



PHYSICIAN ASSISTANT COMMITTEE

State and Consumer Services Agency
Department of Consumer Affairs
Medical Board of California

2012 Sunset Review Report

Physician Assistant Committee

Steven Klompus, PA, Chairman
Shelia Young, Vice-Chairman
Rosslyn Byous, PA-C
A. Cristina Gomez-Vidal Diaz
Reginald Low, M.D.
Robert E. Sachs, PA-C
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Executive Officer
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Submitted November 1, 2011

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Physician Assistant Committee

Background Information and Overview of the Current Regulatory Program

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Attachments:

A. Board's administrative manual

The PAC submits its policy manual in response to this request. The Committee notes that a request for other manuals would have to be considered under the auspices of the California Public Records Act.

B. Current organizational chart showing relationship of committees to the board and membership of each committee

Please note that the PAC does not have committees recognized in statutes or regulations. The Chairman of the Committee may appoint task forces and subcommittee as issues arise.

C. Major studies, if appropriate – None

D. Year-end organization charts for last four fiscal years

E. Committee's records retention schedule

F. Strategic Plan

G. Performance Measures Charts

H. Post Card Consumer Satisfaction Survey

I. August 2009 DCA Complaint Prioritization Information

PHYSICIAN ASSISTANT COMMITTEE

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

As of June 30, 2011

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).

The Physician Assistant Committee (PAC) was created by the Legislature in 1975. At the time, the California Legislature was concerned about the existing shortage and geographic maldistribution of health care services in California. The legislative intent (Business and Professions Code Section 3500) was in part to "create a framework for the development of a new category of health manpower - the physician assistant" and to encourage their utilization as a way of serving California's health care consumers.

The PAC licenses Physician Assistants (PAs) under Chapter 7.7 of the Business and Professions Code. Prior to July 1, 2001, the PAC also processed and approved applications for physicians to supervise physician assistants. The PAC also approves California PA training programs.

The PAC's mandates include:

- Approving the educational and training requirements of Physician Assistants.
- Licensing of Physician Assistants.
- Promoting the health and safety of California health care consumers by enhancing PA competence.
- Coordinating investigation and disciplinary processes.
- Providing information and education regarding the PAC or PA professionals to California consumers.
- Managing a diversion program for PAs with alcohol/substance abuse problems.
- Collaborating with others regarding legal and regulatory issues that involve PA activities or the profession.

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.

- **Current Composition of the Board (Public vs. Professional) and listing of Board Members, who appointed by, when appointed, when terms expire, and whether vacancies exist and for how long.**

Prior to the 1997 Sunset Review, the PAC agreed to change the composition of the committee so that there would be more public member input. The PA educator position was replaced with a public member position. The nine-member committee is now composed of:

- one physician member from the Medical Board of California (MBC)
- four PAs
- four public members

1. Describe the make-up and functions of each of the board's committees.

The PAC does not have any standing subcommittees that meet regularly. The Chair appoints members to a subcommittee or a task force for issues that arise.

Over the last 4 years, the following subcommittees and task force were appointed:

AB 3 Task Force created November 8, 2007

Assembly Bill 3 was introduced by Assemblywoman Karen Bass and became effective on January 1, 2008. AB 3 eliminated the patient specific drug order requirement if a physician assistant completes a course approved by the PAC. However, the supervising physician may continue to require patient specific drug authority in his or her individual practice, even if the physician assistant has taken the course.

The PAC needed to establish course standards in order to promulgate regulations. The AB 3 Task Force was comprised of PAC members Steve Klompus, PA, Christina Gomes-Vidal Diaz, Shelia Young, Tina Melendrez-Meyer, PA, and Robert Miller, a member of the California Academy of Physician Assistants (CAPA).

AB 2482 Task Force created August 14, 2008

AB 2482 (Maze & Bass) authorized the PAC to require licensees to complete continuing medical education requirements as a condition of license renewal. The bill was signed by the Governor and became effective January 1, 2009. The PAC was required to develop regulations to implement provisions of AB 2482. As was done previously, the PAC formed a working group to include representatives from the California Medical Association (CMA), CAPA, Medical Board and all interested parties to provide input in developing the regulations. Items considered by the task force included the timing and mechanisms for requiring continuing education, approval of the entities providing the courses, determining which category of continuing medical education would be accepted, and auditing for compliance.

The task force comprised of PAC members Steve Klompus, PA, Shelia Young, Rossllynn Byous, PA-C, and Robert Miller of CAPA.

Program Accreditation Task Force created November 5, 2009

The program accreditation task force was created to provide input and develop regulation language regarding program accreditation and preceptor/preceptee ratios, currently Sections 1399.530 through 1399.536 of Title 16 of the California Code of Regulations.

The task force comprised of PAC members Rosslynn Byous, PA-C, Robert Sachs, PA-C, and Les Howard, an educator. The task force resulted in further review of the ratios and accreditation standards with the PA Education and Training Subcommittee.

The task force reviewed new PA training program national accreditation standards which would require that all programs be offered at the master's degree level. A survey was conducted by the PAC for the five affected California PA training programs to determine how the new standards would impact the programs. Because this issue continues to evolve at the national level, the task force determined that the PAC should continue to keep abreast of the latest development and take possible appropriate action as new developments occur.

The PA Education and Training Subcommittee created November 18, 2010

The PA Education and Training Subcommittee was appointed to consider the Proposal to Amend Regulations Regarding Physician Assistant Training Program Approval by the PAC (Article 3 of Division 13.8 of the California Code of Regulations).

The subcommittee comprised of PAC member Rosslynn Byous, PA -C, Michael De Rosa of Samuel Merritt University and Tracey Del Nero of Touro University.

The subcommittee reviewed Section 1399.536 which relates to the qualifications of persons who may serve as preceptors in an approved physician assistant training program and the ratio of preceptor to preceptee. After consideration of this matter and proposed revisions to Section 1399.536, the subcommittee adopted draft language which was approved by the full PAC. This regulatory change is scheduled to be heard early in 2012.

Personal Presence Subcommittee created August 22, 2011.

The Personal Presence Subcommittee was created to discuss and consider supervision requirements set forth in regulation.

The task force comprised of PAC members Robert Sachs, PA-C, and Rosslynn Byous, PA-C, in addition to other interested parties, Kimberly Kreifeldt, PA, and Eric Glassman from CAPA.

Table 1a. Attendance

Rosslynn Byous, PA-C, Professional

Date Appointed: 2-4-2008

Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly PAC Meeting	2-6-2008	Los Angeles	Yes
Quarterly PAC Meeting	5-1-2008	Sacramento	Yes
Quarterly PAC Meeting	8-14-2008	Sacramento	No
AB 2482 Task Force Meeting (Continuing Medical Education)	11-4-2008	Sacramento	Yes
Quarterly PAC Meeting	11-20-2008	Los Angeles	Yes
AB 2482 Task Force Meeting	1-15-2009	Sacramento	Yes
AB 2482 Task Force Meeting	2-11-2009	Alhambra	Yes
Quarterly PAC Meeting	2-26-2009	Sacramento	Yes
AB 2482 Task Force Meeting	4-27-2009	Alhambra	Yes
Quarterly PAC Meeting	5-14-2009	Sacramento	Yes
Quarterly PAC Meeting	8-13-2009	Sacramento	Yes
Quarterly PAC Meeting	11-5-2009	Sacramento	No
Program Accreditation Task Force	11-16-2009	Alhambra	Yes
Quarterly PAC Meeting	2-18-2010	Sacramento	Yes
Quarterly PAC Meeting	7-26-2010	Sacramento	Yes
Quarterly PAC Meeting	11-18-2010	Sacramento	Yes
PA Education & Training Subcommittee	1-19-2011	Sacramento	Yes
Quarterly PAC Meeting	2-3-2011	Sacramento	Yes
PA Education & Training Subcommittee	3-2-2011	Sacramento	Yes
Quarterly PAC Meeting	5-19-2011	Sacramento	Yes

Table 1a. Attendance

Cristina Gomez-Vidal Diaz, Public Member

Date Appointed: 11-22-2005

Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly PAC Meeting	8-30-2007	Los Angeles	Yes
Quarterly PAC Meeting	11-8-2007	Sacramento	Yes
AB 3 Task Force (Pharmacological Classes)	12-19-2007	Pomona	Yes
AB 3 task Force Meeting	1-25-2008	Pomona	Yes
Quarterly PAC Meeting	2-6-2008	Los Angeles	Yes
Quarterly PAC Meeting	5-1-2008	Sacramento	Yes
Quarterly PAC Meeting	8-14-2008	Sacramento	Yes
Quarterly PAC Meeting	11-20-2008	Los Angeles	Yes
Quarterly PAC Meeting	2-26-2009	Sacramento	Yes
Quarterly PAC Meeting	5-14-2009	Sacramento	Yes
Quarterly PAC Meeting	8-13-2009	Sacramento	Yes
Quarterly PAC Meeting	11-5-2009	Sacramento	Yes
Quarterly PAC Meeting	2-18-2010	Sacramento	Yes
Quarterly PAC Meeting	7-26-2010	Sacramento	Yes
Quarterly PAC Meeting	11-18-2010	Sacramento	Yes
Quarterly PAC Meeting	2-3-2011	Sacramento	Yes
Quarterly PAC Meeting	5-19-2011	Sacramento	Yes

