licensing and Enforcement Unit. This alleviated some of the backlog and mission critical work.

As the osteopathic physician and surgeons' license population continued to increase within the United States, many of the state licensing boards had an overwhelming spike in initial licensing. As California remains the fourth largest osteopathic population in the nation, the board received intensification in incoming applications for licensure. This caused a considerable increase in the renewal unit as well as an increase in incoming complaints. The complaints have been increasingly complex and have taken longer to process. In 2010, the board completed a workload analysis for the Licensing, Credentialing, Enforcement and Administrative units and another BCP was submitted in FY 2010-11 (1110-27) for staffing increases in Licensing, Enforcement and Administration on a two year limited term basis to assist in the backlogs and workloads. At the end of the limited term the board was to reevaluate whether the need for these positions continued. The BCP was approved however before the board could complete a search to fill the positions there was a hiring freeze by the Governor.

The board requested a hiring freeze exemption, which was granted for the staff only, but the board was instructed to fund the positions within its current budget. Due to exorbitant expenditures in the board's Enforcement unit for investigations and hearings the positions could not be funded. The exemption also failed to extend the original 2-year limited terms and the board would only be able to utilize these positions for 6 months. Due to the shortfall in staffing, the board determined that it would be more detrimental to the Board to pull staff from their current duties in order to train new hires for only a 6-month term. The Board is still struggling with staffing shortages in Licensing and Administration units.

Staffing Issues

14. Describe any staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

The Board has had a 58% increase in its license population since 2002. This has impacted both the Licensing and Enforcement units. As stated above, the Board has submitted BCP's in order to obtain an increase in staffing, however due to the Governor's Executive Order for the hiring freeze, the board was unable to fill the approved positions. The licensing unit still has a backlog of up to 14 months and the Enforcement unit is backlogged up to 3 years on some of the more complex complaints. Overtime was approved by the Executive Director and an average of \$4,500 per month is spent on overtime in order for current staff to cover the backlogged workload.

At this time, the Board is reclassifying several of its positions to allow some of the technical positions to take on more of the complex work as analysts; this will redirect some of the workload and will assist in balancing the staff's duties. The Board is also trying to reclassify a position to include a Staff Services Manager I (SSM I). At the current time, there is no other management level position except for the Executive Director (ED). The Board feels that with a manager on staff, it can alleviate some of the duties from the ED and assist in the workflow and complex problems of the program. DCA Executive Staff and Legal Staff have recommended that the board create a management position to form a separation between the ED and staff and in order to have a manager over the Diversion Evaluation Committee and the Medical Consultants Committee.

15. Describe the board's staff development efforts and how much is spent annually on staff development (cf., Section 12, Attachment D).

Due to the short fall in staffing in the Administration unit, staff development efforts have been minimal. Training and development efforts are currently given and/or approved on a mandatorily needed basis. The Board hopes that with added staffing, and the implementation of the new BreEZe database system, it will allow for more development in the upcoming future.

Section 4

Licensing Program

16. What are the board's performance targets/expectations for its licensing² program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

Performance Targets for Licensure

From the receipt of all required documents and information the Board has established a thirty-day target for completion of the licensing process. The biggest delay in processing an application is the time taken by the FBI and/or the DOJ to return fingerprint reports. The application processing time tends to lag for need of additional staff. The board tried to address this backlog and increased workload in BCP 1110-27, additional staff was requested for the licensing unit, however due to the hiring freeze placed on all State agencies, the board was unable to fill the approved positions. The board submitted another BCP for FY 2013-14, which was immediately denied by DCA, however to date the board has not received the reason for denial.

17. Describe any increase or decrease in average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

The Board has seen a high increase in the average time to process applications and issue license as there is only one staff member responsible for completing these tasks. The board advised DCA and through the BCP process has requested additional staff for licensing. Licensing remains the main revenue for the Board, however it is lacking adequate staff resources in order to run efficiently. The board plans to request additional licensing staff through the BCP process again this year, however if approved the Board will not have the authority to hire until FY 2014-15. The board is concerned with consumer protection being compromised however; the board cannot redirect its limited personnel to cover these processing deficiencies.

18. How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

On average, the Board issues approximately 500 new osteopathic physician and surgeon licenses and 3,000 renewals per year. Furthermore the board issues approximately 100 new Fictitious Name Permits (FNP) and renews 450 FNP's per year.

² The term "license" in this document includes a license certificate or registration.

Table 6. Licensee Population

		FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12
Osteopathic Physician & Surgeon	Active	5,386	5,687	6,056	6,462
	Out-of-State	1,442	1,459	1,481	1,571
	Out-of-Country	5	7	9	9
	Delinquent	499	528	610	597
Fictitious Name Permit	Active	433	486	512	507
	Out-of-State	-	-	-	-
	Out-of-Country	-	-	-	-
	Delinquent	131	106	120	186

Table 7a. Licensing Data by Type

Application Type		Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2009/10	(Exam)					-	-	-	-	-	-
	(License)					-	-	-	-	-	-
	(Renewal)			n/a		-	-	-	-	-	-
FY 2010/11	(Exam)										
	(License)										
	(Renewal)			n/a							
FY 2011/12	(Exam)										
	(License)										
	(Renewal)			n/a							

* Optional. List if tracked by the board.

Table 7b. Total Licensing Data			
	FY 2009/10	FY 2010/11	FY 2011/12
Initial Licensing Data:			
Initial License/Initial Exam Applications Received	497	511	551
Initial License/Initial Exam Applications Approved	426	511	399
Initial License/Initial Exam Applications Closed	1	8	1
License Issued	441	328	517
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)	N/A	78	151
Pending Applications (outside of board control)*	N/A	66	110
Pending Applications (within the board control)*	N/A	12	41
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):			
Average Days to Application Approval (All - Complete/Incomplete)	N/A	N/A	N/A
Average Days to Application Approval (incomplete applications)*	N/A	102	159
Average Days to Application Approval (complete applications)*	N/A	0	0
License Renewal Data:			
License Renewed	2,599	2,927	2,973
* Optional. List if tracked by the board.			

19. How does the board verify information provided by the applicant?

- a. What process is used to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?

The Board requires that all applicants have fingerprints completed either manually or via LiveScan per California Business & Professions Code §2082 (e) and California Code of Regulations Title 16, Division 16, Article 4 §1613 (b). Fingerprint clearances are used to determine whether the applicant has a current or past criminal conviction. The Board also requires a Federation of State Medical Boards (FSMB) background check which reveals licenses held by the applicant in any other state in order to obtain whether any prior or current disciplinary actions have been taken against the applicant by another board.

- b. Does the board fingerprint all applicants?

The Board requires that all applicants be fingerprinted prior to licensure.

- c. Have all current licensees been fingerprinted? If not, explain.

The Board has always fingerprinted its applicants.

- d. Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

The Board uses information obtained by the FSMB to determine if any disciplinary actions have been taken by any other state licensing board prior to the issuance of an initial license. When information is received by the board that another state board may have taken disciplinary action against the applicant, the board then uses the National Practitioner Data

Bank (NPDB) to obtain the disciplinary information. The NPDB is also used to obtain filed malpractice cases.

e. Does the Board require primary source documentation?

Yes, the board requires that any school transcripts, post-graduate year one (PGY1) forms and license verification from other states be submitted by primary source.

20. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

The Board requires that all applicants graduate from an accredited college of osteopathic medicine, complete one full year of postgraduate training, and successfully complete all three levels of the NBOME/COMLEX exam before applying for licensure. The Board does not accept foreign graduates from out of the country.

21. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

At this time, the Board is unable to send No Longer Interested notifications to DOJ due to the shortage of staffing in the Licensing Unit. The board would like to get additional staffing to ensure that this process is completed by the board in the future..

Examinations

Table 8. Examination Data				
California Examination (include multiple language) if any: N/A				
License Type				
Exam Title				
FY 2008/09	# of 1 st Time Candidates			
	Pass %			
FY 2009/10	# of 1 st Time Candidates			
	Pass %			
FY 2010/11	# of 1 st Time Candidates			
	Pass %			
FY 2011/12	# of 1 st time Candidates			
	Pass %			
Date of Last OA				
Name of OA Developer				
Target OA Date				
National Examination (include multiple language) if any:				
License Type		Written Exam		
Exam Title		National Board of Osteopathic Medical Examiners		
FY 2008/09	# of 1 st Time Candidates	3,773		
	Pass %	89.7%		
FY 2009/10	# of 1 st Time Candidates	3,503		
	Pass %	91.4%		
FY 2010/11	# of 1 st Time Candidates	3,669		
	Pass %	91.4%		
FY 2011/12	# of 1 st time Candidates	n/a		
	Pass %	n/a		
Date of Last OA				
Name of OA Developer				
Target OA Date				

22. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required?

National Examination

The Board does not administer but does rely on a national examination. That examination is generated and administered by the National Board of Osteopathic Medical Examiners, Inc. (NBOME). The examination, the NBOME Complex is the recognized national evaluative instrument for osteopathic students and graduates, and successful completion is required for osteopathic licensure in California. Statistics are reported in Table 8. The examination is comprised of Parts I, II, and III and is given at all colleges of osteopathic medicine. Part I is taken by students on completion of the first two years of osteopathic education, and covers subjects generally

considered to be the basic sciences including, but not limited to, anatomy, biochemistry, and microbiology. Part II is taken on completion of the third and fourth years of osteopathic medical school and measures the student's knowledge of the clinical sciences including, but not limited to surgery, pediatrics, general medicine and therapeutics. Part III is taken on completion of the first post graduate year. Statistics are reported in **Table 8**.

23. What are pass rates for first time vs. retakes in the past 4 fiscal years? (*Refer to Table 8: Examination Data*)

The pass rates for first time candidates passing the National Examination vs. the candidates that passed on subsequent retakes is approximately 91.4% to 8.6% (not passing the first time).

24. Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

The Board no longer administers the testing at the state level. The NBMOE administers this test and the board accepts this testing.

25. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

No, the only mechanisms hindering the Board's efficiency and effectiveness of application/renewal processing at this time is the board's lack of staff and the inability to hire additional help.

School approvals

26. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

All osteopathic colleges are approved by the Council on Osteopathic College Accreditation (COCA) with deeming authority of the U.S. Department of Education. Neither the BPPE nor the OMBC, working independently or in conjunction, have a role in osteopathic college accreditation. Schools of Osteopathic Medicine are reviewed by COCA on a scheduled basis for initial and later for continued accreditation. Schools strive to obtain full accreditation status which can be for terms extending up to seven years for reviews and visits resulting in accreditation with commendations. The OMBC has no role in approval of international school as there are no colleges outside of the United States which have curricula commensurate with the American model.

27. How many schools are approved by the board? How often are schools reviewed?

The board has no role in the approval process of schools.

28. What are the board's legal requirements regarding approval of international schools?

The Board does not accept graduates of international schools per California B&P Code

Continuing Education/Competency Requirements

29. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

a. How does the board verify CE or other competency requirements?

- b. Does the board conduct CE audits on its licensees? Describe the board's policy on CE audits.
- c. What are consequences for failing a CE audit?
- d. How many CE audits were conducted in the past four fiscal years? How many fails?
- e. What is the board's course approval policy?
- f. Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?
- g. How many applications for CE providers and CE courses were received? How many were approved?
- h. Does the board audit CE providers? If so, describe the board's policy and process.
- i. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensees' continuing competence.

Continuing Education/Competency Requirements

The OMBC is very specific regarding CME for all licensees. The requirement for the licensees is that they provide documentation of having completed 50 hours of CME per year or of 150 hours every 3 years. Of the required 150 hours, 60 hours must be Category 1a or 1b as established by the American Osteopathic Association (AOA). The Board verifies compliance as all applications for renewal must be accompanied by certificates of completion of courses attended. The required presentation of certificates eliminates the need for scheduled audits. All CME approval including course providers and auditing is provided by the AOA Committee of Continuing Medical Education. Individuals lacking the required CME are denied licensure until the deficits are eliminated. The Board is currently becoming involved with national studies into Maintenance of Licensure (MOL) and Osteopathic Continuing Certification (OCC). These studies are efforts to enhance the validity of continuing education and establish mechanisms for lifelong learning. The board is in the pilot program with the FSMB for the MOL program and Maintenance of Competencies (MOC).

Section 5

Enforcement Program

30. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

Please reference Section 2, Question 7 on page 45 of this report.

31. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

The BCP for the CPEI that allocated 2 additional staff in the Enforcement Unit is currently being hired in order to assist with meeting the targets/expectations. With the new staff, the board feels that most of the backlog can be dealt with. Also, the Board is hoping that by being allotted the additional help, the Board can be proactive rather than reactive to disciplinary issues.

Table 9a. Enforcement Statistics			
	FY 2009/10	FY 2010/11	FY 2011/12
COMPLAINT			
Intake			
Received	294	357	357
Closed	0	7	0
Referred to INV	257	403	341
Average Time to Close	40	28	9
Pending (close of FY)	61	8	3
Source of Complaint			
Public	231	280	266
Licensee/Professional Groups	33	36	45
Governmental Agencies	29	33	33
Other	1	8	13
Conviction / Arrest			
CONV Received	15	17	21
CONV Closed	17	17	21
Average Time to Close	19	17	21
CONV Pending (close of FY)	0	0	0
LICENSE DENIAL			
License Applications Denied	2	2	2
SOIs Filed	2	2	2
SOIs Withdrawn	0	0	0
SOIs Dismissed	0	0	0
SOIs Declined	0	0	0
Average Days SOI	255	0	512
ACCUSATION			
Accusations Filed	10	9	11
Accusations Withdrawn	0	0	0
Accusations Dismissed	0	0	0
Accusations Declined	0	0	0
Average Days Accusations	0	0	0
Pending (close of FY)			23

Table 9b. Enforcement Statistics (continued)			
	FY 2009/10	FY 2010/11	FY 2011/12
DISCIPLINE			
Disciplinary Actions			
Proposed/Default Decisions	4	2	3
Stipulations	13	12	12
Average Days to Complete	1,015	1,095	959
AG Cases Initiated	13	20	19
AG Cases Pending (close of FY)	21	25	23
Disciplinary Outcomes			
Revocation	2	0	3
Voluntary Surrender	4	0	4
Suspension	0	2	2
Probation with Suspension	0	0	0
Probation	8	11	6
Probationary License Issued	2	0	1
Other	3	3	0
PROBATION			
New Probationers	11	10	7
Probations Successfully Completed	1	1	2
Probationers (close of FY)	14	18	29
Petitions to Revoke Probation	0	2	2
Probations Revoked	0	0	0
Probations Modified	0	0	0
Probations Extended	0	0	0
Probationers Subject to Drug Testing	1	3	8
Drug Tests Ordered	Diversion program monitors all drug tests	Diversion program monitors all drug tests	Diversion program monitors all drug tests
Positive Drug Tests	*	*	*
Petition for Reinstatement Granted	2	2	0
DIVERSION			
New Participants	3	4	4
Successful Completions	2	2	2
Participants (close of FY)	11	11	10
Terminations	1	0	3
Terminations for Public Threat	1	2	1
Drug Tests Ordered	**	**	**
Positive Drug Tests	***	***	***

** Probationers placed into the board's Diversion Program are the only probationers that would be required to submit to drug testing.*

*** The Diversion Program requires a maximum of 54 tests per year with a minimum of 36 per year for each participant.*

**** There are less than 6 participants that have tested positive during required drug testing through the Diversion Program.*

Diversion

The OMBC maintains a Diversion program as mandated by the legislature to monitor and treat physicians who are impaired by the use of alcohol and other drugs. The board along with other 5 other DCA boards and one committee contracts with a vendor Maximus INC. to oversee the program. Maximus brings expertise to the table as a national corporation with experience in monitoring individuals hampered by substance abuse. The vendor is in daily contact with the program participants and gives instructions regarding the requirement to submit body fluids on any given day. The vendor maintains contact with qualified laboratories throughout the state where body fluids are professionally obtained and examined. The OMBC Diversion Program has averaged 11 participants over the past four years. The costs billed by Maximus to the OMBC from September 2009 to September 2012 totals \$78, 523. 19. During that three year period there were nine successful completions, one termination for failure to derive benefit, four terminated as public risk, one withdrawal post DEC evaluation and two withdrawals pre DEC evaluation. Based on the above figures the program can be considered to be 52.9% successful. The program utilizes a Diversion Evaluation Committee (DEC). The committee is appointed by the board and is comprised of three osteopathic physicians with expertise in substance abuse and psychosocial disorders. All DEC members have training in substance abuse, two are certified psychiatrists, and one is a specialist in pain management. The DEC (comprised of physicians) gives the program needed understanding of impaired physicians that could not be obtained by non-physicians. There have been no difficulties in scheduling DEC meeting which are held quarterly at a cost of approximately \$2,200 per meeting and an annual cost of approximately \$9,000. All participants are seen at least two times per year. The average number of participants interviewed at each meeting is six, however, if needed the number is increased, usually on the basis of a failure by the participant to meet a provision of his/her agreement with the program. The board is appreciative of and respect of the DEC and there have been no reversals of DEC decisions.