Table 1a. Attendance

Steven Kiompus, PA Professional

Date Appointed: 1-21-2006

Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly PAC Meeting	8-30-2007	Los Angeles	Yes
Quarterly PAC Meeting	11-8-2007	Sacramento	Yes
AB 3 task Force (Pharmacological Classes)	12-19-2007	Pomona	Yes
AB 3 task Force	1-25-2008	Pomona	Yes
Quarterly PAC Meeting	2-6-2008	Los Angeles	Yes
Quarterly PAC Meeting	5-1-2008	Sacramento	Yes
Quarterly PAC Meeting	8-14-2008	Sacramento	Yes
AB 2482 Task Force Meeting (Continuing Medical Education)	11-4-2008	Sacramento	Yes
Quarterly PAC Meeting	11-20-2008	Los Angeles	Yes
AB 2482 Task Force meeting	1-15-2009	Sacramento	Yes
AB 2482 Task Force Meeting	2-11-2009	Alhambra	Yes
Quarterly PAC Meeting	2-26-2009	Sacramento	Yes
AB 2482 Task Force Meeting	4-27-2009	Alhambra	Yes
Quarterly PAC Meeting	5-14-2009	Sacramento	Yes
Quarterly PAC Meeting	8-13-2009	Sacramento	Yes
Quarterly PAC Meeting	11-5-2009	Sacramento	Yes
Quarterly PAC Meeting	2-18-2010	Sacramento	Yes
Quarterly PAC Meeting	7-26-2010	Sacramento	Yes
Quarterly PAC Meeting	11-18-2010	Sacramento	Yes
Quarterly PAC Meeting	2-3-2011	Sacramento	Yes
Quarterly PAC Meeting	5-19-2011	Sacramento	Yes

Table 1a. Attendance

Reginald Low, M.D., Professional

Date Appointed: 2-4-2008

Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly PAC Meeting	2-6-2008	Los Angeles	Yes
Quarterly PAC Meeting	5-1-2008	Sacramento	Yes
Quarterly PAC Meeting	8-14-2008	Sacramento	Yes
Quarterly PAC Meeting	11-20-2008	Los Angeles	Yes
Quarterly PAC Meeting	2-26-2009	Sacramento	Yes
Quarterly PAC Meeting	5-14-2009	Sacramento	Yes
Quarterly PAC Meeting	8-13-2009	Sacramento	Yes
Quarterly PAC Meeting	11-5-2009	Sacramento	No
Quarterly PAC Meeting	2-18-2010	Sacramento	Yes
Quarterly PAC Meeting	7-26-2010	Sacramento	Yes
Quarterly PAC Meeting	11-18-2010	Sacramento	Yes
Quarterly PAC Meeting	2-3-2011	Sacramento	Yes
Quarterly PAC Meeting	5-19-2011	Sacramento	Yes

Table 1a. AttendanceRobert E. Sachs, PA-C Professional¹

Date Appointed: 4-1-1993

Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly PAC Meeting	8-30-2007	Los Angeles	Yes
Quarterly PAC Meeting	11-8-2007	Sacramento	Yes
Quarterly PAC Meeting	2-6-2008	Los Angeles	Yes
Quarterly PAC Meeting	5-1-2008	Sacramento	Yes
Quarterly PAC Meeting	8-14-2008	Sacramento	Yes
Quarterly PAC Meeting	11-20-2008	Los Angeles	Yes
Quarterly PAC Meeting	2-3-2011	Sacramento	Yes
Quarterly PAC Meeting	5-19-2011	Sacramento	Yes

¹ Term ended 1-1-09 and reappointed 12-23-10.

Table 1a. Attendance

Shaquawn Schasa, Public Member

Date Appointed: 6-5-2007

Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly PAC Meeting	8-30-2007	Los Angeles	Yes
Quarterly PAC Meeting	11-8-2007	Sacramento	Yes
Quarterly PAC Meeting	2-6-2008	Los Angeles	Yes
Quarterly PAC Meeting	5-1-2008	Sacramento	Yes
Quarterly PAC Meeting	8-14-2008	Sacramento	Yes
Quarterly PAC Meeting	11-20-2008	Los Angeles	Yes
Quarterly PAC Meeting	2-26-2009	Sacramento	Yes
Quarterly PAC Meeting	5-14-2009	Sacramento	Yes
Quarterly PAC Meeting	8-13-2009	Sacramento	Yes
Quarterly PAC Meeting	11-5-2009	Sacramento	Yes
Quarterly PAC Meeting	2-18-2010	Sacramento	Yes
Quarterly PAC Meeting	7-26-2010	Sacramento	Yes
Quarterly PAC Meeting	11-18-2010	Sacramento	Yes
Quarterly PAC Meeting	2-3-2011	Sacramento	Yes
Quarterly PAC Meeting	5-19-2011	Sacramento	Yes

Table 1a. Attendance

Steven Stumpf, Ed.D., Public Member

Date Appointed: 5-15-2009

Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly PAC Meeting	8-13-2009	Sacramento	Yes
Quarterly PAC Meeting	11-5-2009	Sacramento	Yes
Quarterly PAC Meeting	2-18-2010	Sacramento	Yes
Quarterly PAC Meeting	7-26-2010	Sacramento	Yes
Quarterly PAC Meeting	11-18-2010	Sacramento	Yes
Quarterly PAC Meeting	2-3-2011	Sacramento	Yes
Quarterly PAC Meeting	5-19-2011	Sacramento	Yes

Table 1a. Attendance

Shelia Young, Public Member

Date Appointed: 6-5-2007

Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly PAC Meeting	8-30-2007	Los Angeles	No
Quarterly PAC Meeting	11-8-2007	Sacramento	Yes
AB 3 task Force (Pharmacological Classes)	12-19-2007	Pomona	Yes
AB 3 task Force	1-25-2008	Pomona	Yes
Quarterly PAC Meeting	2-6-2008	Los Angeles	Yes
Quarterly PAC Meeting	5-1-2008	Sacramento	Yes
Quarterly PAC Meeting	8-14-2008	Sacramento	Yes
AB 2482 Task Force Meeting (Continuing Medical Education)	11-4-2008	Sacramento	Yes
Quarterly PAC Meeting	11-20-2008	Los Angeles	Yes
AB 2482 Task Force meeting	1-15-2009	Sacramento	Yes
AB 2482 Task Force Meeting	2-11-2009	Sacramento	Yes
Quarterly PAC Meeting	2-26-2009	Sacramento	Yes
AB 2482 Task Force Meeting	4-27-2009	Sacramento	Yes
Quarterly PAC Meeting	5-14-2009	Sacramento	Yes
Quarterly PAC Meeting	8-13-2009	Sacramento	Yes
Quarterly PAC Meeting	11-5-2009	Sacramento	Yes
Quarterly PAC Meeting	2-18-2010	Sacramento	Yes
Quarterly PAC Meeting	7-26-2010	Sacramento	Yes
Quarterly PAC Meeting	11-18-2010	Sacramento	Yes
PA Education & Training Subcommittee	1-19-2011	Sacramento	Yes
Quarterly PAC Meeting	2-3-2011	Sacramento	Yes
PA Education & Training Subcommittee	3-2-2011	Sacramento	Yes
Quarterly PAC Meeting	5-19-2011	Sacramento	Yes

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)
Rossllynn Byous, PA-C	2-4-2008		1-1-2011	Governor	Professional
Cristina Gomez-Vidal Diaz	11-22-2005	1-13-2011	1-1-2015	Senate	Public
Steven Klompus, PA	1-21-2006	3-17-2008	1-1-2012	Governor	Professional
Reginald Low, M.D.	2-4-2008		1-1-2012	Governor	Medical Board Representative
Robert Sachs, PA-C	4-1-1993	12-23-2010	1-1-2015	Governor	Professional
Shaquawn Schasa	6-5-2007	3-17-2008	1-1-2012	Governor	Public
Steven Stumpf, Ed.D.	5-15-2009		1-1-2013	Assembly	Public
Shelia Young	6-5-2007		1-1-2011	Governor	Public
Vacant				Governor	Professional

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?

Since the submission of the last Sunset Report in 2005, the PAC has not been affected by a lack of quorum, and therefore, has held every scheduled meeting.

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)

There have been a number of internal changes since the last Sunset Review.

2007 Significant Changes

The PAC experienced a change in management as Elberta Portman assumed the duties of Executive Officer in January 2007. Previously, Richard Wallinder, Jr., served as the Executive Officer.

2008 Significant Changes:

- The PAC moved its office from 1424 Howe Avenue, Sacramento, CA 95825 to 2005 Evergreen Street, Suite 1100, Sacramento, CA 95815.
- The Medical Board of California notified the PAC that they were unable to provide probation monitoring for PA licensees. The PAC hired 4 retired annuitants (with investigator experience) to provide the necessary probation monitoring.
- The PAC began to issue plastic credit card type pocket licenses in order to prevent fraudulent tampering and to provide a more durable license.
- Legislation passed allowing supervising physicians the authority to supervise four PAs at any one time instead of two. Previously, supervising physicians could only supervise two PAs at any one time unless they were practicing in underserved areas. This change provided more opportunity for PAs to be utilized in California and is essential to meet the growing demand for healthcare.

- The PAC contracted with a vendor to provide random biological fluid testing for probationers. The contract requires probationers to call in daily to determine if they have been selected to submit to a biological fluid test.
- The PAC began to request applicants to request a report on their licensing background through the National Practitioner Data Bank if they held a PA license in another state or held any previous health care licenses. The purpose of the report is to receive information about any previous disciplinary actions taken by another state or licensing agency.

2008 PAC Website Enhancements:

- Placed a Career Page on the PAC website. The information contained in the career page provides links and specific information regarding the PA profession.
- Added a link for Out of State licensure applicants to order fingerprint cards online.
- Added a customer satisfaction survey so that consumers, licensees and others may provide their comments to the PAC regarding service they receive or enhancements to the PAC program.
- Added licensing statistical data by county. This data lists the number of PAs per county in California and is updated quarterly.
- Added a quarterly Disciplinary Actions Report. This enhancement allows consumers to view disciplinary actions data by date or by name.
- Added quarterly Enforcement Statistical Report. This report provides statistical enforcement data regarding complaints, investigations, disciplinary actions, cost recovery, probationers and citation and fines.

2009 Significant Changes:

- Added an online change of address link for licensees and applicants.
- Developed and implemented a voluntary website based self-test for PA laws and regulations. This voluntary examination allows website visitors to test their current knowledge of PA laws and regulations.
- Added all citations issued by the PAC to the documents available to the public on the website. Previously only disciplinary actions such as statements of issue, accusations, decisions, probationary orders, surrenders, defaults and revocations were available on the PAC website. Consumers and other interested parties now have the ability to view and print all public documents regarding both disciplinary actions and citations issued.
- Applicants were required to submit their application fee of \$25 and the licensing fee of \$200 upon submittal of the application. This process change reduced the processing times for applications.
- PAC Probation monitors began to conduct background checks for petitioners who were petitioning the PAC for reduction or modification of their probation or reinstatement of licensure. Prior to this, the MBC provided these services; however, this change resulted in the petitions being processed in one to two months rather than four to six months.
- The PAC developed and adopted a new strategic plan on November 5, 2009.

2010 Significant Changes:

- Title 16 California Code of Regulation sections 1399.615 through 1399.619 were adopted requiring licensees to complete 50 CME hours or maintain the NCCPA national certification for each renewal period beginning with their license renewal on or after June 2012.
- All licensing paper files were scanned and indexed for disaster planning and external storage purposes. Newly issued license files continue to be scanned and indexed on an ongoing basis.

All legislation sponsored by the board and affecting the board.

Legislative Changes. The following legislation has been enacted which impacts the PAC.

AB 3 (Bass) (Stats. 2007, Chapter 376)

This bill authorized physician assistants to administer, provide, or issue a drug order for classes of controlled substances without advance approval by a supervising physician and surgeon if the physician assistant completes specified educational requirements. The bill required a physician assistant and his or her supervising physician and surgeon to establish written supervisory guidelines and specifies that this requirement may be satisfied by the adoption of specified protocols. The bill increased to 4 the number of physician assistants a physician and surgeon may supervise and would make related changes.

AB 2482 (Maze/Bass) (Stats. 2008, Chapter 76)

This bill authorized the PAC to require a licensee to complete continuing medical education as a condition of license renewal.

SB 1441 (Ridley-Thomas) (Stats. 2008, Chapter 548)

This bill created the Substance Abuse Coordination Committee (SACC) and required boards and committees within the Department of Consumer Affairs (DCA) by January 1, 2010, to formulate uniform and specific standards in specified areas that each healing arts board shall use in dealing with substance-abusing licensees, whether or not a board chooses to have a formal diversion program.

SB 819 (Yee) (Stats. 2009, Chap. 308)

This bill eliminated interim approval from the application process. Interim approval was a method to allow applicants who had completed a PA training program to practice as a PA before they obtain licensure because the PA National Examination was only given twice a year. Now the examination is given on a continuing basis, so there is no need to allow the applicant to practice unless he/she has taken and passed the examination.

SB 1069 (Pavley) (Stats. 2010 Chapter 512)

This bill provided that a physician assistant acts as the agent of the supervising physician when performing authorized activities, and authorized a physician assistant to perform physical examinations and other specified medical services, and sign and attest to any document evidencing those examinations and other services, as required pursuant to specified provisions of law.

The bill further provided that a delegation of services agreement may authorize physician assistants to order durable medical equipment and make arrangements with regard to home health services or personal care services.

The bill also made conforming changes to provisions in the Education Code and the Public Utilities Code with regard to the performance of those examinations and services and acceptance of those attestations and authorized physician assistants to perform a physical examination that is required for participation in an interscholastic athletic program.

All proposed regulations initiated since the board's last sunset review.

Regulation Changes. The following regulation changes have been completed since the last Sunset Report.

YEAR	SECTIONS	DESCRIPTION
2005	Amend: 1399.500 1399.501 1399.502 1399.506 1399.512 1399.521 1399.530 1399.543 1399.546 Repeal: 1399.519 1399.522 1399.553 1399.554 1399.555	Section 100 technical clean up. Changes included eliminating sections that included provisions for the approval to supervise physician assistants which was repealed by SB 1981 (Stats. 1998, Chapter 736). Changes were also made to reflect the new name of the physician assistant training program accrediting agency. B&P Section 3535 allows physicians licensed by the Osteopathic Medical Board of California to supervise physician assistants. Amendments were made to reflect this change. The term "registration" was eliminated as physician assistants are licensed in California.
2007	Amend: 1399.541	Section 100 technical clean up. This action amended the change in statute concerning drug orders to be countersigned by a supervising physician.
2008	Amend: 1399.571	Citation and Fines. This action amended the PAC's existing citation and fine

		<p>regulation to increase the maximum fine authorized from \$2500 to \$5000.</p> <p>The action also added an additional violation to the list of statutes subject to citation and fines.</p> <p>The action also codified the factors to be considered prior to the imposition of a fine higher than \$2500.</p>
2008	Amend: 1399.540	<p>Delegation of Services Agreement.</p> <p>This action formally recognized that the writings which delegate the medical services to the PA be known as a "Delegation of Services Agreement."</p>
2008	Amend: 1399.523	<p>Model Disciplinary Guidelines.</p> <p>This action revised the PAC's Model Disciplinary Guidelines to reflect the 3rd edition revised in 2007.</p>
2008	Adopt: 1399.610 1399.612 Amend: 1399.502	<p>Approved Controlled Substance Education Course.</p> <p>In 2007 AB 3 (Stats. 2007, Chapter 376) eliminated the requirement for patient specific authority if a PA completed an approved Controlled Substance Education course. This action adopted the requirements for the Controlled Substance Education courses.</p>
2009	Adopt: 1399.514	<p>Renewal of License.</p> <p>This action required all licensees, prior to renewal to disclose convictions of any violation of law in California or other state, other country, omitting traffic infractions under \$300 not involving alcohol, dangerous drugs, or controlled substances. Licensees must also disclose if they have been denied a license, or been disciplined by another licensing authority.</p>
2009	Adopt: 1399.615 1399.616 1399.617 1399.618 1399.619 Amend: 1399.571	<p>Continuing Medical Education and Citation and Fine.</p> <p>This action established specific criteria for compliance with continuing medical education requirements.</p> <p>Additionally, this action amended provisions of the PAC's citation and fine regulations that specify violations for which the PAC may issue citations.</p>
2010	Amend: 1399.501 1399.511 1399.520 1399.525	<p>Section 100 technical clean up.</p> <p>This action corrected the PAC's address, deleted references to interim approval, changed the minimum sample of medical</p>

	1399.526 1399.527 1399.545 1399.550 1399.556 1399.573 1399.612 Repeal: 1399.508	records to be reviewed by a supervising physician, eliminated deleted fee amounts, and made corrections numbering sequences and spelling errors.
2010	Adopt: 1399.557	Diversion Program Participation Fee. This action required probationers required to participate in the PAC's Diversion Program to pay the full amount of the monthly participation fee and self-referrals would pay 75% of the fee.
2011	Adopt: 1399.547	Notification to Consumers. This action specified the contents of the notice that licensees providing medical services must post.
2011	Adopt: 1399.507.5 1399.523.5 1399.527.5 Amend: 1399.503 1399.523	This proposal would make specific regulatory changes to enhance the PAC's mandate of consumer protection. Changes include delegation to Executive Officer to accept default decisions, to approve settlement agreements for revocation, surrender, default decisions, or interim suspension of a license. It would also authorize the PAC to order an applicant to submit to physical or mental examinations if it appears that they are unable to practice safety. The proposal would require that sexual offenses would require revocation of the license. The proposal would also define required disciplinary action to be taken against registered sex offenders who are applicants for licensure, and would also update the definition of unprofessional conduct.

4. Describe any major studies conducted by the board.

Continuing Medical Education Laws and Regulations

In advance of development of the PAC's continuing medical education law and regulation, an ad hoc subcommittee was formed to develop language and requirements for implementation of the CME requirements.

Revision of the PAC's Physician Assistant Education Requirements

A working group and ad hoc subcommittee was formed to review the PAC's physician assistant educational requirements. Since these regulations were developed, there have been many changes in how physician assistants are educated, and this work group reviewed those changes to see if there was a need for further regulatory changes to align the current educational standards with the PAC's regulations. Out of this group, a proposal was developed to implement regulatory changes. A regulation package is being developed.

Delegation of Services Agreement

A survey was developed in 2008 to query hospitals and clinics within California to determine current practices of use and retention of the Delegation of Services Agreement. As a result of the survey, from the responses received, the facilities employ between one and five PAs and maintain copies of the Delegation of Services Agreement in hard copy format. Also, the facilities report that they replace outdated documents with the new documents and maintain for one year. The survey also determined that the facilities believe that the Delegation of Services Agreement should be retained for five years or longer. As a result of the survey, the PAC initiated a regulation change to update its regulations regarding the DSA, to require that it be signed and dated.

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?

The PAC is not a member of any national associations listed above. Due to budget constraints for the past four fiscal years, the PAC has not attended any out of state conferences. However, in the past the PAC attended the American Academy of Physician Assistants Conference, the California Academy of Physician Assistants National Conference, and other conferences related to healthcare and physician assistants.

The PAC does not currently provide input to the National Commission on Certification of PAs regarding the PA national certifying examination. The PAC does, however, have representatives of the NCCPA report to the PAC on changes and enhancements to the PANCE.