Table 9c. Enforcement Statistics (continued)			
	FY 2009/10	FY 2010/11	FY 2011/12
INVESTIGATION			
All Investigations			
First Assigned	257	403	362
Closed	225	280	432
Average days to close	266	256	237
Pending (close of FY)	208	331	254
Desk Investigations			
Closed	198	250	402
Average days to close	226	232	335
Pending (close of FY)	186	311	226
Non-Sworn Investigation	N/A	N/A	N/A
Closed	-	-	-
Average days to close	-	-	-
Pending (close of FY)	-	-	-
Sworn Investigation			
Closed	27	30	30
Average days to close	564	451	318
Pending (close of FY)	22	20	28
COMPLIANCE ACTION			
ISO & TRO Issued	0	2	2
PC 23 Orders Requested	0	0	1
Other Suspension Orders	0	0	0
Public Letter of Reprimand	3	3	0
Cease & Desist/Warning	20	15	31
Referred for Diversion	2	3	3
Compel Examination	4	4	31
CITATION AND FINE (Use CAS Report EM 10 and 095)			
Citations Issued	1	1	6
Average Days to Complete	330	140	609
Amount of Fines Assessed	\$500	\$750	\$7,250
Reduced, Withdrawn, Dismissed	\$500	0	0
Amount Collected	*\$3,250	\$750	\$7,250
CRIMINAL ACTION			
Referred for Criminal Prosecution	2	3	12

**amount collected includes fines from previous FY.*

Table 10. Enforcement Aging						
	FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year	0	1	1	2	4	7%
2 Years	6	5	2	6	19	31%
3 Years	4	5	2	2	13	22%
4 Years	5	4	9	6	24	40%
Over 4 Years	0	0	0	0	0	0%
Total Cases Closed	15	15	14	16	--	--
Investigations (Average %)						
Closed Within:						
90 Days	49	41	76	107	273	23%
180 Days	49	41	45	106	241	20%
1 Year	90	97	93	135	415	36%
2 Years	40	36	54	75	205	17%
3 Years	10	7	10	6	33	3%
Over 3 Years	1	3	2	3	9	>1%
Total Cases Closed	239	225	250	432	1,176	

32. What do overall statistics show as to increases or decreases in disciplinary action since last review.

Statistics show that the case loads for complaints are steadily increasing with each year. Cases are becoming increasingly complex. The Board has seen a trend with increased complaints and complexity with the increase in licensing pollution.

33. How are cases prioritized? What is the board's compliant prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.

The Board uses DCA's *Complaint Prioritization Guidelines for Health Care Agencies* in order to prioritize its cases.

34. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report actions taken against a licensee. Are there problems with receiving the required reports? If so, what could be done to correct the problems?

Business and Professions Code sections 801, 801.1 and 802 requires Insurers providing professional liability insurance to a licensee, must report malpractice settlements over \$30,000 to the Board.

Business and Professions Code section 803 requires the clerk of the court to report a physician and surgeon who has committed a crime, or is liable for any death or personal injury resulting in a judgment of any amount caused by his/her negligence, error or omission in practice.

Business and Professions Code section 802.5 requires Coroners to report to the Board, any death that may be the result of a physician's gross negligence or incompetence.

Business and Professions Code section 803.5 requires the district attorney city attorney or other prosecuting agency to notify the Board and the clerk of the court in which the charges have been

filed, of any filings against a licensee of the Board charging a felony. The clerk of the court in which a licensee of the Board is convicted of a crime shall, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the Board.

The OMBC has not experienced problems in receiving these mandated reports.

35. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases were lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

Business and Professions Code section 2230.5 Limitation of Action

An accusation filed against a licensee shall be filed within three years after the board discovers the act or omission alleged as the grounds for discipline, or within seven years after the act or omission alleged as the ground for discipline occurs, whichever occurs first.

The OMBC has not lost any cases due to statute of limitation.

36. Describe the board's efforts to address unlicensed activity and the underground economy.

OMBC aggressively investigates any allegations of unlicensed activities; especially when a licensee of the Board is involved in aiding and abetting of unlicensed practice. OMBC has seen a huge increase in the illegal operations of "Med Spas" in which a licensee "lends" his/her license to unlicensed individuals, who run these med spas, performing laser hair removals, application of botox, etc.

OMBC is cracking down on these activities and have put several of these illegal practices out of operation.

Cite and Fine

37. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and last time regulations were updated. Has the board increased its maximum fines to the \$5,000 statutory limit?

(Answered below)

38. How is cite and fine used? What types of violations are the basis for citation and fine?

(Answered below)

39. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals in the last 4 fiscal years?

The board has no appeals for informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act

40. What are the 5 most common violations for which citations are issued?

41. What is average fine pre and post appeal?

42. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

Cite and Fine

Cite and Fine is used by the OMBC as a disciplinary measure for physicians who remain refractory to board policies and orders. The board envisions this as a tool to remind physicians that failure to be compliant can result in a penalty. The board has issued citations from 2008 to the

present totaling \$ 10,750. The largest fines were for \$750. The Board has not increased the fines to the \$5,000 statutory maximum and the maximum remains currently at \$2,500. It is anticipated that the \$ 5,000 maximum will be enacted during the 2012-13 fiscal year. The OMBC is moving forward with drafting regulation to increase the maximum citation and fine amount to \$5,000. There has been no changes to the fines as a result of appeals by the respondents. There have been no informal office conferences, Disciplinary Review Committee Reviews and/or Administrative Procedure Act Appeals in the last 4 fiscal years. The Board has asked that the Enforcement unit cite and fine more where appropriate, however lack of staffing inhibited this from occurring. With the additional enforcement staff authorized by the CPEI, the Board expects to curtail this problem.

The five most common violations which result in a fine are:

- Failure to display the earned degree
- False advertising
- Invalid fictitious name
- Failure to provide medical records
- Failure to notify of address change

The board does not utilize Franchise Tax Board to intercept the collection of outstanding fines.

Cost Recovery and Restitution

43. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

44. How many and how much is ordered for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

45. Are there cases for which the board does not seek cost recovery? Why?

46. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

47. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

The OMBC has the authority to recover costs incurred in the enforcement program, and has made a practice of recovering costs whenever possible. The OMBC began implementing this authority in 1993, immediately after the authorizing legislation was enacted. Prior to that time, the OMBC made an effort to obtain cost recovery as part of settlement agreements. In 1992, the OMBC sponsored a bill to add cost recovery authority to the B&P Code

Cost Recovery is generally part of a negotiated process, which is usually conducted in confidence. In many cases, the circumstances leading to a disciplinary action have often been related to, or created, a situation in which the doctor involved has little or no financial resources. There are other situations in which cost recovery becomes part of a settlement agreement that, by its nature, usually reduces the overall cost of a disciplinary action.

Table 11. Cost Recovery				
	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13
Total Enforcement Expenditures	\$480,357	\$401,512	\$575,859	Not available
Potential Cases for Recovery *	11	11	7	Not available
Cases Recovery Ordered	8	11	6	Not available
Amount of Cost Recovery Ordered	\$ 99,171	\$ 183,607	\$ 90,910	Not available
Amount Collected	\$ 60,942	\$ 48,200	\$ 58,361	Not available
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

Table 12. Restitution				
	FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12
Amount Ordered	N/A	N/A	N/A	N/A
Amount Collected	N/A	N/A	N/A	N/A

The board has not ordered restitution to any consumer.

Section 6

Public Information Policies

48. How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

The Board uses the internet/OMBC website (www.ombc.ca.gov) in order to post upcoming board meetings within the 10-day posting requirement. The board has limited staff and does not have an IT staff internally. DCA IT department is utilized to post information to the website per board staff's requests. The lack of staffing makes it difficult to post any more than the mandated and very basic information. The Board hopes to become more proactive in the postings on the website in the future. Board Agendas are posted, however meeting materials and minutes have not been posted on the website as of this point. It is the hopes of the Board that its Website may be used as a tool to reach consumers and D.O.'s. The Board wishes to educate consumers, and recruit more D.O.'s to California to meet the State's ever changing health care needs.

49. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings?

No, the Board does not normally webcast meetings; however in 2010 a very controversial issue was presented to the Board when the Governor added the Naturopathic Medicine Committee under its purview. Due to the amount of resistance the Board received from its licensee population, the board with the opinion of the DCA Legal unit, decided to webcast the proceedings of that meeting.

50. Does the board establish an annual meeting calendar, and post it on the board's web site?

During the annual board meeting held in January of each year, the Board members usually try to establish a schedule for the upcoming quarterly meetings. However, there are times when scheduling conflicts do not allow for this to happen. The board has the schedules posted to the website as soon as it is agreed upon.

51. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

The Board is in total compliance and stays consistent with the DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*. The Board posts accusations and disciplinary actions consistent with the DCA's *Web Site Posting of Accusations and Disciplinary Actions*.

52. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The Board provides to the public:

- The physician's full name
- Physician's business address
- License type (DO) and status
- License issue date and expiration date
- Actions on license

53. What methods are used by the board to provide consumer outreach and education?

The Board does not have the staff or funds for consumer outreach other than the website www.dca.ca.gov/osteopathic . The website offers such information to consumers about filing complaints on line or downloading a form to complete and mail to the Board. As discussed in this report, the Board hopes with the appropriate resources, to use the Website to broaden its ability to reach consumers and D.O.'s.

The only on-line business conducted at this time, is questions to the general e-mail box or filing complaints. Enforcement actions are posted at the end of each quarter.

We are continuously adding information to the website such as forms for physicians and surgeons certificate application, application for a fictitious name permit, change of address notification form, etc.

Section 7

Online Practice Issues

54. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate Internet business practices or believe there is a need to do so?

The OMBC regulates "Internet Prescribing: (Business and Professions Code section 2242.1) where physicians prescribe controlled substances over the Internet without a "good faith exam". Internet Prescribing is an ongoing problem for the Board.

The Board has concerns regarding online prescribing without the benefit of a good faith history and physical examination, and considers this type of practice to be unprofessional and below the standard. The board investigates instances where osteopathic physicians are involved in this type of practice and the board will prosecute physicians found guilty of substandard care. Unfortunately much of this activity goes without notice to the licensing agency. The Board believes that regulation of internet prescribing is needed and the board believes that there should be a national effort to achieve the appropriate controls.

Section 8

Workforce Development and Job Creation

- 55. What actions has the board taken in terms of workforce development?
- 56. Describe any assessment the board has conducted on the impact of licensing delays.
- 57. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.
- 58. Provide any workforce development data collected by the board, such as:
 - a. Workforce shortages
 - b. Successful training programs.

The Board has not been involved in studies such as these due to staff shortages within the Board.

59. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

The Board has agreed on most of the standards within the Uniform Standards for Substance Abusing Licensees, however at this time a subcommittee is working on the definition of what a substance abuser is.

60. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

There is currently a subcommittee working on the implementation of the CPEI regulations. Staff will need to start the regulation process for this issue.

61. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

The Board is fully involved with the development and testing phases of BreEZe. Due to the small number of staff (six staff plus the Executive Director), it has been difficult to cover the day to day processes in the office for the time span of the last several months. Training for the BreEZe will resume in November and December, which will cause more backlog in the licensing and enforcement units.

Section 10

Board Action and Response to Prior Sunset Issues

Include the following:

1. Background information concerning the issue as it pertains to the board.
2. Short discussion of recommendations made by the Committee/Joint Committee during prior sunset review.
3. What action the board took in response to the recommendation or findings made under prior sunset review.
4. Any recommendations the board has for dealing with the issue, if appropriate.

ISSUE #1: *Should regulation of D.O.'s be continued? Should the state continue to regulate Doctors of Osteopathy?*

Yes, the regulation of D.O.'s must continue. More and more, D.O.'s are a constant fabric of the health care industry, and their numbers have steadily increased within the State over the past many years. Healthcare organizations, Independent Physician Associations, medical groups and insurers are using D.O.'s more regularly, and they are key to providing core family medical health care. The Board has a successful track history of regulating D.O.'s and meeting the challenges of the ever changing healthcare field. It is projected that the D.O. population will continue to increase in the years to come, and as a result, it is imperative that the Board continue to in existence, and be given the resources to meet the challenges that lay ahead

Background: The history of the interaction between the Osteopathic Profession and the Medical Board of California (MBC) has been rather stormy. The Osteopathic Medical Board was created in 1922 by initiative in response to the refusal of the MBC to continue to license D.O.'s. The MBC had licensed D.O.'s from 1907 until 1919 at which time there was an arbitrary decision to discontinue the licensing process. In response the initiative enacted in 1922, resulted in the creation of the Board of Osteopathic Examiners (BOE) which has since that time governed the practice of Osteopathic Medicine in California.

There was a merger of the Osteopathic and the Medical professions which took effect in 1962 when 2000 D.O.'s accepted the M.D. degree for a sixty five dollar (\$65) fee and accepted the MBC as their licensing body for the remainder of their professional careers. The proposed intent for the merger was to eliminate politics in medicine and to standardize the quality of medicine in the state, and these were considered admirable goals. However, one clause in the merger was considered unacceptable to the minority of D.O.'s in California who did not accept the M.D. degree and to all D.O.'s practicing outside of the state. That unacceptable clause made the BOE defunct except to re-issue licenses to the few D.O.'s who maintained the degree. In effect the ultimate result would have been the elimination of a profession in the State of California. From 1962 until 1974 no new licenses were issued to D.O.'s to practice in California and applicants were informed that in order to obtain a license it was necessary to be a graduate of an approved medical school and osteopathic colleges did not qualify.

There was a constant effort to re-establish the BOE by the D.O.'s who remained in the state and by the American Osteopathic Association. In 1974 the California Supreme Court under Chief Justice Rose Bird found the 1962 action to be unconstitutional and reversed it, reestablishing the BOE. The lawsuit filed by Theodore D'Amico, D.O. was supported by D.O.'s returning from a tour of service in Vietnam and asking, "If I am a good enough physician to practice in southeast Asia why am I not worthy of a license in California?". This question was not answered by the MBC and required involvement of the Supreme Court in order to resolve the issue. It is perceived that any attempt to eliminate the OMBC and place D.O.'s under the MBC would be met with fierce opposition and the legality of altering the 1922 initiative would also be challenged.

The MBC, on two occasions had the prerogative and refused to license D.O.'s. To this date, the MBC requires M.D.'s to maintain 51% ownership in a corporate structure with a D.O. It is necessary for the OMBC to exist to assure equal treatment for D.O.'s.

ISSUE #2 Development of the system: Is the Board functioning effectively and efficiently now that it is located within the DCA?

Issue #2 question for the Board and DCA: What specific problems has the Board had in coordinating its operations with the DCA? What specific improvements would the Board suggest? Can the Board work with the DCA and other boards experiencing similar problems, to help arrive at workable solutions?

Background: As with the last sunset review the major disadvantage to being placed within the DCA is the time required for issues to work their way up through the various approval levels. Specific examples include purchases which must be submitted through various channels prior to approval for purchase. A specific hardship was incurred by the Board during the office move in 2008. The DCA was not cognizant of the impending lease termination at 2720 Gateway Oaks and was refractory to the notice from the Board for a period of six months. As a result the Board was forced into a temporary move for six months into vacant space in the offices of Geology during which time the current office location was identified and contracted for. The lack of attention to the impending lease termination caused the Board to move on an immediate basis and to work out of boxes for the time in the interim offices. There was for that period of time a lack of security expected of a state medical licensing board.

The Board has felt the lack of continuity in interactions with the DCA, specifically, there have been six budget managers and four different legal representatives assigned to the Board in the past six years. Additionally the DCA has had four Executive Directors in the past six years. While the individuals assigned to the OMBC are mostly capable, dedicated and compliant with each new appointee there is an introductory and adjustment period as each becomes familiar with the nuances of the OMBC. Board recommendations would be to decrease the amount of red tape to facilitate operations. The committee's request for specifics should be addressed to the DCA as changes need to occur at that agency,

There are advantages to being within the DCA and as with the prior sunset review the access to the DCA's database is a benefit of immeasurable value. Currently the DCA has decided to implement the BreZEE computerized system. Those most familiar with this technology are inspired and report that upon implementation of the system there will be a significant improvement within all DCA entities. However, each board is being required to adopt and develop a program which meets its specific needs. This creates a major problem for smaller boards such as The OMBC. The Board as has repeatedly reported that it is short on staff and does not enjoy the benefits of highly trained IT specialists. OMBC staff are, as are other boards, required to familiarize themselves with a "shelf program" which is both expensive and difficult to adapt to the Board's needs. Currently there is a demand on the time of all OMBC staffers as they attend sessions to learn how to develop the program to fit. This demand, of course, results backlogs within the OMBC.

ISSUE #3: Should the Board formally adopt a Code of Ethics?

Issue #3 Question for the Board: Is it appropriate that, unlike M.D.s, or nearly all other licensed professions in California, D.O.s do not have to abide by a Code of Ethics enforceable by the Board?

Background: The Board has been consistent in its belief that there is not a need for adoption of a Code of Ethics. The Board at a scheduled meeting on August 30, 2005 took the following action, "After a diligent study requested by the Sunset Review Committee, determined a Code of Ethics is not necessary and will not be included in the regulation as all ethical violations are currently in statute and duplication is unnecessary." This was presented in the form of a motion and was passed unanimously.