Section 2 – Performance Measures and Customer Satisfaction Surveys

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

The performance measures for the PAC as published on the DCA website for Fiscal Year 2010/11 are listed in the chart below (attachment G):

Measure	Target	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Annual
Volume of complaints	N/A	70	73	60	69	272
Intake- Average number of days to complete complaint intake	10	9	7	7	9	8
Investigation and Intake- Average number of days to close complaint (no discipline)	150	58	68	60	100	98
Formal Discipline --Average number of days from receipt to closure with formal discipline	540	564	455	522	806	614
Probation Intake- Average number of days from assignment to first contact	14	6	4	2	3	4
Probation Violation Response -- Average number of days from date incident reported to appropriate action	7	0	3	4	4	4

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

Beginning 2010, all closing letters for complaints include a link to the DCA Consumer Protection Enforcement Initiative (CPEI) online survey. However, no consumers have completed the DCA CPEI online survey. In an attempt to obtain feedback from consumers, the PAC started mailing a prepaid satisfaction survey post card with the closing letter that could be filled out and mailed back to DCA (Attachment H). As of June 30, 2011, no responses have been received on either the online survey or prepaid post card.

The PAC placed a general Customer Service Satisfaction Survey for the public and licensees on its website in 2008 and has received 4 responses as of June 30, 2011.

The results of the 4 surveys are listed below:

1. Thinking about your most recent contact with us, how would you rate the availability of staff to assist you?
2 - Excellent 1 - Very Good 0 - Good 1 - Fair 0 - Poor
2. When requesting information or documents, how would you rate the timeliness with which the information or documents was/were provided?
2 - Excellent 1- Very Good 0- Good 0 - Fair 1-Poor
3. When you visited our web site, how would you rate the ease of locating information?
1 - Excellent 2- Very Good 0- Good 0 - Fair 1 - Poor
4. When you submitted an application, how would you rate the timeliness with which your application was processed?
1 - Excellent 0 - Very Good 1- Good 0 - Fair 1 - Poor 1- Not applicable
5. When you filed a complaint, how would you rate the timeliness of the complaint process?
0 - Excellent 1- Very Good 0 - Good 0 - Fair 0 - Poor 3 - Not applicable
6. When you contacted us, were your service needs met? If no, please explain.
3 - Yes 1- No

Comments:

Very helpful assistance

Need to make on line payments possible

Section 3 – Fiscal and Staff

Fiscal Issues

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

Table #4 under question 10 shows the PAC fund condition for the past 4 years and the expected fund condition through Fiscal Year (FY) 12/13. The PAC currently has a 19 month reserve but is scheduled to make a \$1.5 million General Fund (GF) loan during FY 11/12. The GF loan is expected to reduce the reserve level from 19 months to 5.2 months in FY 11/12 and to 3.8 months in FY 12/13. While there is no mandatory revenue level, given the PAC's small budget and limited revenue sources, a minimum 12 month reserve would be prudent to cover unexpected expenses, especially expenses related to enforcement matters.

As table #4 indicates, the PAC generally spends approximately 95% of the budget authority and reverts approximately 5% each year.

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

The table below describes BCPs submitted and those that were approved and a brief description of each to accompany the table.

2009-10

- AG Funding - The PAC requested a \$54,000 augmentation to the Attorney General line due to an increasing enforcement workload. Approved.

2010-11

- Diversion – The PAC requested an ongoing special fund augmentation of \$25,000 to adequately fund its Diversion Program contract. The PAC's current level of authorized funding is not sufficient to meet the legal requirements of operating this program without jeopardizing the quality and quantity of service that the PAC is able to deliver to California health care consumers. Denied.
- DCA CPEI - The California Department of Consumer Affairs (DCA) requested an increase of 106.8 authorized positions and \$12,690,000 (special funds) in FY 2010-11 and 138.5 positions and \$14,103,000 in FY 2011-12 and ongoing to specified healing arts boards for purposes of funding the Consumer Protection Enforcement Initiative (CPEI). The PAC portion was one .5 position. Approved.

2011-12

- Diversion - The PAC requested an ongoing special fund augmentation of \$35,000 to adequately fund its Diversion Program contract. Denied.
- Scheduled Reimbursements - The PAC requested a \$25,000 increase in reimbursement authority in FY 2011/12 and ongoing to more accurately reflect actual reimbursements received annually. Approved.

- None Submitted.

10. Describe if/when deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes anticipated by the board.

The PAC fund is projected to be in a deficit in FY 2015/16 with a projected fund balance of -\$75,000. However, this deficit is due to the \$1.5 million General Fund (GF) fund loan during FY11/12. The DCA budget office indicated that if the PAC runs into a deficit, the loan will be repaid immediately prior to insolvency. Control Agencies will not allow any Board or Bureau that had a GF loan paid out to go into a deficit. Additionally, any GF loan out will be repaid prior to any fee increase. Based on this information, the PAC does not anticipate a fee increase during the next 4 years.

Table 2. 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
1110-20	2009/10	AG funding					\$54,000	\$54,000
1110-19	2010/11	Diversion Program					\$25,000	
1110-1A	2010/11	CPEI BCP	.4	.4	\$32,512	\$32,512	\$90,488	\$90,488
1110-1A	2011/12	CPEI BCP	.1	.1	\$8,128	\$8,128	\$6,872	\$6,872
Unknown	2011/12	Diversion Program					\$35,000	
1110-13	2011/12	Reimbursements					\$25,000	\$25,000

Table 3. Fee Schedule and Revenue

Fee	Current Fee Amount	Statutory Limit	FY 2007/08 Revenue	FY 2008/09 Revenue	FY 2009/10 Revenue	FY 2010/11 Revenue	% of Total Revenue
Application	25	25	14,325	14,895	7,425	75	0
Initial License	200	250	110,000	113,200	76,200	1200	.1
App & Initial	225	225	n/a	n/a	74,700	155,015	11.4
Biennial Renewal	300	300	944,800	993,010	1,051,200	1,121,372	82.9
Delinquency	25	25	3,300	3,100	3,375	2,925	.2
Duplicate License	10	10	2,260	1,970	2,180	2,790	.2
Verification	10	10	3,150	3,090	3,190	3,560	.3
Cost Recovery	various	N/A	4,321	8,439	14,834	29,219	2.2
Cite Fine	various	5000	3,250	970	3,350	700	.1
PA Program app	5	500	5	5	0	5	0
PA Program Appr	5	100	5	5	0	5	0
Reimbursement	various	N/A	31,377	43,258	47,310	35,933	2.6

Table 4. Fund Condition

(Dollars in Thousands)	FY 2007/08	FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13
Beginning Balance	1847	1903	1952	2098	2170	631
Revenues and Transfers	1173	1181	1241	1301	1332	1317
GF Loan	0	0	0	0	\$(1500)	0
Total Revenue	\$3020	\$3084	\$3193	\$3399	\$2002	\$1948
Budget Authority	1157	1186	1274	1400	1368	1363
Expenditures	1137	1135	1095	1229	1371	1469
Fund Balance	\$1883	\$1949	\$2098	\$2170	\$631	\$479
Months in Reserve	19.9	21.4	20.5	19	5.2	3.8

11. Describe license renewal cycles and history of fee changes in the last 10 years.

Section 3523 of the Business and Professions Code establishes that all physician assistant licenses shall expire at 12 midnight on the last day of the birth month of the licensee during the second year of a two-year cycle. Thus, the cycle is a biennial renewal fee cycle.

The last physician assistant application and renewal fee change took place during 2001/2002.

Prior to the fee change, the initial license fee was \$100. After July 1, 2000 the fee increased to \$150 and on July 1, 2002 the initial license fee was increased to \$200 by regulation.

Previously, the biennial renewal fee was \$150. For licenses expiring on or after July 1, 2000 the renewal fee increased to \$250. For licenses expiring on or after the July 1, 2002 the renewal fee increased to \$300.

Previously, physicians who wished to supervise physician assistants paid supervisor approval and renewal fees. These fees provided approximately 60% of the PAC's revenue. These fees were phased out effective July 1, 2001.

To compensate for the loss of revenue from the supervising physician fees, the physician assistant application and renewal fees were increased.

Other fee changes – Diversion Program participants

On January 19, 2011, Title 16 California Code of Regulations Section 1399.557 was adopted which requires participants in the PAC's Diversion Program to pay the full amount of the monthly participation fee charged by the contractor and that voluntary program participants pay 75% of the monthly participation fee charged by the contractor. The current full participation fee is \$280.16. Previously, all participants paid a \$100 monthly participation fee.

This fee only applies to participants of the PAC's Diversion Program.

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

Since FY 2002-03 there have been no general fund loans out of the PAC Fund. Although, a GF loan is proposed for FY 2011-12 of \$1.5 million, no repayment date has been set.

13. Describe the amounts and percentages of expenditures by program components. Use the attached Table 5a: Expenditures by Program Component Worksheet as the basis for calculating expenditures by program component. Expenditures by each component should be broken out by personnel expenditures and other expenditures.

Table 5. Expenditures by Program Component

	FY 2007/08		FY 2008/09		FY 2009/10		FY 2010/11	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	132,316	555,590	161,054	525,892	154,958	520,931	162,004	607,787
Examination	0	0	0	0	0	0	0	0
Licensing	113,783	115,961	122,019	110,205	118,299	103,489	115,220	118,958
Diversion	41,670	46,554	41,983	46,871	31,442	65,975	34,193	80,322
Administrative	113,824	17,933	110,005	17,074	85,393	15,431	90,785	20,080
TOTALS	\$401,593	\$736,038	\$435,061	\$700,042	\$390,092	\$705,826	\$402,202	\$827,147

Table 5 above shows the expenditures by Program component for the past four years. The expenditures for the program components for the past four years percentages are similar to the last sunset review period.

Enforcement: 62% Examination: 0% Licensing: 20% Diversion: 8% Administration: 10%

Approximately 62% of the PAC budget is used for enforcement activities. A significant portion of PAC expenditures are paid to other agencies for services within the disciplinary process such as the Medical Board of California (for investigation), consultants that provide expert opinion on cases, the Office of the Attorney General (for attorneys), and the Office of Administrative Hearings (for Administrative Law Judges and court reporters).

The PAC does not administer its own examination but utilizes the Physician Assistant National Certifying Examination administered by the National Commission on Certification for Physician Assistants and therefore, there are no examination costs to the PAC.

Approximately 20% of the PAC budget is used for the licensing program that includes initial licensing and renewals, the same as last sunset review.

The Diversion Program costs have increased from 5% to 8% since the last sunset review due to the increase in the number of participants and Program costs. The PAC implemented new regulations (Section 1399.557 of Division 13.8 of Title 16 of the California Code of Regulations) on January 19, 2011, that require licensees who are required to participate in the diversion program as a result of

disciplinary action to pay the full amount of the monthly participation fee and licensees voluntarily in the diversion program to pay 75% of the monthly participation fee to the contractor.

The new regulation applies to Diversion Program participants entering the program after January 19, 2011. Current participants are not impacted by the new regulations.

Approximately 10% of the expenditures are used for Administration, slightly less than the last sunset review.

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 PAC staff is comprised of the Executive Officer and four staff including two Associate Governmental Program Analysts, one Staff Services Analyst, and a .5 Office Technician. At this time the .5 Office Technician licensing position has been vacant since March 1, 2011 and has not been filled because a hiring exemption was not received.

There is also one vacant limited term CPEI position, "a .4 Staff Services Analyst", but due to a budget reversion, this position must remain vacant as the funding for the position was given up as part of the 5% personnel services reversion.

The PAC reclassified the .5 MST licensing position to an Office Technician, as the duties more accurately meet the requirement for a licensing position.

In the area of succession planning, the PAC manuals are being updated.

15. Describe the board's staff development efforts and how much is spent annually on staff development. Provide year-end organizational charts for the last four fiscal years.

Because of the complexity of the licensing and enforcement programs, all staff are cross trained in other program areas to ensure that employees develop skills and gain experience in all functions of the office. Additionally, as part of staff development, staff are encouraged to participate in and attend workshops and training on enforcement, contracts, personnel and they participate in as many training sessions as can be accommodated in order to enhance skills and maintain competency. Many of the classes offered by the Department of Consumer Affairs are offered without cost. The enforcement staff analyst recently completed the Department's Enforcement Academy and CLEAR Investigator classes.

Section 4 – Licensing Program

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

The PAC's latest Strategic Plan, approved on November 5, 2009, includes as goal number one, a goal to protect consumers by licensing qualified applicants using a timely, accurate and time cost effective process.

California Code of Regulation Section 1399.512 requires the PAC to inform an applicant for licensure in writing within 28 days of receipt of an application whether the application is complete and accepted for filing or is deficient and what specific information is required. Additionally, the regulation requires that the PAC inform the applicant within 10 days after completion of the application of its decision whether the applicant meets the requirements for licensure. The regulation also establishes minimum (4 days), median (128 days), and maximum (994) processing times for an application for licensure from the time of receipt of the initial application until the PAC makes its final decision on the application.

However, our goal is to initially review applications and respond the applicants within one to two weeks of receipt of their applications. Generally, the PAC is able to review applications in an average of one to two weeks. Most applications are reviewed, processed, and licenses issued within four to six weeks of receipt of the application. At this time the application process is slower than our time requirements because we have a vacant licensing position. This vacant position is the only position dedicated to licensing. As a result, in order to prevent a backlog from increasing, staff from other program areas have had to work on the licensing desk. As a result, other program areas are experiencing delays in their work as a result of the vacant position.

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?

Unfortunately, in 2011 our application processing time has increased due to our only authorized and dedicated licensing position being vacant since March 1, 2011. Due to budget constraints and state directives, we have been unable to fill the position. Therefore, pending applications can exceed those applications that are completed and result in a license being issued. We are working with the DCA and have submitted an exemption to allow us to fill the licensing position.

In the past few years the PAC has implemented various application review procedural changes in an attempt to make the licensing process more efficient while, at the same time, more "user friendly" to

the applicant without sacrificing the PAC's mandate of consumer protection. Several efficiencies include:

- Physician Assistant National Certification Examination scores are now being submitted via a secure website from the National Commission on Certification of Physician Assistants.
- Deficiency and license issued notices for applicants are now generated by the Applicant Tracking System which results in consistent and standardized correspondence and less time staff time to prepare such notices.
- Deficiency and license issued notices are now being sent to applicants via email, if the applicant provides an email address on their application. This feature allows applicants to more quickly receive correspondence from the committee. This procedural change also saves the PAC paper and postage costs.
- In the past few years we have reviewed our application and eliminated questions and sections that are not required in the licensure process, thus streamlining the process.
- The application is now on our website, thus, saving the applicant time to receive an application that was previously mailed to them from the PAC.
- We are looking into online verification of status of application.

Table 6. Licensee Population

		FY 2007/08	FY 2008/09	FY 2009/10	FY 2010/11
Physician Assistant	Active	6403	6787	7162	7589
	Out-of-State	447	472	530	582
	Out-of-Country	3	1	2	6
	Delinquent	828	843	861	857

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 2008/09	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	596	#	8	565	#	#	#	#	#	71
FY 2009/10	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	631	#	13	602	#	#	#	#	#	63
FY 2010/11	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	694	665	16	647	181	126	55	57	13	63

* Optional. List if tracked by the board. # -Data not tracked by board during this fiscal year

Table 7b. Total Licensing Data			
	FY 2008/09	FY 2009/10	FY 2010/11
Initial Licensing Data:			
Initial License/Initial Exam Applications Received	596	631	694
Initial License/Initial Exam Applications Approved	#	#	665
Initial License/Initial Exam Applications Closed	8	13	16
License Issued	565	602	647
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)	#	#	181
Pending Applications (outside of board control)*	#	#	126
Pending Applications (within the board control)*	#	#	55
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE)			
Average Days to Application Approval (All - Complete/Incomplete)	71	63	63
Average Days to Application Approval (incomplete applications)*	#	#	57
Average Days to Application Approval (complete applications)*	#	#	13
* Optional. List if tracked by the board. #-Data not tracked by board during this fiscal year			

18. 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 PAC requires verification of documents for the licensing program. Verification is intended to prevent falsification of licensing documents. To ensure authenticity, all documents verifying an applicant's training, examination status, out-of-state licensure, and disciplinary actions must be sent directly to the PAC from the respective agency rather than from the applicant.

Two questions on the licensing application require the applicant to disclose under penalty of perjury any disciplinary actions, denials, or convictions related to licensing in other states. Applicants must also disclose any criminal convictions. One question on the examination requires the applicant to disclose if they have a medical condition that may impair their ability to practice medicine with reasonable skill and safety. Applicants must also disclose any pending criminal convictions.

The school certification now contains questions for the program regarding the applicant's history while in PA school. The questions ask whether the applicant had any absences, disciplinary actions, or any other sanctions.

As part of the licensing process all applicants are required to submit fingerprint cards or utilize the "Live Scan" electronic fingerprinting process in order to obtain prior criminal history criminal record

clearance from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI).

If the PAC is notified of any adverse information or criminal record, applicants must provide full disclosure including explanations and certified copies of all applicable arrest and court documents. If no documents exist, then the applicants must submit a letter from the appropriate agency certifying that the documents no longer exist. Upon review by PAC staff and executive officer, the PAC may issue a probationary license with specific terms and conditions, or deny the license. Applicants may appeal the decision and request a hearing before an administrative law judge, pursuant to the Administrative Procedures Act.

Licenses are not issued until clearance is obtained from both DOJ and FBI background checks. Additionally, since applicants are fingerprinted, the PAC is able to obtain any subsequent criminal conviction information that may occur while the individual is licensed as a physician assistant.

Applicants who have been licensed in other states as physician assistants or who have other health care licenses must request that the respective agencies submit verification of license status and any disciplinary actions directly to the PAC for verification.

The PAC also queries the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank to determine prior disciplinary actions taken against licenses in other states or other health care-related licenses the applicant may process.

B. Does the committee fingerprint all applicants?

All applicants are fingerprinted. Fingerprints are used to obtain the criminal history records from the DOJ and FBI for convictions of crimes substantially related to the practice as a physician assistant.

In-state applicants are required to submit to Live Scan fingerprinting. Out-of-state applicants are not able to utilize Live Scan fingerprinting and must submit fingerprint cards as part of their applications, which are submitted to the Department of Justice for processing.

Licenses are not issued until clearance is obtained from both DOJ and FBI background checks.

Additionally, since applicants are fingerprinted, the PAC is able to obtain any subsequent criminal conviction information that may occur while the individual is licensed as a physician assistant.

C. Have all current licensees been fingerprinted?

All applicants have been fingerprinted and subject to DOJ and FBI background checks as part of the licensure process. Fingerprinting of applicants has occurred since physician assistants were first licensed in California in 1976.

D. Does the committee check a national databank?

The PAC queries the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank. Additionally, denied applicants and licensees subject to discipline by the PAC are reported to these data banks.