ISSUE #4 Should the Board be merged into the Medical Board?

Issue #4 question for the Board and DCA *In light of the fundamental and statutorily required equality between D.O.s and M.D.s is there a continuing need for two separate boards to regulate those who hold unrestricted licenses as physicians and surgeons?*

Background: See issue #1

ISSUE #5 Should the composition of the Board be revised?

Issue #5 question for the Board: *Is there a sound public policy reason that the Board has only two public members out of seven total Board members?*

Background: The board was revised in 2009 and now has the desired ratio of public to professional members. The total number of members was increased from seven to nine. The prior makeup was five professional and two public members and the numbers are now five professional and four public members. Additionally, the two added members are not appointed by the Governor: one is appointed by the Speaker of the Assembly and one is appointed by the Senate Pro Tem.

ISSUE #6 What is the status of repayment to the Board of the \$2,700,000 loan it made to the General Fund in 2002/03?

Issue #6 question for the Board: Please elaborate on how the Board intends to pursue repayment of the \$2,700,000 loan it made to the General Fund in 2002/03. In light of the fact that the Department of Finance has denied the Board's request for an additional position, why doesn't the Board "need" the money now?

Background: In FY 2001-02 the General Fund "borrowed" \$2,700,000 from the Board. The "loan" was subsequently repaid in full with interest in FY2006-07. Subsequently, in FY 2010-11 the General Fund "borrowed" \$1,500,000 with no established schedule for repayment. On the basis of the prior repayment the Board has confidence that the current loan will also be repaid. The Board is resistant to the manner in which the "loans" are generated, and the lack of even a rudimentary promissory note.

The question by the Committee, "why doesn't the Board need the money now", is answered by the Department of Finance (DOF) in its denial of an application for additional needed position. Of course the funds were needed by the Board and were generated by the Board with the expectation that they would be available when needed. It is the assumption of the Board that it should be included in any discussion involving Board needs and that the decision should not be made unilaterally by an agency with unique designs for utilization of the funds.

Section 11

New Issues

This is the opportunity for the board to inform the Committee of solutions to issues identified by the board and by the Committee. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., legislative changes, policy direction, budget changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.
2. New issues that are identified by the board in this report.
3. New issues not previously discussed in this report.
4. New issues raised by the Committee.

The board has no other issues except for the shortfall in staffing. The board continues to submit BCP's in order to address this major ongoing concern. The board is in hopes that the Department of Finance will discontinue its very broad generalized criteria for BCP's that include staff increases or at least have some exceptions for small programs that have less than 10 personnel.

The board does not have the luxury to redirect personnel from other units to cover the increasing backlog and workload due to the proliferation in osteopathic licensee population. The board also feels that the additional staff could be funded by monies that were loaned to the general fund. The board was advised by DCA Budget unit that this loan would be repaid if the funds were required for the program's mission critical functions. The Board feels that the need for more staff is crucial so as to better allow the Board to effectuate the goals that have been put forth in the strategic plan.

The Board applauds the current staff and realizes that they are functioning amazingly with carrying out its mission with great competence as is, but that additional staff would improve many aspects for the public in regards to timing of processing, both in enforcement and licensing, regulation processes could be carried out in a more efficient time, consumer/public outreach and education can be conducted and the Board can ensure increased visibility through the web.

Section 12

Attachments

Please provide the following attachments:

A. Board's administrative manual.

The board does not have an administrative manual; however the SAM and BAM manual policies and practices are still utilized by the board. The board has plans to create a new administrative manual or at least desk procedure manuals after the implementation of the new BreEZe system as the processes will most likely change.

B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).

C. Major studies, if any (cf., Section 1, Question 4).

No major studies have been performed.

D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

Section 13

Board Specific Issues

Diversion

Discuss the board's diversion program, the extent to which it is used, the outcomes of those who participate, the overall costs of the program compared with its successes

See below.

Diversion Evaluation Committees (DEC) (for BRN, Dental, Osteo and VET only)

1. DCA contracts with a vendor to perform probation monitoring services for licensees with substance abuse problems, why does the board use DEC? What is the value of a DEC?
2. What is the membership/makeup composition?
3. Did the board have any difficulties with scheduling DEC meetings? If so, describe why and how the difficulties were addressed.
4. Does the DEC comply with the Open Meetings Act?
5. How many meetings held in each of the last three fiscal years?
6. Who appoints the members?
7. How many cases (average) at each meeting?
8. How many pending? Are there backlogs?
9. What is the cost per meeting? Annual cost?
10. How is DEC used? What types of cases are seen by the DEC?
11. How many DEC recommendations have been rejected by the board in the past four fiscal years (broken down by year)?

The OMBC maintains a Diversion program as mandated by the legislature to monitor and treat physicians who are impaired by the use of alcohol and other drugs. The board along with other 5 other DCA boards and one committee contracts with a vendor Maximus INC. to oversee the program. Maximus brings expertise to the table as a national corporation with experience in monitoring individuals hampered by substance abuse. The vendor is in daily contact with the program participants and gives instructions regarding the requirement to submit body fluids on any given day. The vendor maintains contact with qualified laboratories throughout the state where body fluids are professionally obtained and examined. The OMBC Diversion Program has averaged 11 participants over the past four years. The costs billed by Maximus to the OMBC from September 2009 to September 2012 totals \$78, 523. 19. During that three year period there were nine successful completions, one termination for failure to derive benefit, four terminated as public risk, one withdrawal post DEC evaluation and two withdrawals pre DEC evaluation. Based on the above figures the program can be considered to be 52.9% successful. The program utilizes a Diversion Evaluation Committee (DEC). The committee is appointed by the board and is comprised of three osteopathic physicians with expertise in

substance abuse and psychosocial disorders. All DEC members have training in substance abuse, two are certified psychiatrists, and one is a specialist in pain management. The DEC (comprised of physicians) gives the program needed understanding of impaired physicians that could not be obtained by non-physicians. There have been no difficulties in scheduling DEC meeting which are held quarterly at a cost of approximately \$2,200 per meeting and an annual cost of approximately \$9,000. All participants are seen at least two times per year. The average number of participants interviewed at each meeting is six, however, if needed the number is increased, usually on the basis of a failure by the participant to meet a provision of his/her agreement with the program. The board is appreciative of and respect of the DEC and there have been no reversals of DEC decisions.

Disciplinary Review Committees (Board of Barbering and Cosmetology and BSIS only)

1. What is a DRC and how is a DRC used? What types of cases are seen by the DRCs?
2. What is the membership/makeup composition?
3. Does the DRC comply with the Open Meetings Act?
4. How many meeting held in last three fiscal years?
5. Did the board have any difficulties with scheduling DRC meetings? If so, describe why and how the difficulties were addressed.
6. Who appoints the members?
7. How many cases (average) at each meeting?
8. How many pending? Are there backlogs?
9. What is the cost per meeting? Annual cost?
10. Provide statistics on DRC actions/outcomes.

This section does not apply to the OMBC.

Performance Measures

Annual Report (2011 – 2012 Fiscal Year)

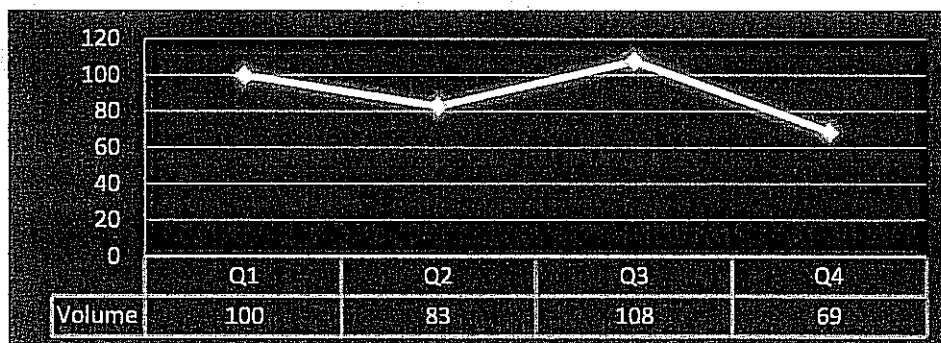
To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

This annual report represents the culmination of the four quarters worth of data.

Volume

Number of complaints and convictions received.

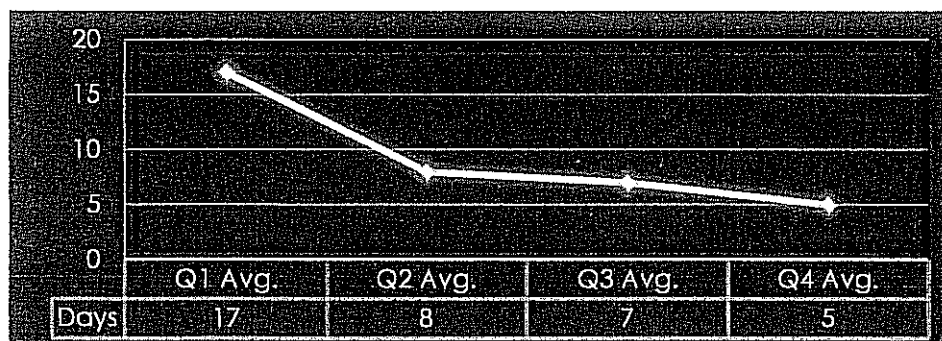
The Board had an annual total of 360 this fiscal year.



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

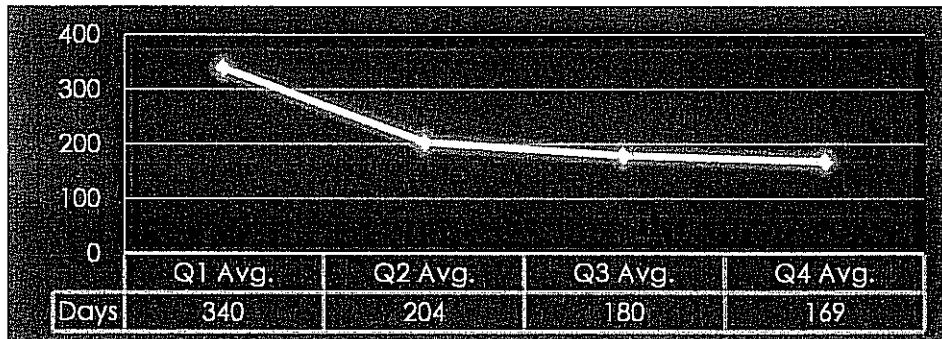
The Board has set a target of 30 days for this measure.



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

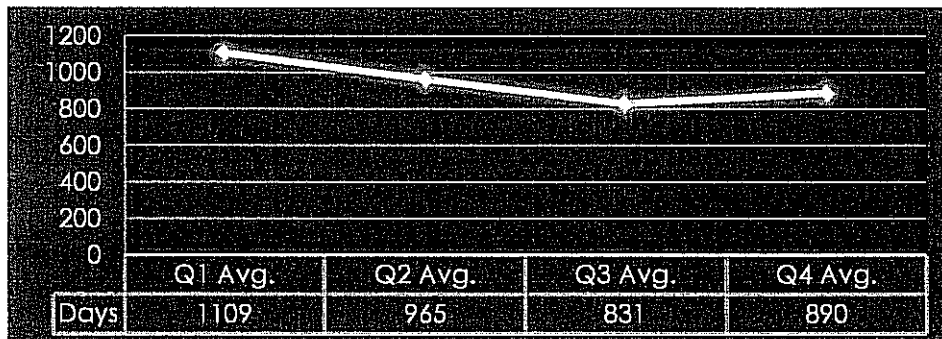
The Board has set a target of 360 days for this measure.



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

The Board has set a target of 540 days for this measure.



Performance Measures

Q1 Report (July - September 2011)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

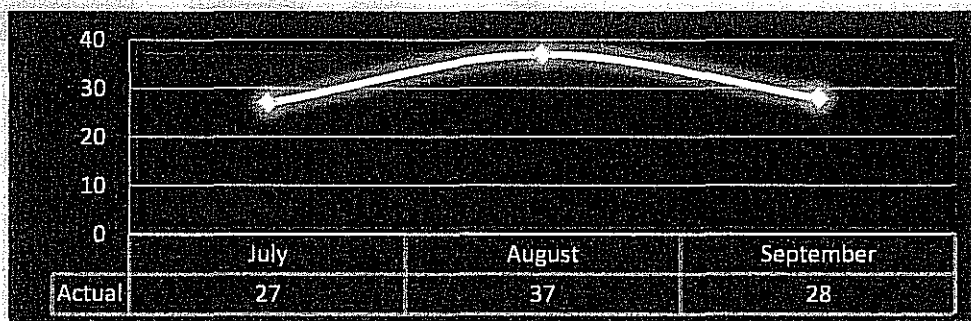
Volume

Number of complaints and convictions received.

Q1 Total: 100

Complaints: 87 Convictions: 5

Q1 Monthly Average: 31

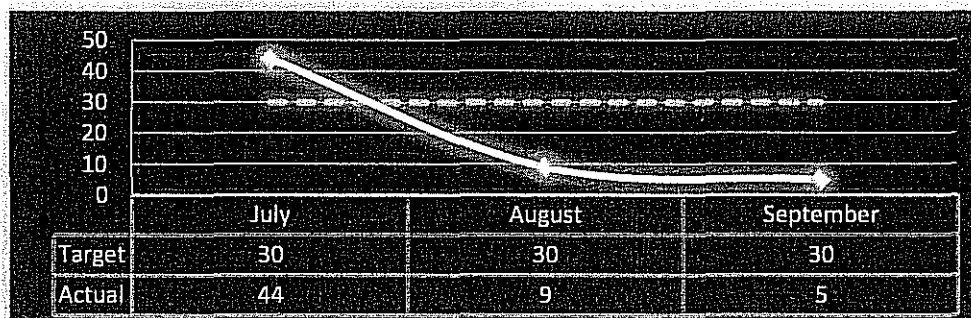


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 30 Days

Q1 Average: 17 Days

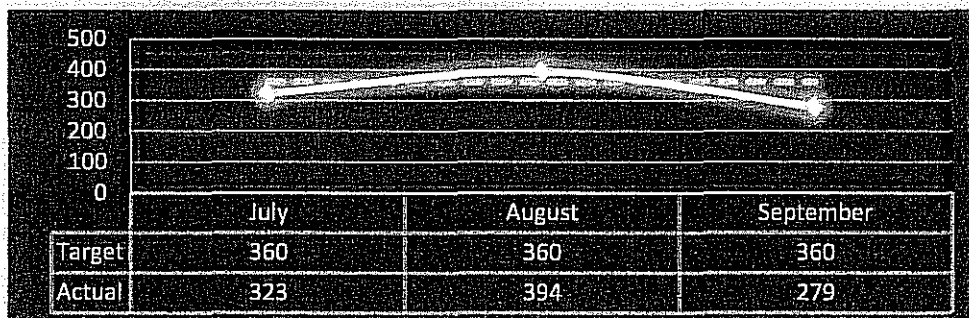


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 360 Days

Q1 Average: 340 Days

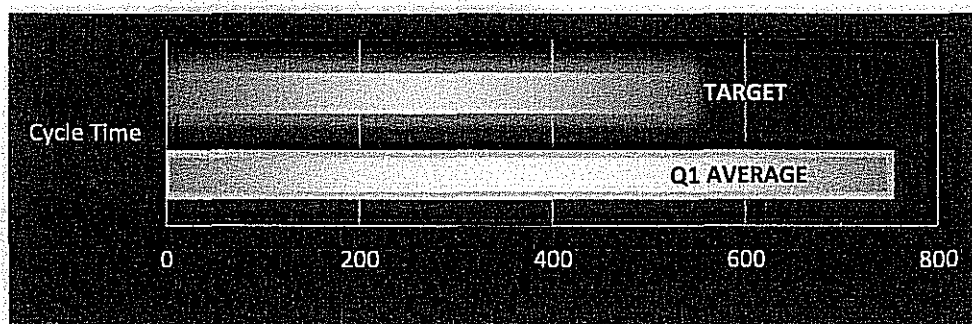


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q1 Average: 1,109 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q1 Average: N/A

The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q1 Average: N/A

The Board did not respond to any probation violations this quarter.

Performance Measures

Q2 Report (October - December 2011)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

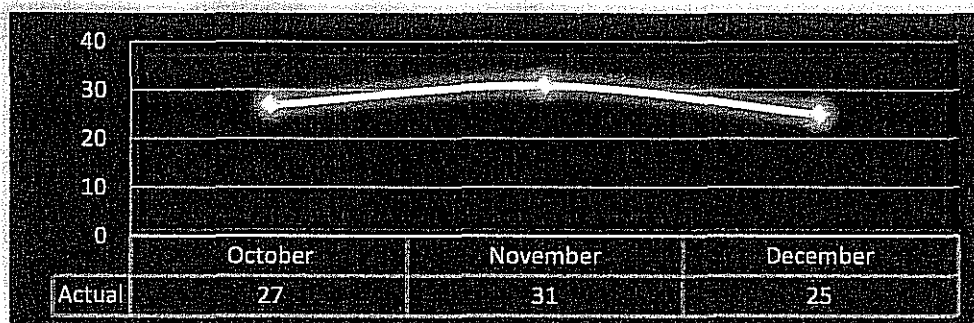
Volume

Number of complaints and convictions received.

Q2 Total: 83

Complaints: 77 Convictions: 6

Q2 Monthly Average: 28

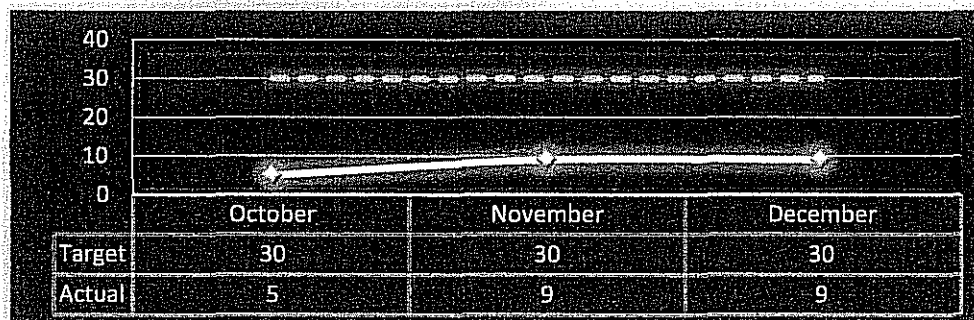


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 30 Days

Q2 Average: 8 Days

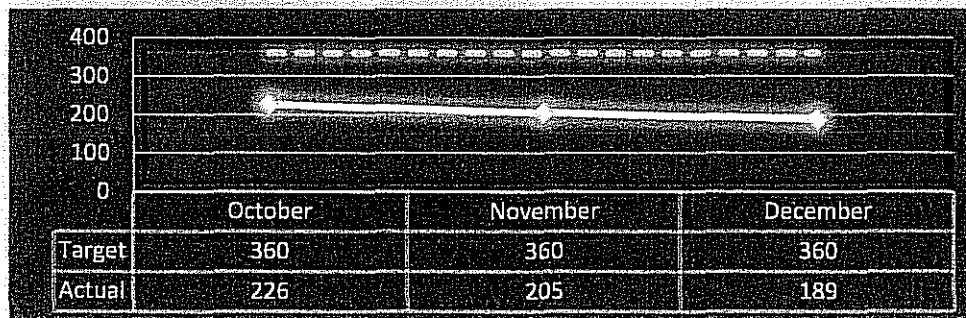


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 360 Days

Q2 Average: 204 Days

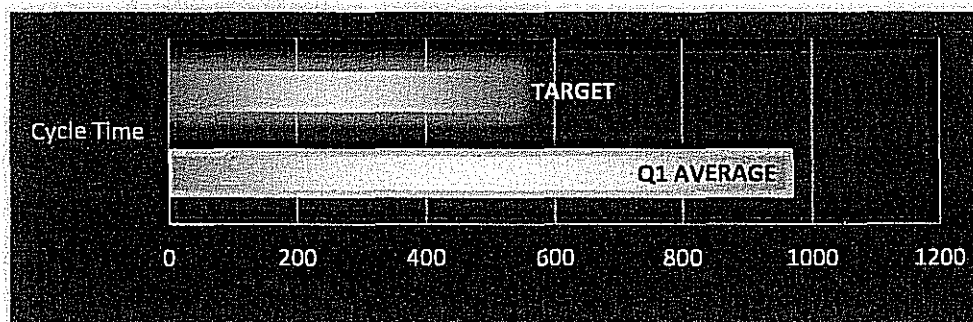


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q2 Average: 965 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q2 Average: N/A

The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q2 Average: N/A

The Board did not respond to any probation violations this quarter.

Performance Measures

Q3 Report (January - March 2012)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

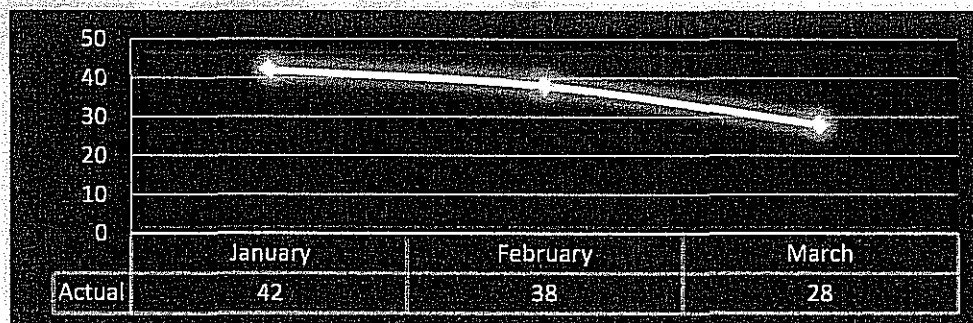
Volume

Number of complaints and convictions received.

Q3 Total: 108

Complaints: 100 Convictions: 8

Q3 Monthly Average: 36

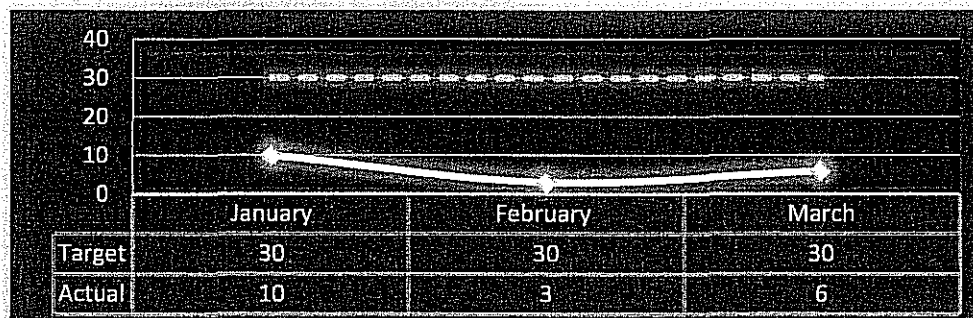


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 30 Days

Q3 Average: 7 Days

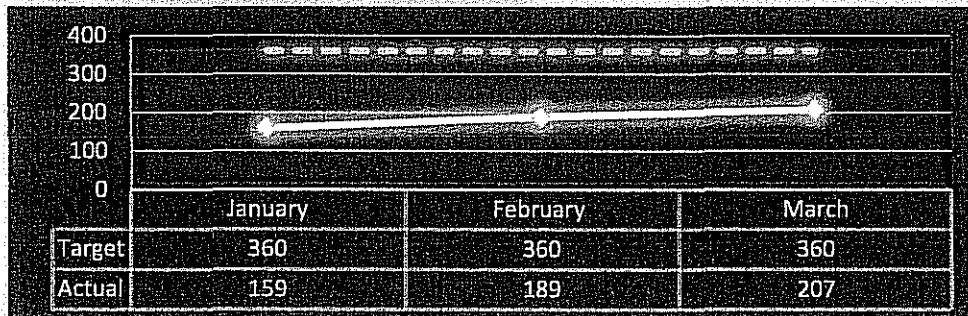


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 360 Days

Q3 Average: 180 Days

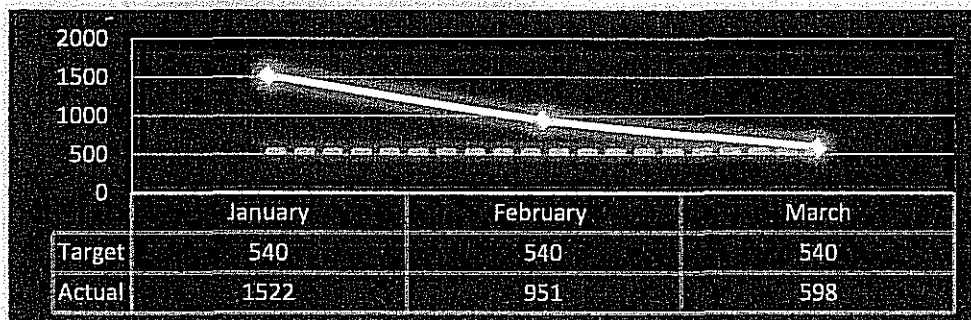


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q3 Average: 831 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q3 Average: N/A

The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q3 Average: N/A

The Board did not respond to any probation violations this quarter.

Performance Measures

Q4 Report (April - June 2012)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

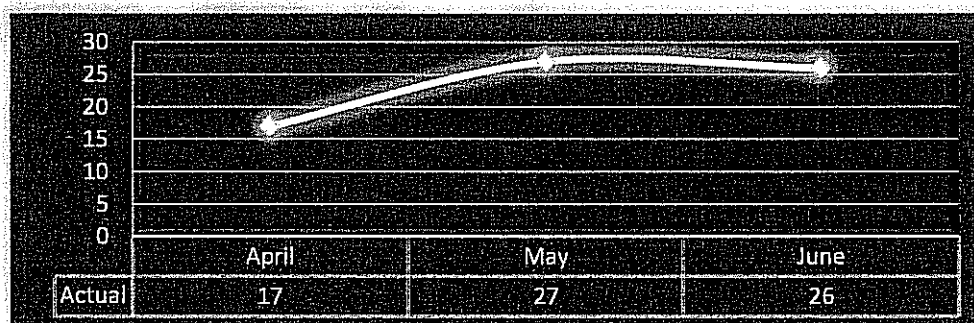
Volume

Number of complaints and convictions received.

Q4 Total: 70

Complaints: 70 Convictions: 0

Q4 Monthly Average: 23

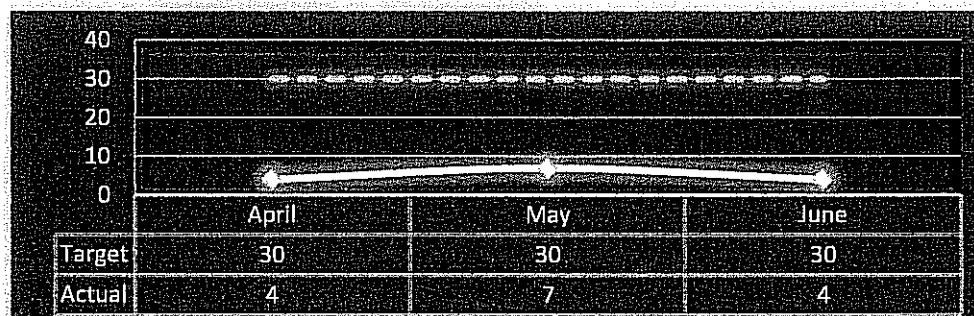


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 30 Days

Q4 Average: 5 Days

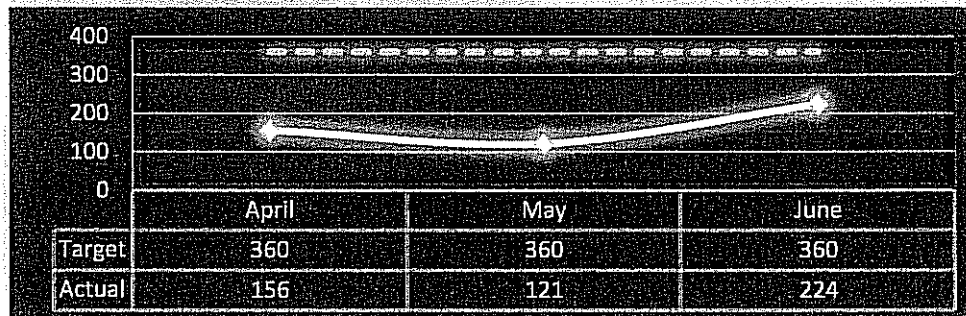


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 360 Days

Q4 Average: 169 Days

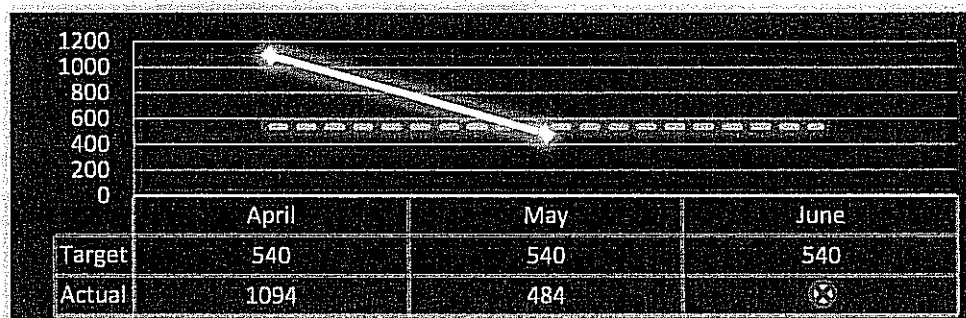


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q4 Average: 890 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q4 Average: N/A

The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q4 Average: N/A

The Board did not respond to any probation violations this quarter.

Performance Measures

Annual Report (2010 – 2011 Fiscal Year)

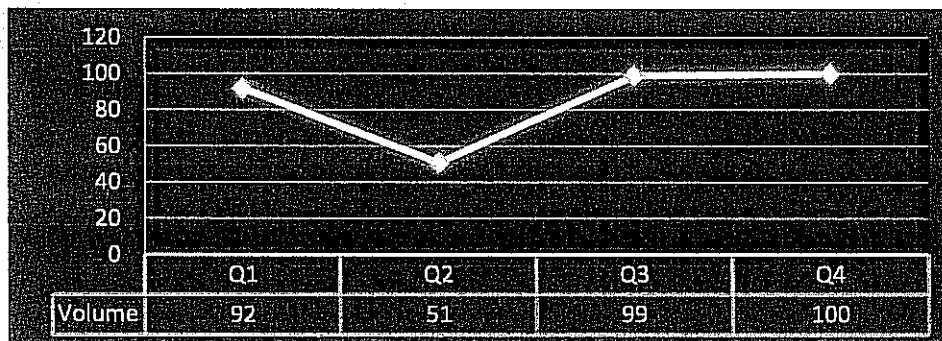
To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

This annual report represents the culmination of the first four quarters worth of data.

Volume

Number of complaints and convictions received.

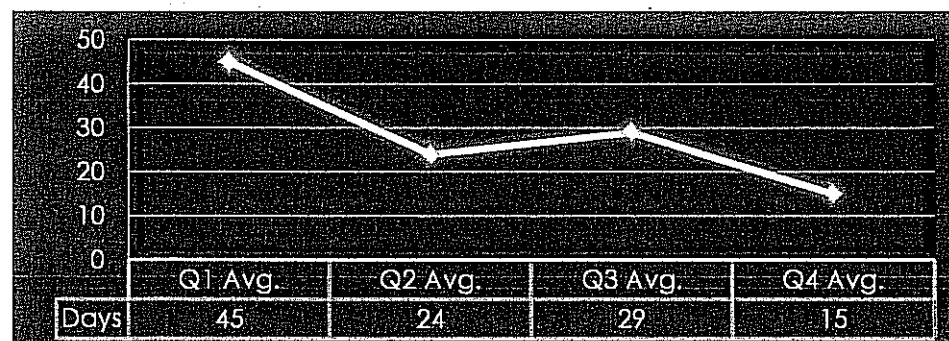
The Board had an annual total of 342 this fiscal year.



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

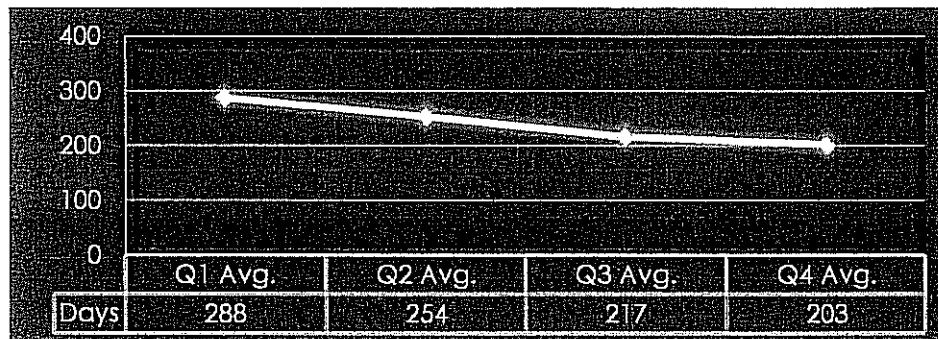
The Board has set a target of 30 days for this measure.



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

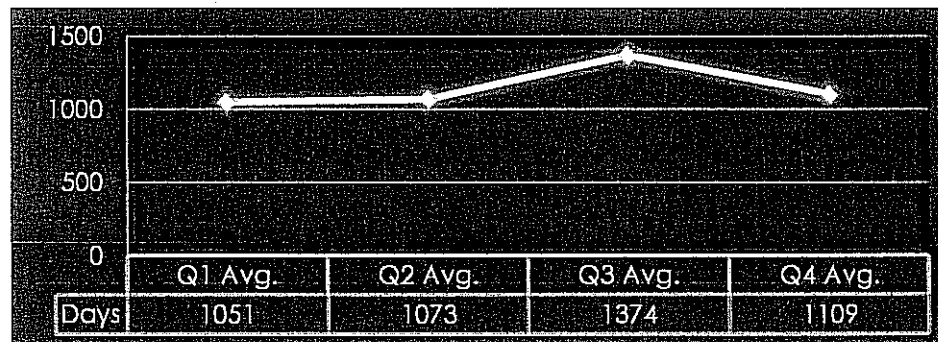
The Board has set a target of 360 days for this measure.