Querying of the data banks has evolved in the past several years. Initially, only those applicants reporting disciplinary action on their applications were subject to a query. Now, in addition to those that report disciplinary action, the PAC requests all applicants who have health-care related licenses perform a self-query to the data banks as part of the licensure process.

E. Does the committee require primary source documentation?

The PAC requires primary source documentation as part of the licensure process and includes:

1. Certification of completion of a physician assistant training program. Certifications must be submitted directly from the training program to the PAC.
2. Certification of passing score of the Physician Assistant National Certification Examination. Certifications must be submitted directly from the National Commission on Certification of Physician Assistants to the PAC.
3. Verification of licensure or registration as a physician assistant and/or other health care provider from other states. Verifications must be submitted directly from the respective licensing agencies to the PAC.
4. All applicants must be fingerprinted.

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

The PAC's licensing process is the same for in-state, out-of-state, and out-of-country applicants. No additional or alternative applicant review processes occur to determine eligibility of in-state, out-of-state, or out-of-country applicants. All applicants must meet the same licensure requirements.

The PAC is authorized to process all applications in the same manner regardless of whether applicants reside out of state or out of country.

Continuing Education/Competency Requirements

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

Assembly Bill 2482, (stats.2008, Chapter 76) authorizes the PAC to require a licensee to complete continuing medical education (CME) as a condition of license renewal. The requirement may be met by completing 50 hours of CME every two years or by obtaining certification by the National

Commission on Certification by Physician Assistants (NCCPA) or other qualified certifying body as determined by the PAC.

On June 20, 2010, regulations became effective to implement the provisions of AB 2482. Regulatory changes included establishing criteria for complying with the statute, provisions for non compliance, record keeping requirements, approved course providers, audit and sanction provisions for non compliance, and waiver provisions. Additionally, the regulatory change established an inactive status, allowing licensees to be exempt from renewal or continuing medical education requirements.

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

The PAC will verify CE requirements by placing a self reporting certification question on the renewal application. Licensees will verify their compliance with the CME requirements by marking a box either yes or no. PAs are currently required to meet the CME requirements, however, the CME self reporting will appear on renewal notices in June 2012.

b. Does the board conduct CE audits on its licensees? Describe the board's policy on CE audits. California Code of Regulations Section 1399.617 establishes audit and sanctions for non compliance requirements. The PAC will audit a random sample of PAs who have reported compliance with the CME requirements. Licensees who are selected for the audit will be required to document their compliance with the CME requirements and to provide records of compliance. Licensees who are certified by the National Commission on Certification of Physician Assistants are exempt from this requirement and need not obtain such records, as the PAC can verify their compliance directly from the Commission.

The PAC has not yet conducted an audit because the regulations have recently become effective.

c. What are consequences for failing a CME audit?

The PAC will establish a policy for CME audits once the self reporting becomes effective in June 2012. California Code of Regulations 1399.617(b) states that it shall constitute unprofessional conduct for any PA to misrepresent his or her compliance with this article. Therefore, the PAC may take enforcement action against licensees who misrepresent or fail to comply with the CME requirements. The regulation also states that any licensee who fails to comply with the requirements must make up any deficiency during the next biennial renewal period. Licensees who fail to make up the deficient hours during that renewal period shall be ineligible for renewal of his or her license to practice as a PA until such time as the deficient hours of CME are documented.

d. How many CE audits were conducted in the past four fiscal years? How many fails?

Because this regulation has just been adopted, the PAC has not yet conducted any CME audits.

e. What is the board's course approval policy?

See below.

f. Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

See below.

g. How many applications for CE providers and CE courses were received? How many were approved?

Answer to e, f, g

Section 1399.616 establishes the criteria for approved CME programs. If a course meets the following requirements, it satisfies the PAC's CME requirements:

Programs designated as Category I (pre-approved) by one of the sponsors:

- American Academy of Physician Assistants
- American Medical Association
- American Osteopathic Association Council on Continuing Medical Education
- American Family of Physician Assistants
- Accreditation Council for Continuing Medical Education
- A State Medical Society Recognized by the Accreditation Council for CME

Based on the CME regulations, the PAC does not directly approve CME courses and therefore will not be receiving applications for course approval.

h. Does the board audit CE providers? If so, describe the board's policy and process.

As the PAC does not directly approve CME providers, it does not audit courses.

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.

Prior to implementation of AB 2482, the PAC did not have CME requirements. Therefore, the PAC does not have data on assessing a licensee's continuing competency. However, the PAC will continue to review its' CME regulations to ensure that physician assistants are competent.

Table 8. Examination Data				
California Examination (Include multiple language) if any: We do not require a California Examination				
License Type				
Exam Title				
FY 2007/08	# of 1 st Time Candidates			
	Pass %			
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 %			
Date of Last OA				
Name of OA Developer				
Target OA Date				
National Examination: Physician Assistant National Certifying Examination				
License Type		PA		
Exam Title		PANCE		
FY 2007/08	# of 1 st Time Candidates	4901		
	Pass %	94.20%		
FY 2008/09	# of 1 st Time Candidates	5036		
	Pass %	94.40%		
FY 2009/10	# of 1 st Time Candidates	5488		
	Pass %	91.50%		
FY 2010/11	# of 1 st time Candidates	5875		
	Pass %	94.20%		
Date of Last OA		2010		
Name of OA Developer		Arbet Consulting		
Target OA Date		Every 5 to 7 years		

Examinations

21. Describe the examinations required for licensure. Is a national exam used? Is there a California specific exam required?

California Code of Regulations Section 1399.507 states that the written examination for licensure of physician assistants is the examination administered by the National Commission on Certification of Physician Assistants (NCCPA).

The examination is named the Physician Assistant National Certification Examination (PANCE).

There is currently no California-specific examination required.

The PANCE exam questions are developed by NCCPA committees comprising of PAs and physicians selected based on both their item writing skills, experience and references as well as demographic characteristics (i.e., practice specialty, geographic region, practice setting, etc.). The test committee members each independently write a certain number of test questions or items. Each item then goes through an intense review by content experts and medical editors from which only some items emerge for pre-testing.

When NCCPA exams are scored, candidates are initially awarded 1 point for every correct answer and 0 points for incorrect answers to produce a raw score. After examinees' raw scores have been computed by two independent computer systems to ensure accuracy, the scored response records for PANCE examinees are entered into a maximum likelihood estimation procedure, a sophisticated, mathematically-based procedure that uses the difficulties of all the scored items in the form taken by an individual examinee as well as the number of correct responses to calculate that examinee's proficiency measure. This calculation is based on the *Rasch model* and equates the scores, compensating for minor differences in difficulty across different versions of the exam. Thus, in the end, all proficiency measures are calculated as if everyone took the same exam.

Finally, the proficiency measure is converted to a scaled score so that results can be compared over time and among different groups of examinees. The scale is based on the performance of a reference group (some particular group of examinees who took the exam in the past) whose scores were scaled so that the average proficiency measure was assigned a scaled score of 500 and the standard deviation was established at 100. The vast majority of scores fall between 200 and 800.

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

The PAC does not gather statistical data on applicants regarding any past National examination taken. If an applicant fails their first Pance examination, they have up to a year to pass the Pance and complete the licensing process. If any applicant fails to pass the exam within a year and complete the licensing process they must reapply for licensure.

23. 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?

PANCE is a computer-based, multiple-choice test comprised of questions that assess basic medical and surgical knowledge. The PANCE is administered at Pearson VUE testing centers. Testing centers are located throughout the U.S.

Applicants submit their application and fees with the NCCPA. After registration with the NCCPA, the applicant then schedules the exam with Pearson VUE testing centers.

The five-hour PANCE exam includes 300 multiple-choice questions administered in five blocks of 60 questions with 60 minutes to complete each block. There is a total of 45 minutes allotted for breaks between blocks.

The PANCE is administered on a year-round basis. However, the test is not during December 20-31.

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

At this time, we do not believe existing statutes hinder the efficient and effective processing of applications and/or examinations.

School approvals

25. 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?

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

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

25-27. The PAC has regulations that specify if an educational program has been approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), that program shall be deemed approved by the PAC. The educational programs are not reviewed periodically by the PAC. Instead, if ARC-PA terminates accreditation, the PAC's approval of the school automatically terminates. Thus, as the regulations currently state, if the PA training program is ARC-PA approved, it is thus approved by the PAC.

Section 5 – Enforcement Program

28. 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?

The PAC has established performance targets for its enforcement program.

The target to complete complaint intake is 10 days. The average over the past three years is 8 days so the PAC is meeting its target.

The PAC overall target for completing investigations is 150 days from the time the complaint is received until the investigation is completed. The average over the past three years is 118 days so the PAC is meeting its overall target for completing investigations.

The target is to complete formal discipline within an average of 540 days (18 months) from the time the complaint is received and the disciplinary decision is ordered. The average time to complete a disciplinary case over the past three years is 633 days.

The PAC is not currently meeting the 540 day target, however, the average total number of days to close a complaint from receipt, investigation, and disciplinary action decreased from **755** days during the last sunset review to **633** days for the past three fiscal years. With the small number of disciplinary cases, one lengthy case may dramatically increase the average days to complete a case.

Complaint processing and investigations comprise the majority of the PAC's enforcement actions. An investigation may be closed without formal action, with a citation and fine or warning notice, public reprimand, or referred to the Office of the Attorney General for disciplinary action.

While the PAC is meeting its overall target for investigations, the average number of days to complete a formal field investigation over the past three years was 286 days. The PAC contracts with the Medical Board of California's (MBC) enforcement unit to handle its complaints and conduct investigations.