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

The Board has set a target of 540 days for this measure.



Performance Measures

Q1 Report (July - Sept 2010)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement.

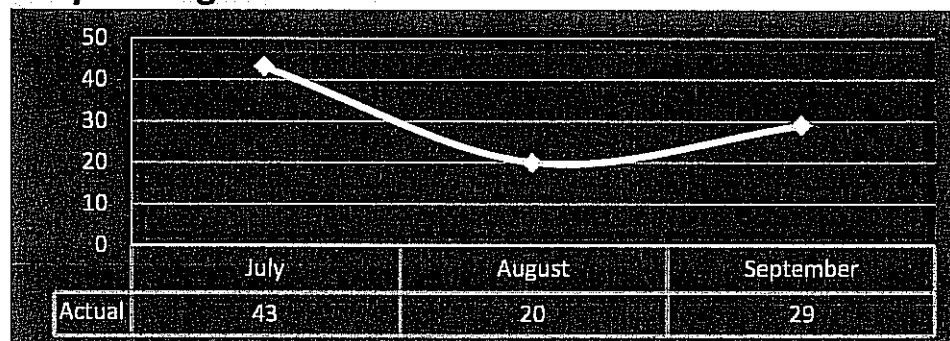
These measures will be posted publicly on a quarterly basis. In future reports, additional measures, such as consumer satisfaction and complaint efficiency, will also be added. These additional measures are being collected internally at this time and will be released once sufficient data is available.

Volume

Number of complaints received.*

Q1 Total: 92 (Complaints: 90 Convictions: 2)

Q1 Monthly Average: 31

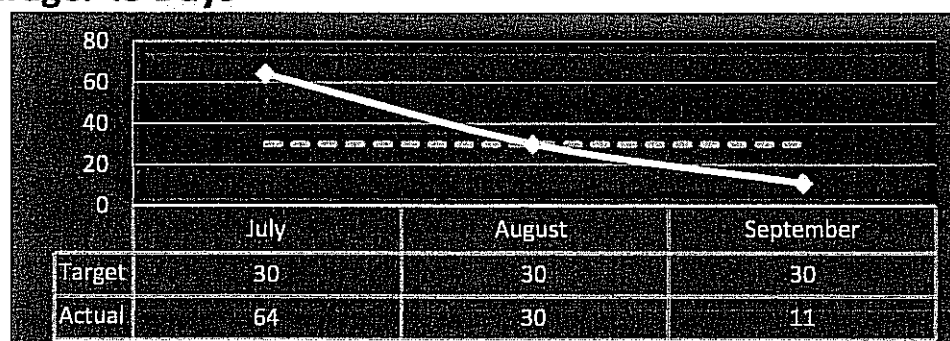


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 30 Days

Q1 Average: 45 Days



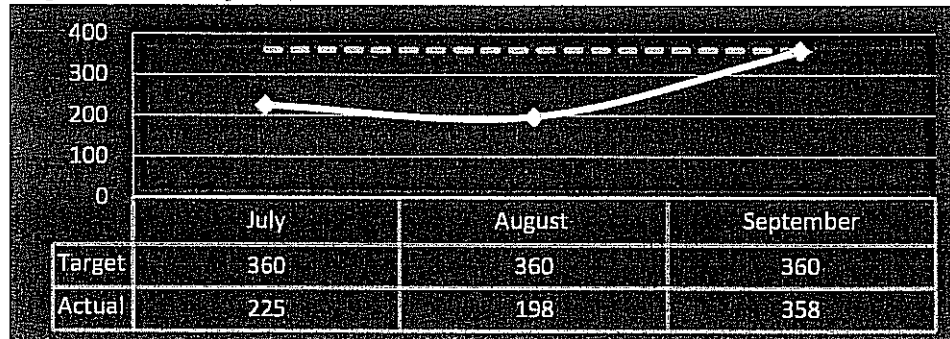
*"Complaints" in these measures include complaints, convictions, and arrest reports.

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 360 Days

Q1 Average: 288 Days

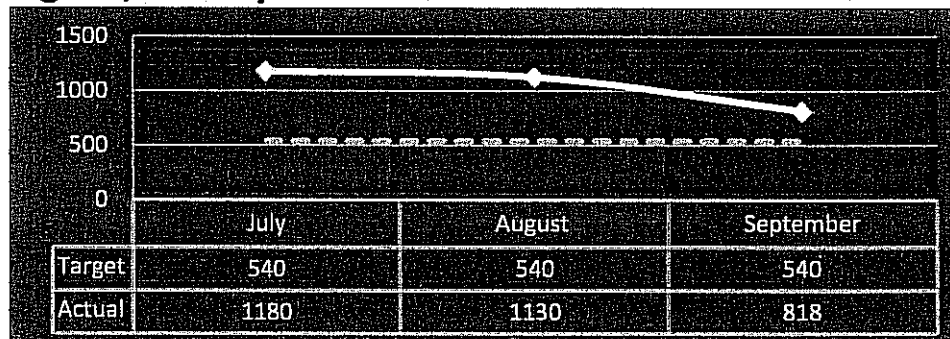


Formal Discipline

Average cycle time from complaint receipt to closure, for cases sent to the Attorney General or other forms of formal discipline.

Target: 540 Days

Q1 Average: 1,051 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q1 Average: N/A

The Board did not report any probation monitoring data this quarter.

Performance Measures

Q2 Report (October - December 2010)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These additional measures are being collected internally at this time and will be released once sufficient data is available.

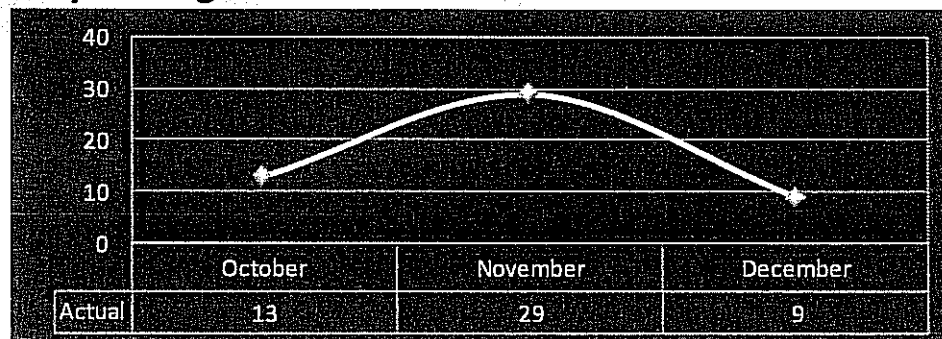
Volume

Number of complaints and convictions received.

Q2 Total: 51

Complaints: 50 Convictions: 1

Q2 Monthly Average: 17

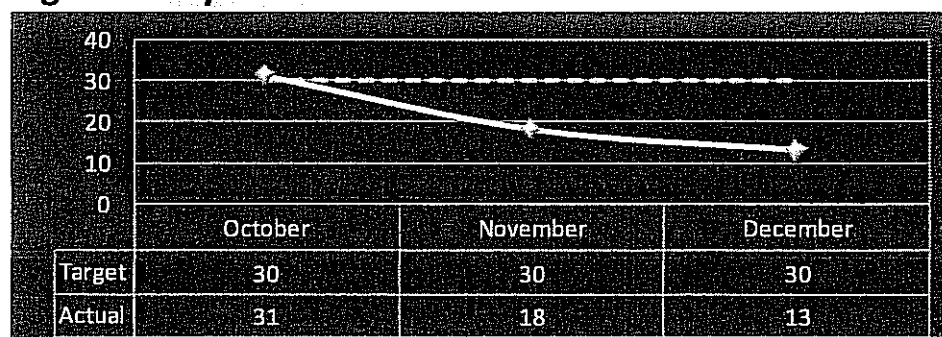


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 30 Days

Q2 Average: 24 Days

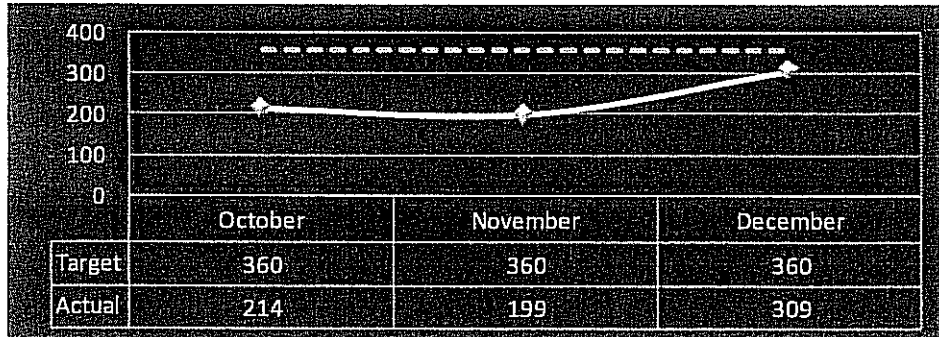


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 360 Days

Q2 Average: 254 Days

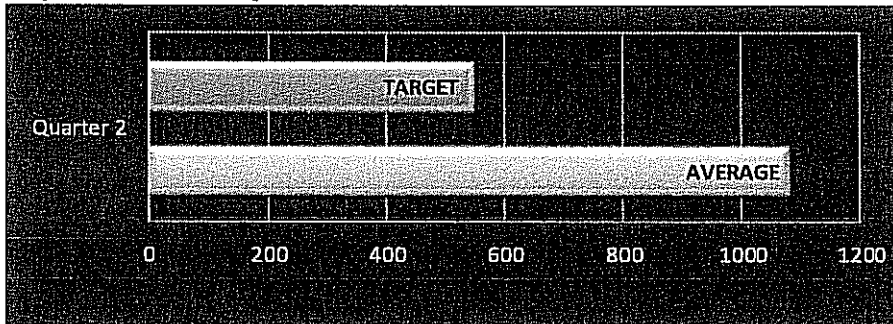


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q2 Average: 1,051 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q2 Average: N/A

The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q2 Average: N/A

The Board did not handle any probation violations this quarter.

Performance Measures

Q3 Report (January - March 2011)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These additional measures are being collected internally at this time and will be released once sufficient data is available.

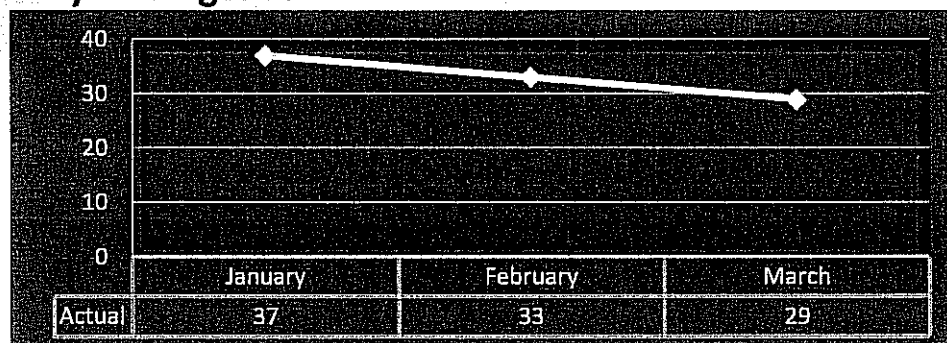
Volume

Number of complaints and convictions received.

Q3 Total: 99

Complaints: 90 Convictions: 9

Q3 Monthly Average: 33

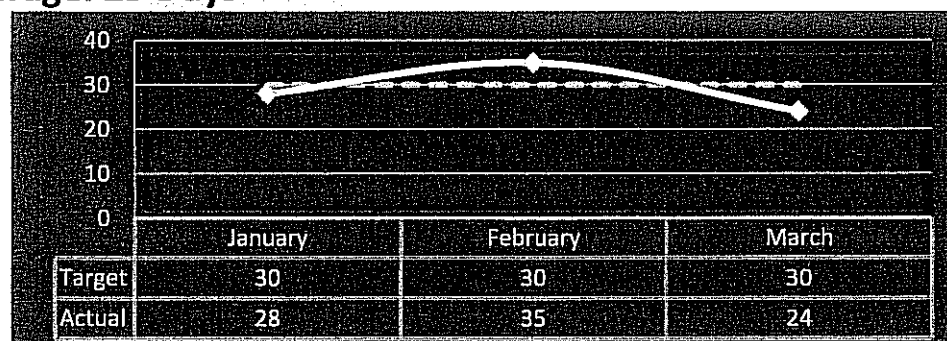


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 30 Days

Q3 Average: 29 Days

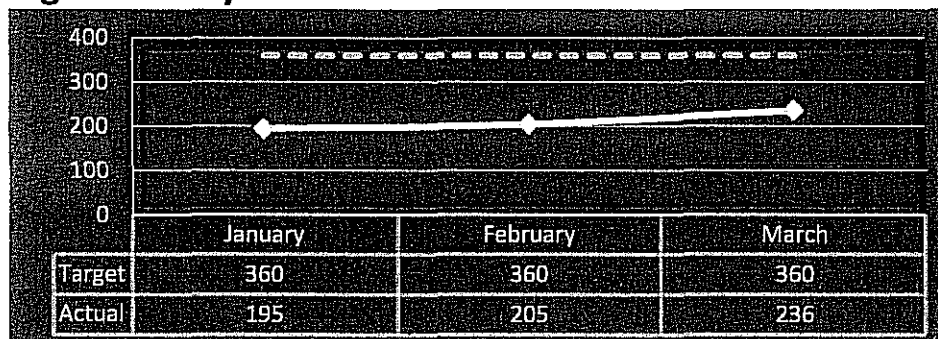


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 360 Days

Q3 Average: 217 Days

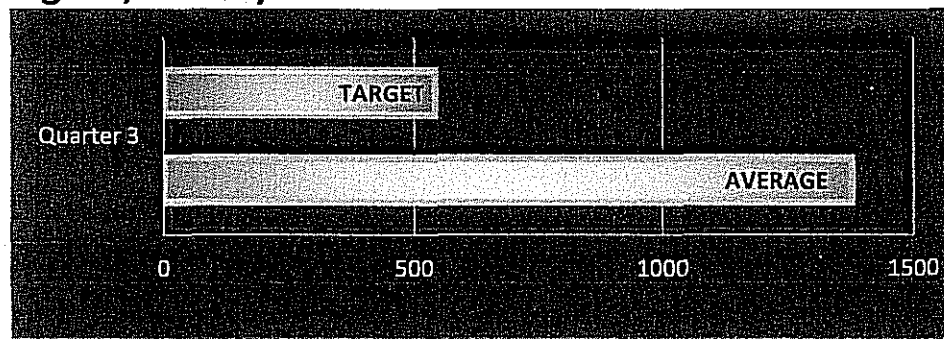


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q3 Average: 1,374 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q3 Average: N/A

The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q3 Average: N/A

The Board did not respond to any probation violations this quarter.

Performance Measures

Q4 Report (April - June 2011)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These additional measures are being collected internally at this time and will be released once sufficient data is available.

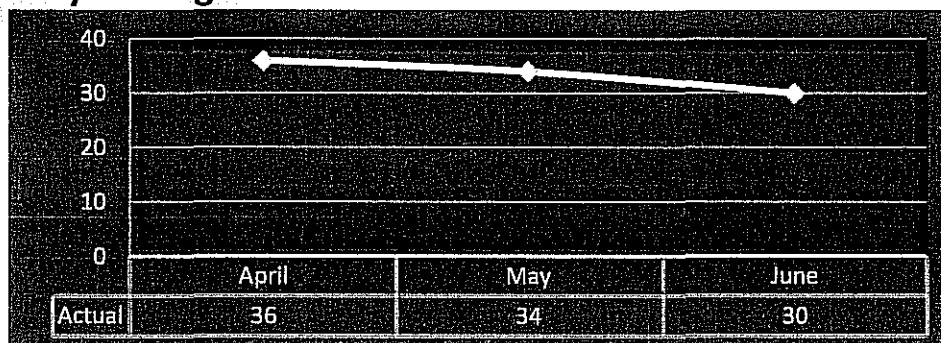
Volume

Number of complaints and convictions received.

Q4 Total: 100

Complaints: 98 Convictions: 2

Q4 Monthly Average: 33

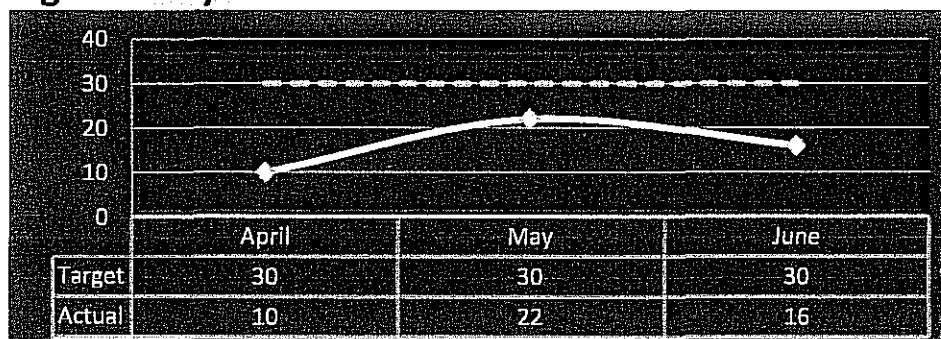


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 30 Days

Q4 Average: 15 Days

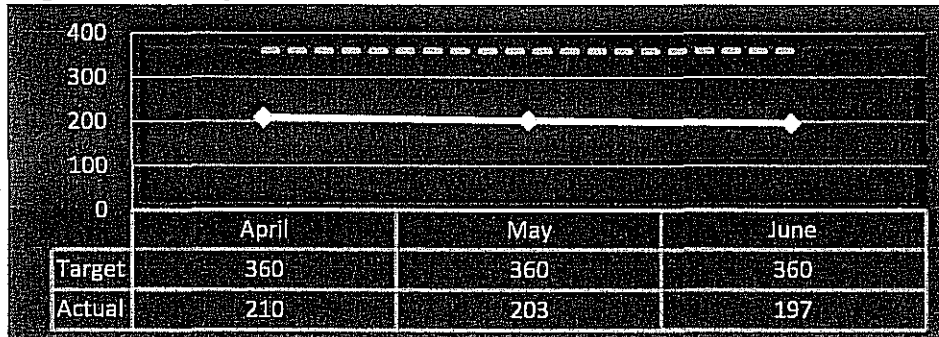


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 360 Days

Q4 Average: 203 Days

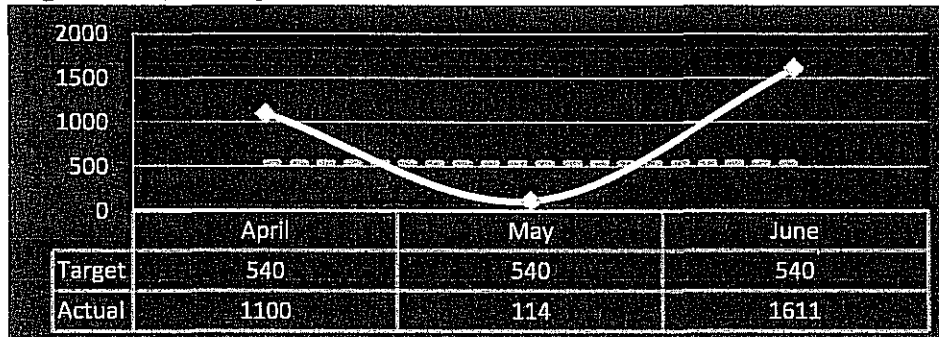


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q4 Average: 1,109 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q4 Average: N/A

The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q4 Average: N/A

The Board did not respond to any probation violations this quarter.

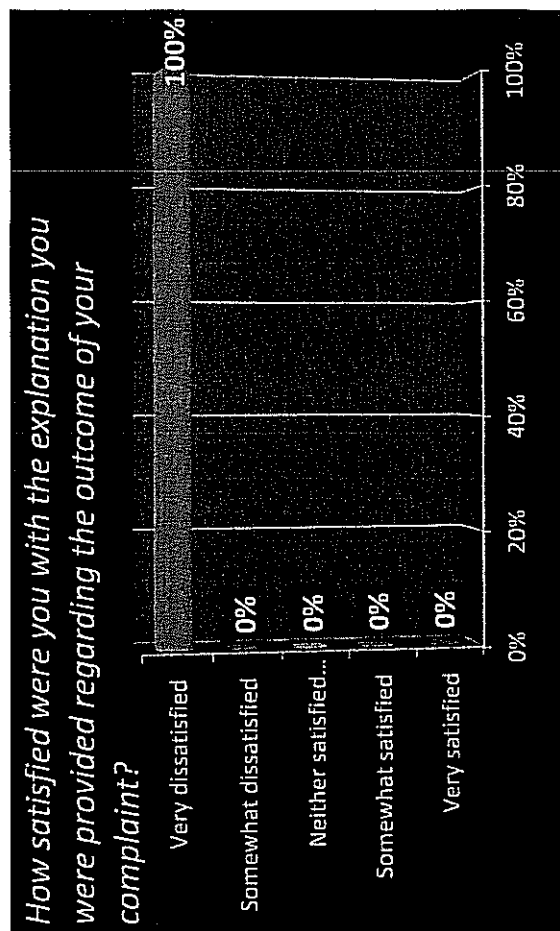
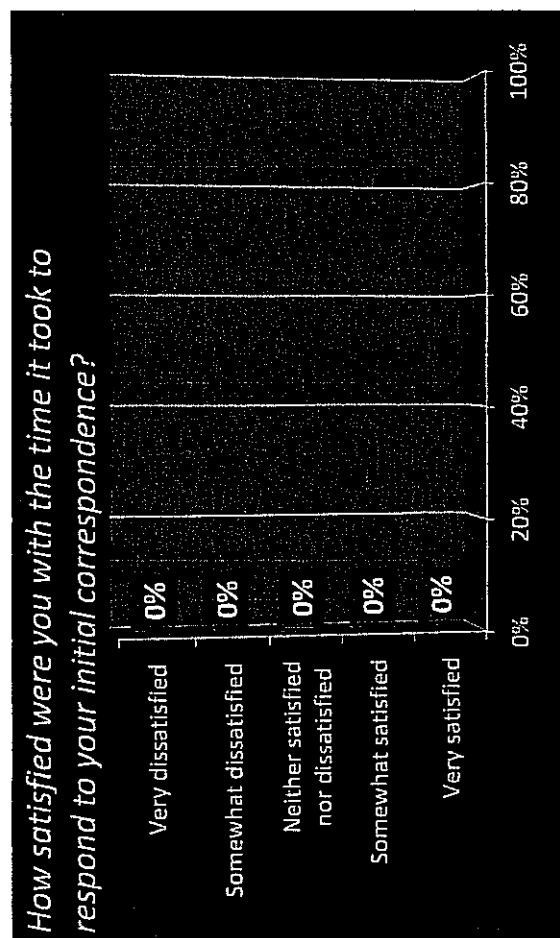
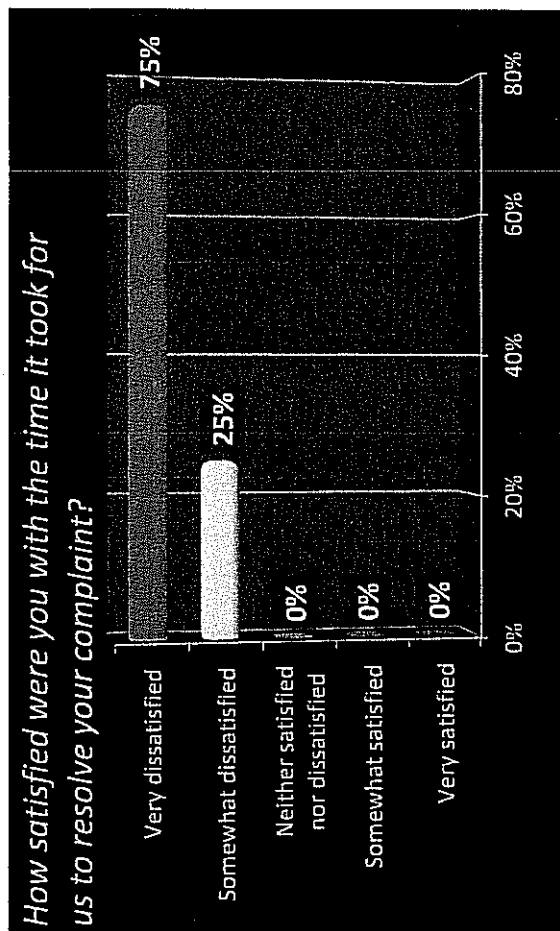
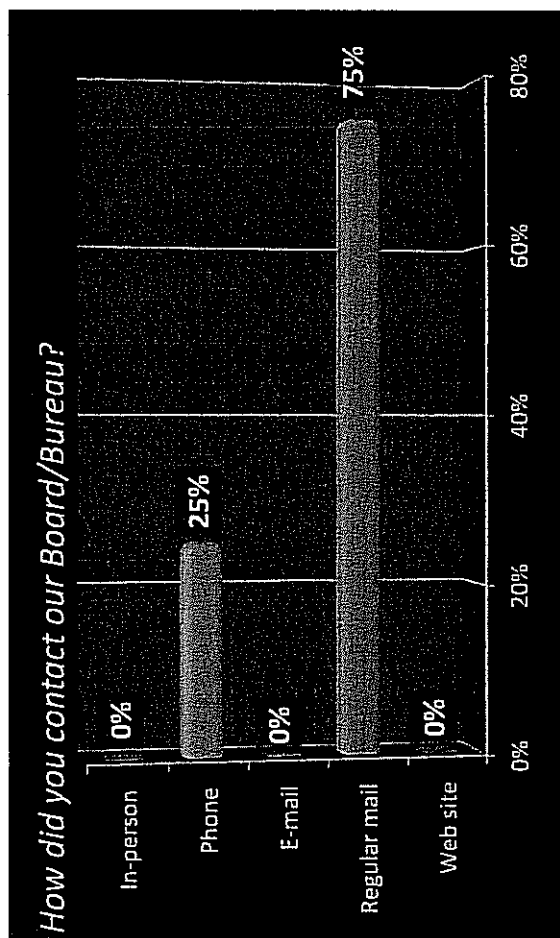
*May
2012*

*Osteopathic Medical
Board of California*

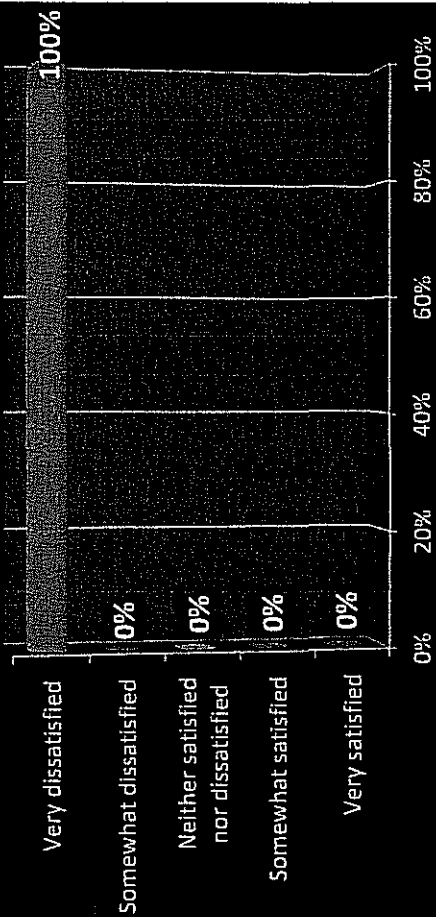
*Consumer
Satisfaction
Survey Results*

The following results were generated through an online survey posted by the Department of Consumer Affairs on behalf of your program. These results are for your information only at this time.

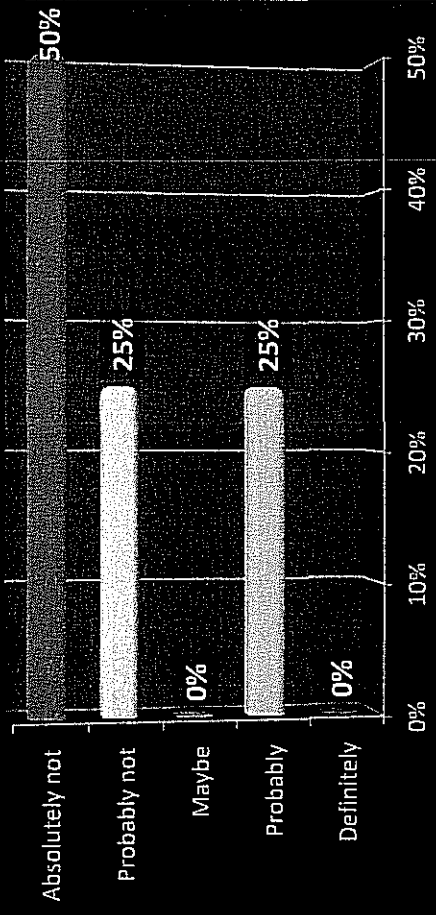
May 2012 Consumer Satisfaction Survey Results were generated from: 4 responses



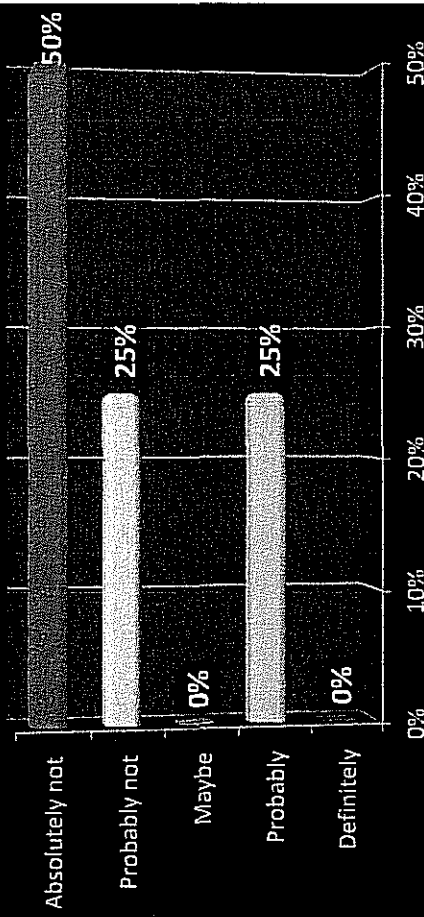
Overall, how satisfied were you with the way in which we handled your complaint?



Would you contact us again for a similar situation?



Would you recommend us to a friend or family member experiencing a similar situation?



May 2012 Performance Measure Score:

10%

Consumer Comments:

N/A

***August
2012***

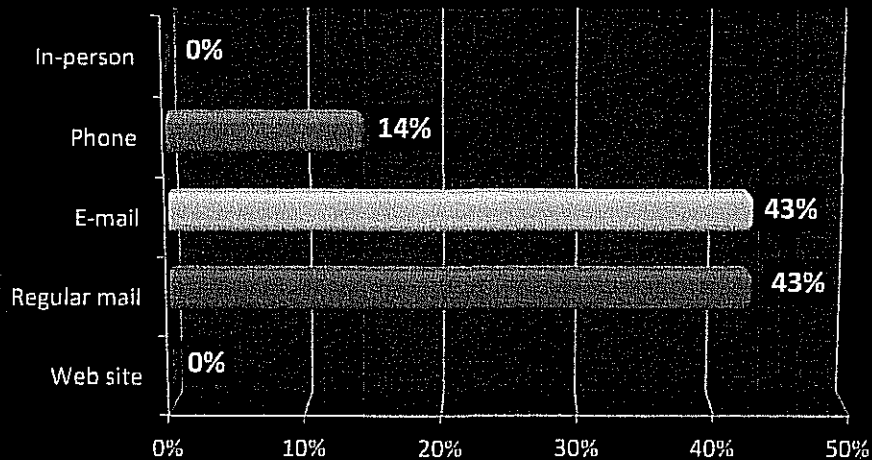
***Osteopathic Medical
Board of California***

***Consumer
Satisfaction
Survey Results***

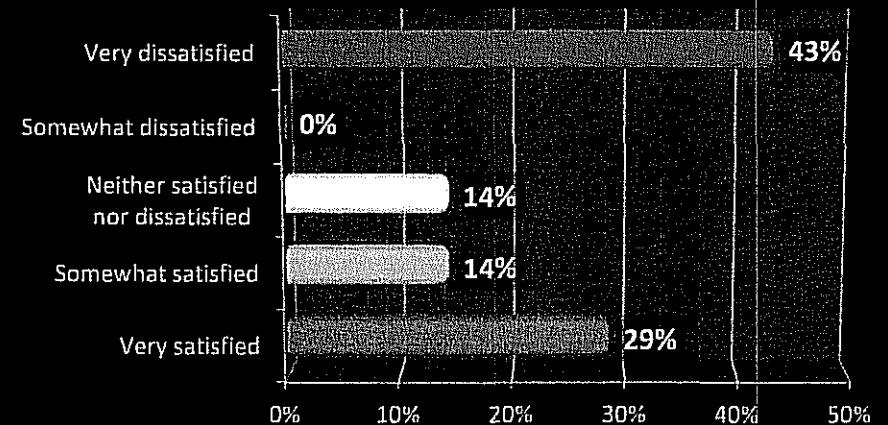
The following results were generated through an online survey posted by the Department of Consumer Affairs on behalf of your program. These results are for your information only at this time.