The PAC staff is working with the MBC in an attempt to reduce the average time for completing formal investigations. PAC staff contacts the assigned investigator monthly for an update on the progress of the investigation to determine what resources will be necessary to complete the investigation.

Since most disciplinary cases require a formal investigation to obtain the information and records required, reducing the formal field investigation time will also reduce the time frame for disciplinary cases.

In an attempt to reduce the AG processing time, PAC staff is working with the assigned Deputy Attorney General (DAG) to receive monthly updates on the progress of each case. The PAC staff

has asked that the DAG request a hearing date from OAH as soon as the Notice of Defense is received since the OAH calendar is usually full. This may save a month of time. The average time to get a calendared hearing date that is acceptable to all parties is 5 to 6 months.

The enforcement process is complex and involves several agencies including the PAC staff and members, physician assistant experts, physician experts; analysts, investigators and MBC analyst; and uses the legal and judicial services provided by the Office of the Attorney General, and the Office of Administrative Hearings.

With the involvement of several agencies, there are many factors that may contribute to increasing the number of days to complete the disciplinary process, including investigator workload, hiring freeze, deputy attorney general workload, and the length of time to schedule or calendar time for a hearing with the Office of Administrative Hearings, which may be scheduled out for six months or longer.

The PAC works with all parties involved throughout each phase of the disciplinary process in an attempt to reduce the total number of days it takes to complete enforcement actions from receipt of the complaint to the final decision.

29. 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 PAC has noted that the number of criminal convictions/arrest notices increased over the past three resulting in an increase in accusations filed for criminal convictions (primarily Driving Under the Influence) over the past three years: 2 in 08/09, 4 in 09/10, and 7 in 10/11. The PAC fingerprints all applicants and receives subsequent arrest and convictions notifications from the Department of Justice.

One reason for the increase may be a result of the regulation adopted in 2009 requiring all licensees, to disclose convictions of any violation of law in California or other state, other country, omitting traffic infractions under \$300 not involving alcohol, dangerous drugs, or controlled substances on the renewal notice. Licensees are also required to disclose if they have been denied a license, or been disciplined by another licensing authority.

The increase in filing of accusations for DUI convictions may contribute to the increase in the number of Diversion participants from 4 in 04/05 to 26 in 10/11. To address the increasing costs of the Diversion Program due to the increase in participants, in 2011 the PAC adopted a regulation which requires participants in the PAC's Diversion Program to pay the full amount of the monthly participation fee charged by the contractor and that voluntary program participants pay 75% of the monthly participation fee charged by the contractor. The current full participation fee is \$280.16. Previously, all participants paid a \$100 monthly participation fee.

Effective August 11, 2011, Section 1399.547, Title 16 of the California Code of Regulations, mandated by Business and Professions Code section 138, requires that physician assistants inform patients that they are licensed and regulated by the PAC. PAs may provide the information in one of the three ways:

- Prominently posting a sign in an area of their offices conspicuous to patients, in at least 48-point type in Arial font.
- Including the notification in a written statement, signed and dated by the patient or patient's representative, and kept in that patient's file, stating the patient understands the physician assistant is licensed and regulated by the Committee.
- Including the notification in a statement on letterhead, discharge instructions, or other document given to a patient or the patient's representative, where the notification is placed immediately above the signature line for the patient in at least 14-point type.

The PAC will monitor the number of complaints submitted regarding compliance with the new requirement.

Table 9a. Enforcement Statistics			
	FY 2008-09	FY 2009-10	FY 2010-11
COMPLAINT			
Intake (Use CAS Report EM 10)			
Received	178	173	235
Closed	173	174	229
Referred to INV	173	174	229
Average Time to Close	8	10	8
Pending (close of FY)	6	5	11
Source of Complaint (Use CAS Report 091)			
Public	109	120	189
Licensee/Professional Groups	15	11	12
Governmental Agencies	45	27	28
Other	9	15	6
Conviction / Arrest (Use CAS Report EM 10)			
CONV Received	27	29	37
CONV Closed	27	30	37
Average Time to Close	9	15	6
CONV Pending (close of FY)	1	0	0
LICENSE DENIAL (Use CAS Reports EM 10 and 095)			
License Applications Denied	1	0	1
SOIs Filed	3	1	2
SOIs Withdrawn	0	1	0
SOIs Dismissed	0	0	0
SOIs Declined	0	0	0
Average Days SOI	189	146	43
ACCUSATION (Use CAS Report EM 10)			
Accusations Filed	14	13	16
Accusations Withdrawn	0	3	0
Accusations Dismissed	0	0	1
Accusations Declined	0	0	0
Average Days Accusations	497	490	534
Pending (close of FY) ¹	21	24	21

¹ Pending includes Accusations, Statement of Issues, and Petitions for Reinstatement. Does not include Subsequent Discipline – Petitions to Revoke Probation Listed Below).

Table 9b. Enforcement Statistics (continued)

	FY 2008-09	FY 2009-10	FY 2010-11
DISCIPLINE			
Disciplinary Actions (Use CAS Report EM 10)			
Proposed/Default Decisions ¹	3	5	5
Stipulations ¹	24	9	18
Average Days to Complete	492	794	614
AG Cases Initiated ²	24	23	23
AG Cases Pending ² (close of FY)	21	24	21
Disciplinary Outcomes ¹ (Use CAS Report 096)			
Revocation	2	0	6
Voluntary Surrender	4	2	4
Suspension	0	0	0
Probation with Suspension	1	0	0
Probation	10	10	9
Probationary License Granted	10	2	4
Other	0	0	1
PROBATION			
New Probationers	21	12	13
Probations Successfully Completed	8	7	8
Early Termination of Probation Granted	1	2	0
Probationers (close of FY)	50	51	50
Petitions to Revoke Probation filed	1	2	2
Probations Revoked/Surrendered	1	2	4
Probations Terminated due to Canceled License	0	0	2
Probations Modified	0	0	0
Probations Extended	1	0	0
Probationers Subject to Drug Testing	9	10	4
Drug Tests Ordered	30	144	69
Positive Drug Tests	0	12	3
Petition for Reinstatement Granted	0	2	0
DIVERSION			
New Participants	12	8	4
Successful Completions	3	0	0
Participants (close of FY)	19	23	26
Terminations	2	1	0
Terminations for Public Threat	2	3	1
Drug Tests Ordered	152	674	856
Positive Drug Tests	2	3	15

¹ Includes decisions on Accusations, Petitions to Revoke Probation, Statement of Issues, and Probationary Licenses issued.

² Initiated and Pending cases include Statement of Issues, Accusations, and Petitions for Reinstatement but does not include Petitions to Revoke Probation subsequent discipline.

Table 9c. Enforcement Statistics (continued)

	FY 2008-09	FY 2009-10	FY 2010-11
INVESTIGATION			
All Investigations (Use CAS Report EM 10)			
First Assigned	200	204	266
Closed	187	225	270
Average days to close	142	115	98
Pending (close of FY)	85	64	60
Desk Investigations (Use CAS Report EM 10)			
Closed	134	175	266
Average days to close	94	68	55
Pending (close of FY)	54	32	35
Non-Sworn Investigation (Use CAS Report EM 10)			
Closed	0	0	0
Average days to close	0	0	0
Pending (close of FY)	0	0	0
Sworn Investigation			
Closed (Use CAS Report EM 10)	53	50	45
Average days to close	263	261	313
Pending (close of FY)	31	32	25
COMPLIANCE ACTION (Use CAS Report 096)			
ISO & TRO Issued	4	2	4
PC 23 Orders Requested	2	0	3
Other Suspension Orders	0	0	0
Public Letter of Reprimand	0	0	0
Cease & Desist/Warning	0	0	2
Referred for Diversion	0	0	0
Compel Examination	0	0	0
CITATION AND FINE (Use CAS Report EM 10 and 095)			
Citations Issued	6	5	3
Average Days to Complete	463	267	687
Amount of Fines Assessed	5250	2700	2750
Reduced, Withdrawn, Dismissed	1000	250	0
Amount Collected	950	3550	700
CRIMINAL ACTION			
Referred for Criminal Prosecution	3	0	1

Table 10. Enforcement Aging

	FY 2007/08	FY 2008/09	FY 2009/10	FY 2010/11	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year	7	13	3	8	31	39
2 Years	3	6	6	5	20	25
3 Years	4	6	2	7	19	23
4 Years	2	2	3	1	8	10
Over 4 Years	1	0	0	2	3	3
Total Cases Closed	17	27	14	23	81	
Investigations (Average %)						
Closed Within:						
90 Days	103	93	139	206	541	64
180 Days	21	56	50	37	164	20
1 Year	13	18	20	13	64	7
2 Years	16	17	14	8	55	6
3 Years	5	2	2	6	15	2
Over 3 Years	0	1	0	0	1	1
Total Cases Closed	158	154	225	270	840	

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

The overall statistics indicate that the number of disciplinary actions taken over the past 3 fiscal years is approximately the same as the previous sunset report period. The PAC files approximately 14 accusations and takes approximately 16 disciplinary actions per year.

The average number of Interim Suspension Order (ISO) and PC23s has increased from an average of 1 per year during the last sunset review to an average of 5 each year for the last 3 fiscal years.

The total number of complaints received increased in FY 10/11 to 235 compared to 173 in FY 09/10 and 178 in FY08/09. The average number of complaints received per year over the past 3 years is 195 compared to 135 during the previous sunset review. The primary reason for the increase is because PAs are now being employed by the Department of Corrections in correctional facilities.

The number of complaints received from inmates in correctional facilities were approximately 11 in 08/09, 37 in 09/10 and 70 in FY 10/11. The average number of complaints filed per year over the past three years would be 156 without the correctional facilities complaints. Prior to the 2005 Sunset Review, PAs were not employed by the Department of Corrections and the PAC did not receive any complaints regarding care provided in correctional facilities.