August 2012 Consumer Satisfaction Survey Results were generated from: 7 responses

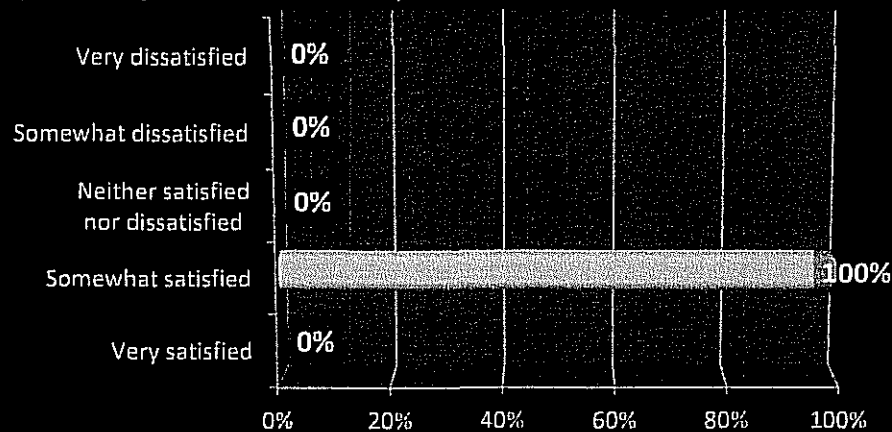
How did you contact our Board/Bureau?



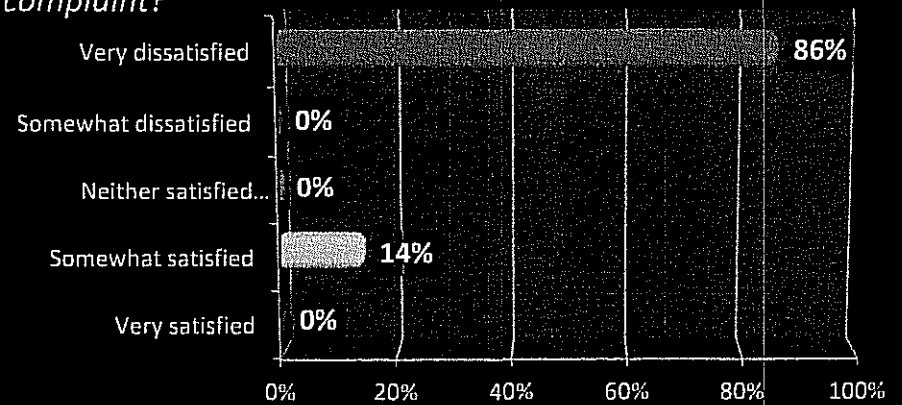
How satisfied were you with the time it took for us to resolve your complaint?



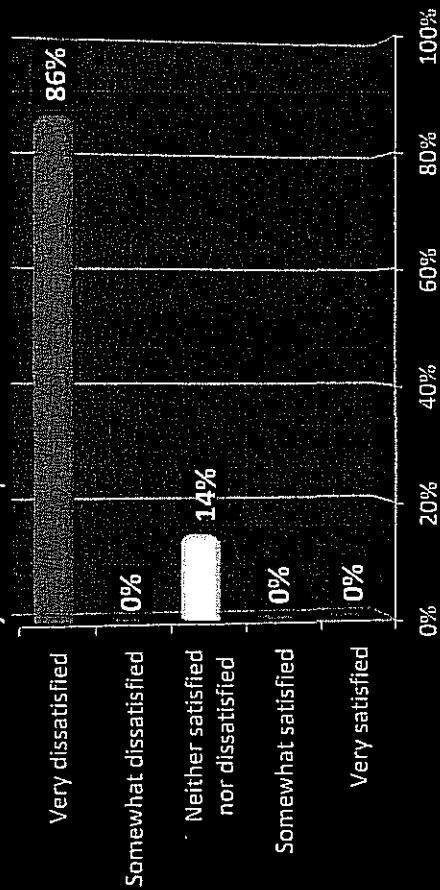
How satisfied were you with the time it took to respond to your initial correspondence?



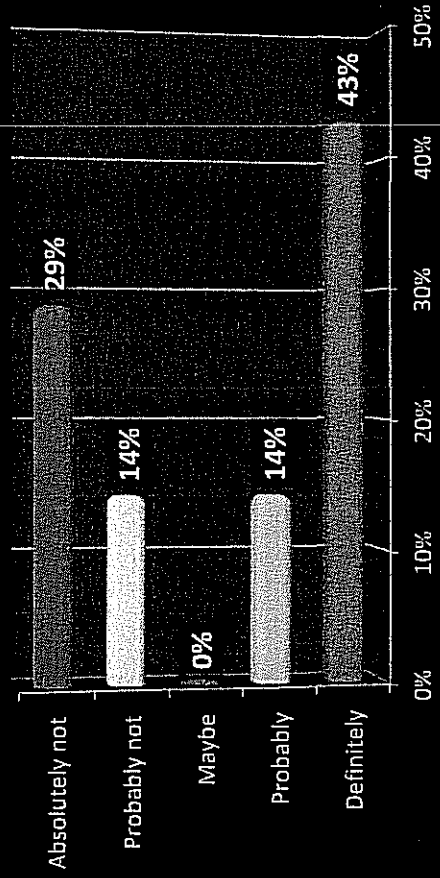
How satisfied were you with the explanation you were provided regarding the outcome of your complaint?



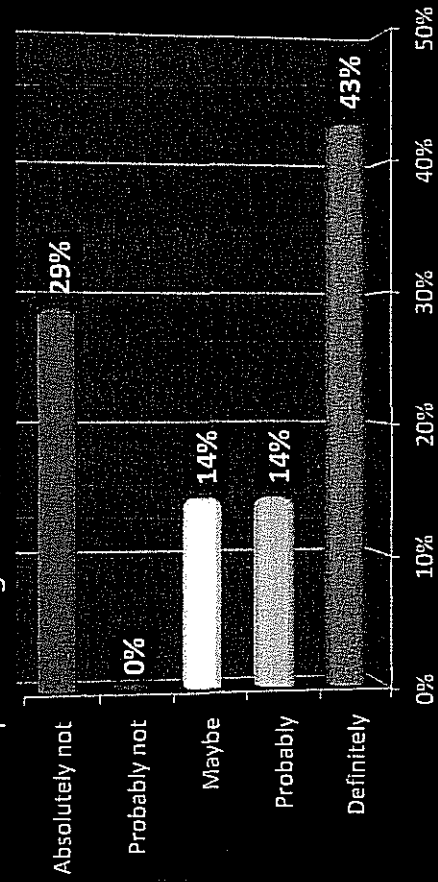
Overall, how satisfied were you with the way in which we handled your complaint?



Would you contact us again for a similar situation?



Would you recommend us to a friend or family member experiencing a similar situation?



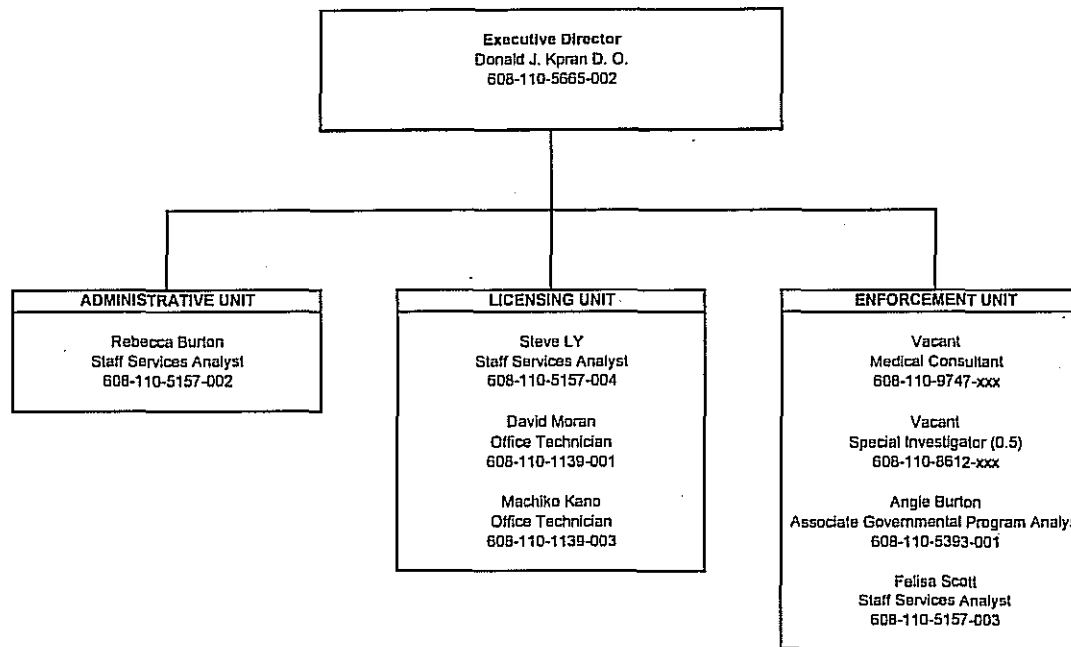
August 2012 Performance Measure Score:

37%

Consumer Comments:

00-2012-3408	You were distracted from the goal, easily, serotonin vs. dopamine.
00-2012-3422	"Crooked Racketeers!"
00-2012-3504	I'm shocked that you find it acceptable for a doctor to blatantly ignore a patient when they tell the Dr. to not do something and the Dr. does it anyways.

ATTACHMENT 1



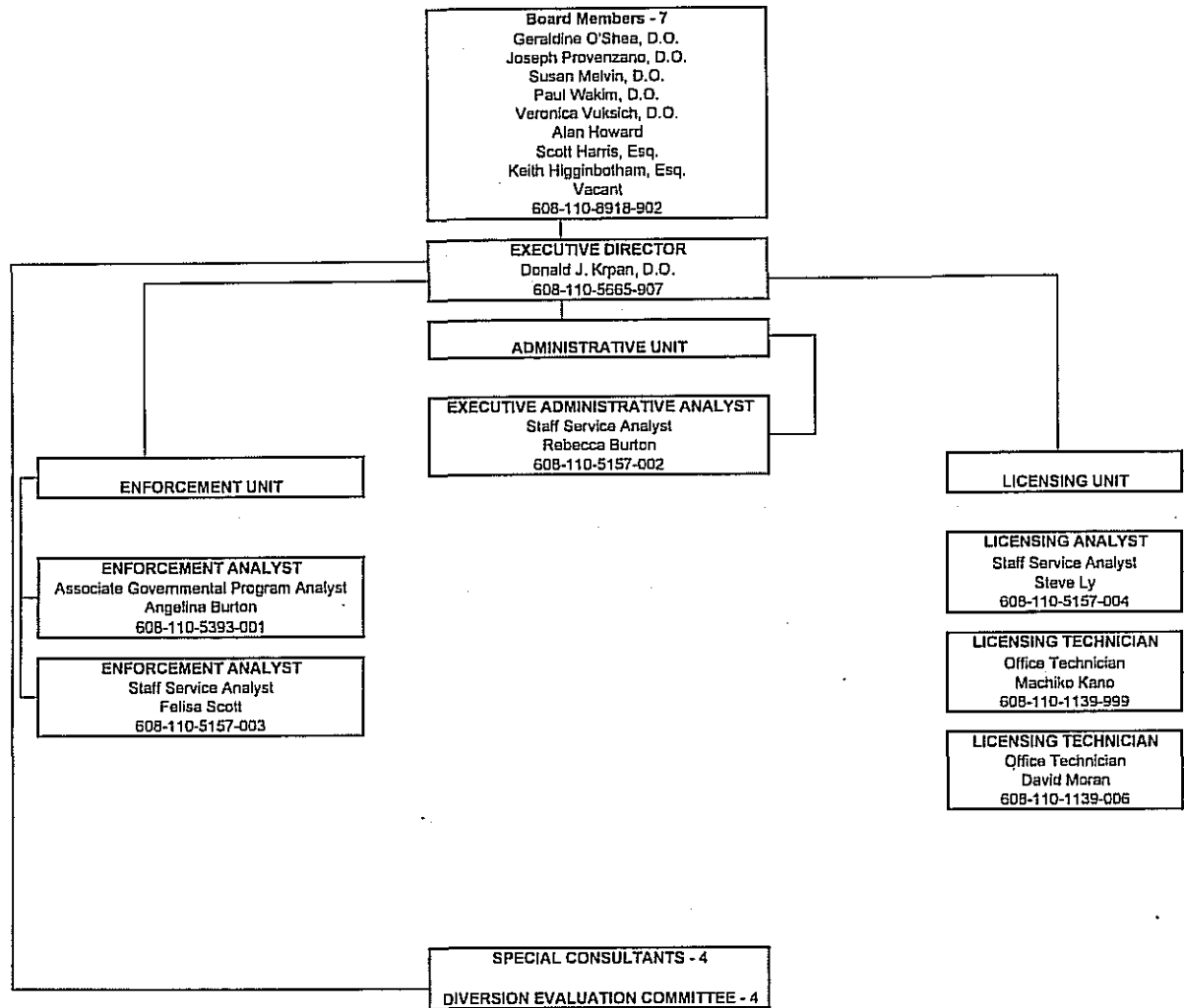
Board Members-9
 Joseph Provenzano, D. O., *President*
 Keith Higginbotham, Esq., *Vice President*
 Michael Feinstein, D. O., *Sec./Treasurer*
 Joseph Zamumuto, D. O.
 Jane Xenos, D. O.
 Alan Howard
 Scott Harris, Esq.
 David Connett, D. O.
 Claudia Mercado
 (608-110-8918-902)
Diversion Evaluation Committee- 4
 George Bifano, D.O. - Chair
 Paul Steler, D.O.
 Steven Rudolph, D.O.
 vacant

Donald J. Kpran, D. O., Executive Director

Personnel Analyst

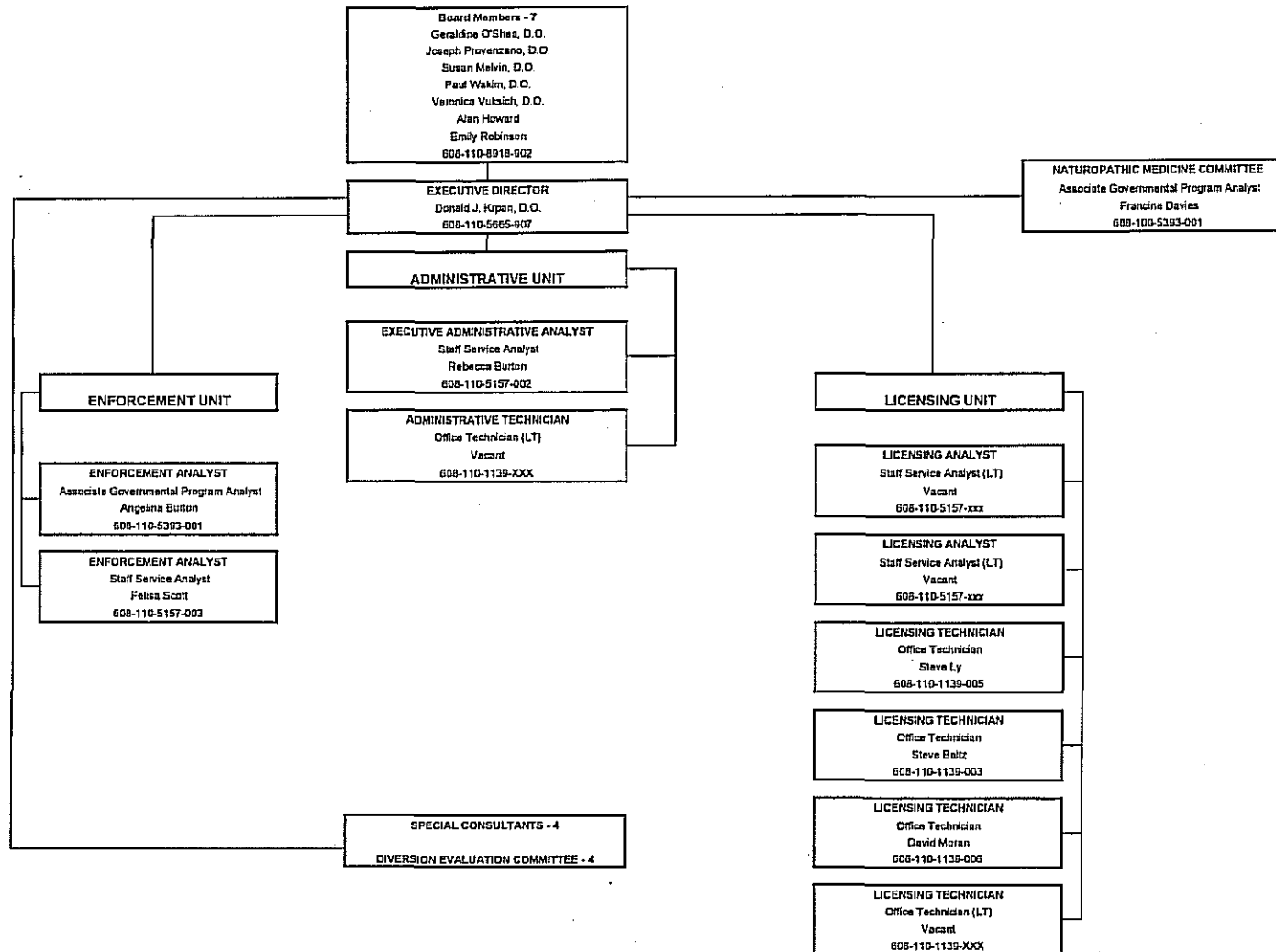
ATTACHMENT 2

Department of Consumer Affairs
Osteopathic Medical Board of California
July 1, 2011



ATTACHMENT 3

Department of Consumer Affairs
Osteopathic Medical Board of California
July 1, 2010

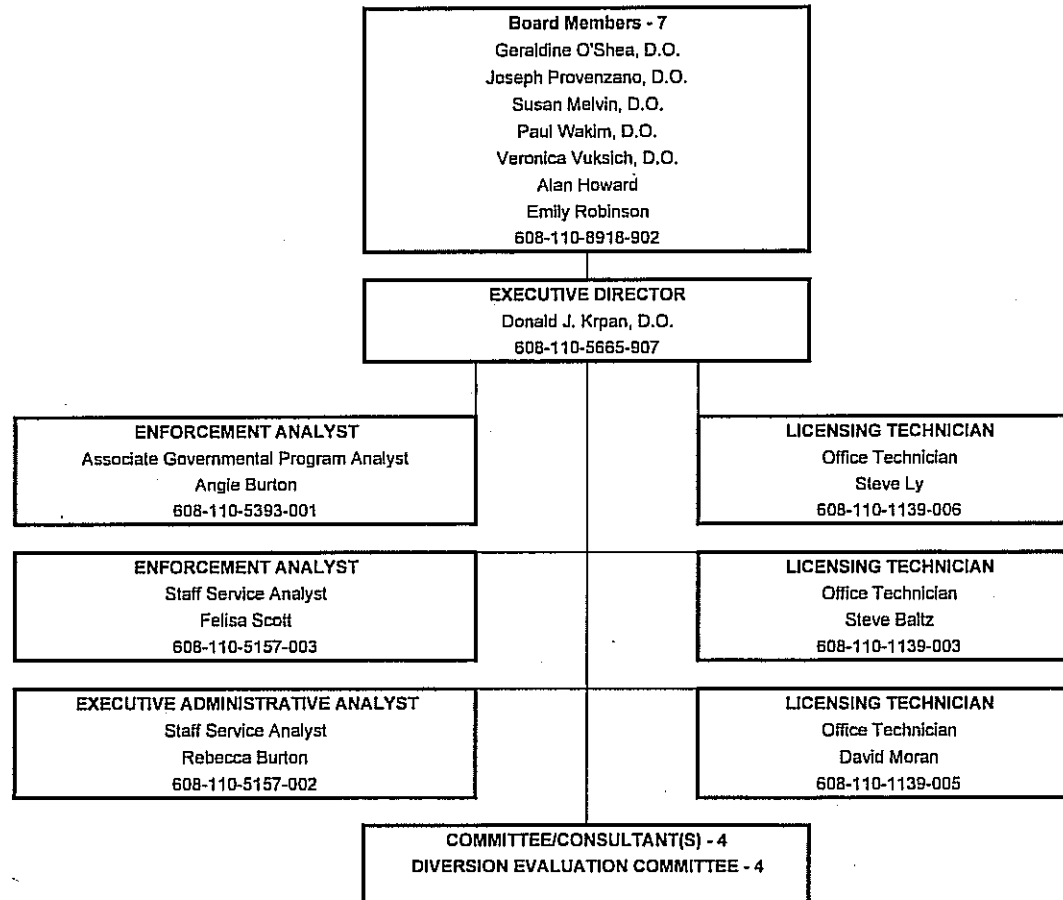


Donald J. Krpan, D.O., Executive Director

Personnel Analyst

ATTACHMENT 4

Current
Department of Consumer Affairs
Osteopathic Medical Board of California
July 1, 2009



ATTACHMENT 5

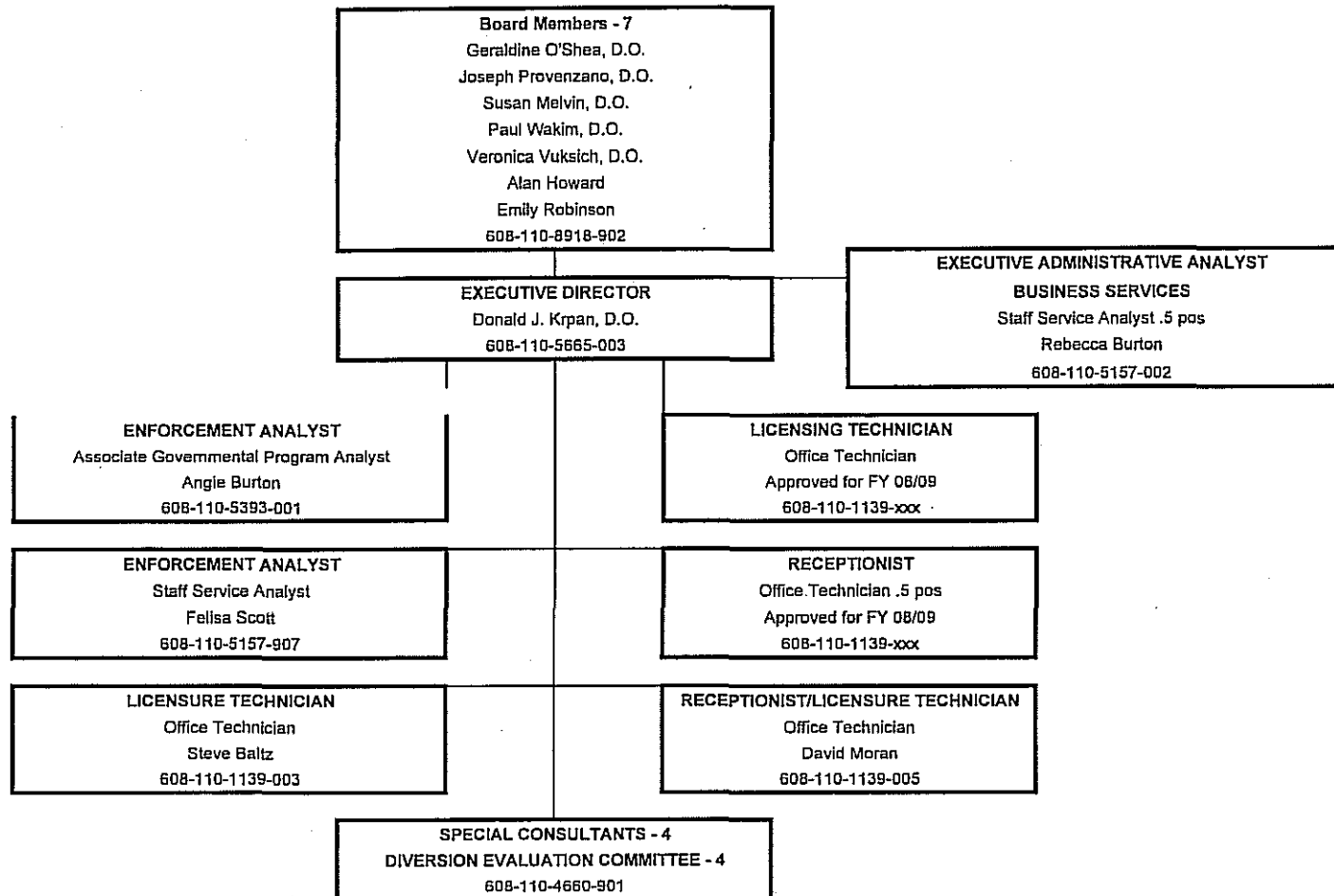
CURRENT

FY 2008-09

PY 7

Carrie Lopez, DCA Director

**Department of Consumer Affairs
Osteopathic Medical Board of California
July 1, 2008**



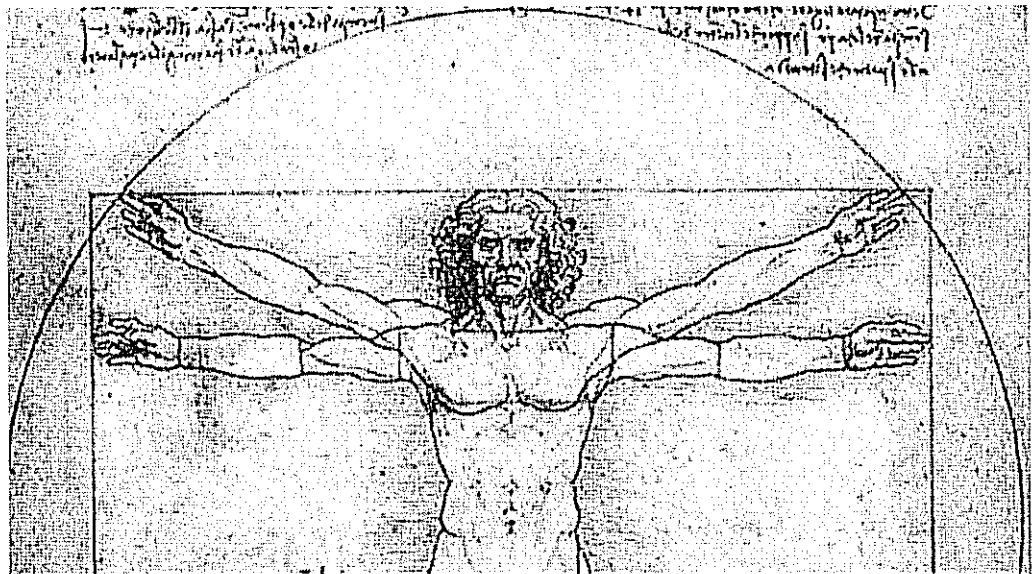
Donald J. Krpan, D.O., Executive Director

Personnel Analyst

ATTACHMENT 6

California Department of Consumer Affairs

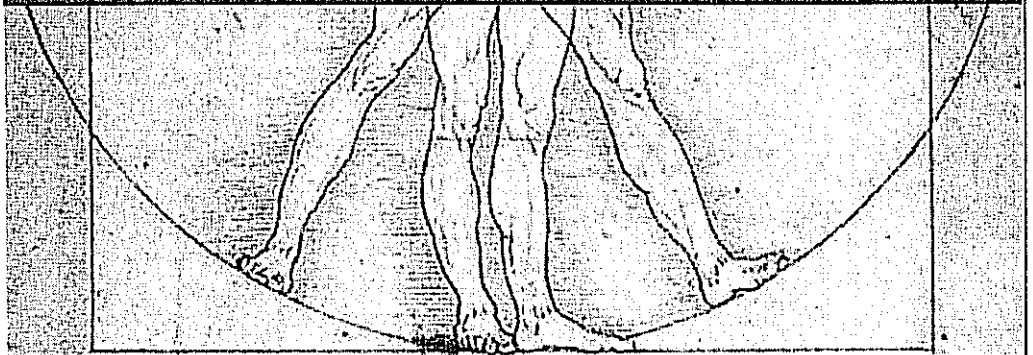
OSTEOPATHIC MEDICAL BOARD



2010-2015

Strategic Plan

Updated April 2012



Members of the Board

GERALDINE O'SHEA, D.O. (PRESIDENT)

JOSEPH J. PROVENZANO, D.O. (VICE PRESIDENT)

SUSAN Y. MELVIN, D.O. (SECRETARY/TREASURER)

PAUL E. WAKIM, D.O.

VERONICA VUKSICH, D.O.

ALAN HOWARD, PUBLIC MEMBER

SCOTT HARRIS, ESQ. PUBLIC MEMBER



EDMUND G. BROWN JR. – Governor

ANNA CABALLERO – Secretary, State and Consumer Services Agency

DENISE BROWN – Director, Department of Consumer Affairs

DONALD KRPAN, D.O. – Executive Director

About the Board

THE OMBC OVERSEES THE PRACTICE OF MEDICINE BY OSTEOPATHIC PHYSICIANS AND SURGEONS BY ENFORCING THE MEDICAL PRACTICE ACT. EMPHASIZING THE INTERRELATIONSHIP OF THE BODY'S NERVES, MUSCLES, BONES AND ORGANS, DOCTORS OF OSTEOPATHIC MEDICINE CONSIDER THE WHOLE PERSON TO PREVENT, DIAGNOSE, AND TREAT ILLNESS, DISEASE, AND INJURY.

Our Mission

THE OSTEOPATHIC MEDICAL BOARD LEADS BY PROMOTING EXCELLENCE IN MEDICAL PRACTICE, LICENSURE, AND REGULATION, AS THE VOICE AND RESOURCE TOWARDS PROTECTION OF THE PUBLIC.

Our Vision

THE OSTEOPATHIC MEDICAL BOARD IS THE LEADER IN MEDICAL REGULATION FOR OSTEOPATHIC PHYSICIANS IN THE STATE OF CALIFORNIA; SERVING AS AN INNOVATIVE CATALYST FOR EFFECTIVE POLICY AND STANDARDS.

Our Values

- **Commitment to public service.**
- **Promoting and maintaining high standards of performance.**
- **Incorporating honesty, ethical behavior and transparency in services.**
- **Demonstrating leadership in cooperation and responsiveness.**
- **Promoting public health, safety and welfare through our endeavors.**



Trends, Challenges, and Opportunities

The development of this strategic plan included an environmental scan of the industry. The scan identified the potential issues and challenges which might affect the Osteopathic Medical Board's ability to carry out its mission.

Economics & Politics

- Trending reduction in state government and the current fiscal crisis, including the dissolution of many Boards, and fiscal challenges related to the budget.
- Ongoing executive orders implementing travel and hiring freezes for the State.
- National licensure landscape and the Federation of State Medical Boards
- Sunset review status of the Board.

Workforce

- Staff shortages are being somewhat offset by the high quality of current staff, but backlog is still occurring.
- Slower processing times due to increased workload. Increasing numbers of licensees as well as complaints.
- Staffing challenges, related to enforcement and licensing divisions. How can the Board effectuate its mission with limited staffing resources?

Industry & Profession

- Advancing technology and the new and evolving practice of telemedicine.
- The economics of being a physician in the modern age including the move to family and HMO models and the cost of education and student loans.
- Changing demographics of consumers.
- Maintaining knowledge of stakeholders – consuming public, licensees, hospitals and other medical institutions, educational institutions, etc.
- Increasing need for transparency by the consuming public.

GOAL 1 – LICENSURE

Only qualified individuals are licensed as Osteopathic Physicians.

Objectives

- 1.1 Promote high standards of professionalism of osteopathic physicians by setting standards and requirements for education
- 1.2 Set licensure requirements which ensure the highest state of professionalism among California osteopathic physicians.
- 1.3 Actively seek to draw new osteopathic physicians to the state.
- 1.4 Streamline the licensure process to attract and maintain osteopathic physicians in California.
- 1.5 Enforce standards of Continuing Medical Education (CME) to attain excellence in medical care.
- 1.6 Monitor developments of inter-state licensing and information sharing.
- 1.7 Enhance licensing efforts through increased staffing and filling of vacant positions.

GOAL 2 – ENFORCEMENT

The rights of consumers and their health and safety are protected from the illegal, negligent, incompetent and unprofessional practice of osteopathic medicine.

Objectives

- 2.1 Improve timeliness of investigations.
- 2.2 Enhance enforcement efforts through increased staffing and filling of vacant positions.
- 2.3 Expand the existing Web site to include formal accusations, disciplinary actions, and historical license and discipline information.
- 2.4 Monitor developments and partner with other DCA agencies regarding the proliferation of med spas in California.
- 2.5 Monitor developments in telemedicine and remote accessing.
- 2.6 Monitor the potential implications of deregulation or legalization of medical marijuana.

GOAL 3 – OUTREACH & EDUCATION

Consumers and licensees are able to make informed decisions regarding the safe and informed practice of osteopathic medical services.

Objectives

- 3.1 Promote public awareness of the Board's activities by updating and maintaining the Web site.
- 3.2 Promote the Board's goals with osteopathic medical students throughout the state.
- 3.3 Promote the Steven Thompson Loan Program to increase osteopathic physician services in underserved areas.
- 3.4 Take a leadership role in fostering effective communication between related Boards.
- 3.5 Promote health education among osteopathic physicians through distribution of nutrition and physical fitness information.
- 3.6 Promote a "White Coat Day with the OMBC" for the medical students of California.
- 3.7 Continue to educate the public and licensing community regarding developing and emergent issues.

GOAL 4 – REGULATION AND LEGISLATION

Monitor and uphold the law and participate in the regulatory and legislative processes.

Objectives

- 4.1 Promote the Board's strategy through legislation.
- 4.2 Maintain an open dialogue with the legislature through advocacy.
- 4.3 Develop a full-time position focused on legislative goals.
- 4.4 Pursue regulation regarding requirement for posting of OMBC placard in physician's offices.
- 4.5 Develop pathways for competency measurements through legislation.
- 4.6 Pursue regulatory rule-making to change rules regarding fictitious business name commensurate with legislative authority.

GOAL 5 – BOARD ADMINISTRATION

The Osteopathic Medical Board will be a high quality employer, focused on providing excellent service to our consumers and licensees.

Objectives

- 5.1 Actively ensure the proper filling of all executive level vacancies.
- 5.2 Facilitate Board/staff relations.
- 5.3 Draft, complete and submit the Sunset Review Report.
- 5.4 Evaluate staff on an annual basis.
- 5.5 Work with the Department of Consumer Affairs, the Governor's Office, and the Department of Finance to secure the positions necessary to carry out the Board's mandate.
- 5.6 Ensure proper training for all staff members.
- 5.7 Develop and institute new staff recognition programs.