Most complaints received from correctional facilities are related to the Department of Corrections policies on pain medications rather than medical care provided by the PA.

The average number of formal field investigations has increased slightly from an average of 45 during the last sunset review to 50 over the past three years.

The PAC issued an average of 6 probationary licenses per year for the past 3 years. Probationary licenses are developed by staff and approved by the PAC members. The probationary license process allows the PAC to place an applicant on probation without denying the license and going through the formal hearing process through Office of the Attorney General and the Office of Administrative Hearings. Probationary licenses are granted in cases of minor application issues/violations and allow the applicant to begin practicing as a PA sooner than administrative adjudication. The probationary license process protects the public because safeguards are in place through the probationary terms and conditions.

31. How are cases prioritized? What is the board's compliant prioritization policy? Is it different from DCA's model? If so, explain why.

The PAC does not have any mandatory prioritization and uses the DCA Complaint Prioritization Guidelines for Health Care Agencies (Attachment I) that are similar to the MBC mandatory priorities in B&P Code section 2220.05. PAC staff carefully reviews and analyzes every complaint submitted to determine if it is within the jurisdiction of the PAC. If the complaint is within its jurisdiction, it is given a priority level as Urgent, High, or Routine.

Urgent Priority complaints are given the highest priority and generally involve an act resulting in serious injury or death or potential to cause harm such as practicing under the influence of alcohol or drugs, mental or physical impairments that could affect practice, furnishing controlled substances without a prescription, and aiding and abetting unlicensed activity resulting in patient harm. Most urgent cases are sent immediately to the MBC field offices for formal investigation.

High Priority complaints are processed as quickly as possible to obtain information to determine if the complaint becomes an Urgent priority or drop to the routine category.

Routine complaints are processed as quickly as possible but are not given a high of a priority as the Urgent and High priority complaints.

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

Business and Professions Code section 800-series provides several reporting mandates for the MBC and several other health professions to assist the boards in consumer protection. However, under current physician assistant laws, licensees, health plans, and health care facilities are not specifically required to report unprofessional conduct by physician assistants (B&P section 800-series) or other violations by PAs but may do so voluntarily. This issue remains unresolved.

The only reporting mandate that specifically applies to physician assistants is B&P Code section 803.5 which requires that the district attorney, city attorney, and prosecuting agencies to notify the PAC immediately upon obtaining information of any filings charging a felony against a PAC licensee.

The PAC encourages agencies to voluntarily submit 800 series reports on PAs to the PAC for review and processing. When a B&P section 800-series report is received, the PAC opens a complaint and takes appropriate action.

There appears to be some uncertainty as to whether or not reporting agencies are required to report PAs under the MBC references in the 800 series. Legislation to add physician assistants specifically in the 800 series would enhance consumer protection and clarify the requirement for reporting agencies.

33. 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?

The PAC does not operate with a statute of limitations. The PAC attempts to comply with the MBC statute of limitations (B&P Code section 2230.5) of three years to ensure timely prosecution. However, the PAC does proceed with cases that have reached the three year statute of limitations and has not lost a case due to the statute of limitations.

Cite and Fine

34. 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?

The PAC established its citation and fine program pursuant to Business and Professions Code sections 125.9 and 3510 effective March 1996. California Code of Regulation section 1399.570 authorizes the executive officer to issue citations which may include a fine and order of abatement. The PAC utilizes the citation and fine program in cases to address minor violations that do not rise to the level of taking formal disciplinary action. A citation and fine is not considered disciplinary action and is utilized in an attempt to correct and educate licensees for minor violations of the laws governing the practice.

The Citation and Fine regulations were updated in 2008 increasing the maximum fine from \$2500 to \$5000 and added additional violations for which the PAC may issue citations. The regulations were also updated in 2010 amending provisions that specify the violations for which the PAC may issue citations.

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

The Citation and Fine is an alternative method in which the PAC may impose a sanction and take action against a licensee who is found to be in violation of the physician assistant laws or regulations. Citations may be issued as a result of the formal investigation process when the investigation determines the case is not serious enough to warrant formal discipline or for less serious violations

when the case warrants more than an educational or advisory letter. Citations are a useful tool to educate physician assistants regarding the laws and regulations. Citations are subject to public disclosure and are posted on the PAC website but are not considered discipline.

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

The table below lists the number of citations issued, informal appeals, and formal hearing requests:

Fiscal Year	Citations Issued	Informal Appeal	Formal Hearing
2007/2008	4	1	0
2008/2009	6	1	1
2009/2010	5	1	0
2010/2011	3	1	0

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

The five most common violations for citations are:

1. Failure to maintain adequate/legible medical records
2. Failure to order an x-ray or other laboratory test
3. Writing drug orders for a scheduled medication without patient specific authority
4. Failure to obtain and/or review patient's medical history
5. Unlicensed practice (either unlicensed practice or failure to renew the PA license)

38. What is average fine pre and post appeal?

Over the last 3 fiscal years, the average citation fine pre appeal is \$800 and average post appeal is \$650.

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

Business and Professions Code section 125.9 authorizes the PAC to add the full amount of the outstanding fine to the license renewal if the citation is not appealed. The PAC places a hold on the license renewal of all licensees that have an outstanding fine. The fine must be paid before the licensee may renew the license.

The PAC utilizes the Franchise Tax Board (FTB) for collection of fines on citations issued to unlicensed persons. The PAC submitted one \$2500 fine to FTB for an unlicensed person over the last three fiscal years but has not needed to send any licensee citations to FTB because all outstanding fines from licensees through FY 2010/11 have been collected.

Cost Recovery and Restitution

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

The PAC requests cost recovery in most disciplinary actions except for probationary licenses. Probationary licenses do not incur any investigative costs or costs from the Office of Attorney General.

The PAC seeks cost recovery for reimbursement for investigation costs, expert consultant review costs, and Office of the Attorney General costs for case prosecution. Cost recovery does not include any costs associated with the hearing that include the Administrative Law Judge, Deputy Attorney General, or Court Reporters costs.

Cost recovery amounts may be negotiated and reduced when entering into a stipulated decision to settle a case without going to hearing. If a probationer or licensee wishes to stipulate to the surrender of their license, the PAC requires that the cost recovery amount be paid prior to the submission of a Petition for Reinstatement or before the reinstated license is issued. In these surrender cases, the PAC does not actively pursue collecting the cost recovery or submit them to FTB for collection because the benefit of accepting the surrender assures that the offenses will not continue and consumer protection is maintained.

Additionally, by accepting a stipulation for settlement or for license surrender, the PAC does not incur the additional costs of the hearing that cannot be included in cost recovery. The hearing costs may be higher than the outstanding cost recovery.

If a case proceeds to hearing, the PAC requests the full amount of cost recovery for the investigation and Deputy Attorney General costs up to the hearing. The Administrative Law Judge, however, may reduce or dismiss the cost recovery amount in a proposed decision.

If the license is revoked, the PAC actively pursues the cost recovery through the FTB.

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

Table 11 shows the cost recovery ordered and collected over the last four years.

Table 11. Cost Recovery				
	FY 2007/08	FY 2008/09	FY 2009/10	FY 2010/11
Total Enforcement Expenditures				
Potential Cases for Recovery *	7	17	9	9
Cases Recovery Ordered	3	13	9	8
Amount of Cost Recovery Ordered	35,862	95,070	27,750	86,087
Amount Collected	4,271	8,612	18,936	29,081
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on a violation(s) of the license practice act.				

Most cost recovery is a part of the terms and conditions in cases when the licensee is placed on probation. The PAC works with the licensee to develop a payment plan for the cost recovery and it must be paid in full prior to the end of probation.

The cost recovery for each case varies depending on the complexity of the complaint or if the case goes to formal investigation conducted by a sworn investigator. The more complex the case, the higher the costs of investigation, expert review, and Deputy Attorney General hours for filing and prosecuting the case. In cases of a criminal conviction that does not require a formal investigation, the cost recovery is minimal.

The table below shows the number of revocations, surrenders, and probations and the amount of cost recovery ordered for each category:

Fiscal year	# Revoked/ Total Cost Recovery	#Surrender/Total Cost Recovery	# Probation/ Total Cost Recovery
2007/08	2 - \$30,362	\$0	1 - \$5,500
2008/09	\$0	2- \$31,683	10 - \$63,387
2009/10	\$0	2 - \$7,500	7 - \$20,250
2010/11	1 - \$340	2 - \$35,260	9 - \$50,827

In most cases of revocation, the cost recovery is uncollectable and submitted to FTB. The actual amount collected by the FTB is minimal because often the person has relocated outside of California and the cost recovery is not collectable.

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

Yes. The PAC does not seek cost recovery in probationary license cases because the development of a probation license does not involve any costs for investigation time or preparation of the case by the Office of the Attorney General. However, probation licensees are responsible for paying all costs associated with their probation monitoring.

In cases of stipulated surrender of a license, part of the negotiated term of the stipulated decision is to mandate that all outstanding cost recovery amounts be paid in full before a petition for reinstatement is accepted by the PAC. In cases involving egregious offenses, the PAC can prevent further violations and possible consumer harm by accepting a stipulated settlement for surrender. In these cases, the cost recovery is negotiated to apply only if the licensee petitions for reinstatement.

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

Currently, the PAC submits to the Franchise Tax Board Intercept Program all cases of revocation for probationers or other revocation cases where there is any outstanding balance of cost recovery.

44. Does the board have legal authority to order restitution? If so, describe the board's efforts to obtain restitution for individual complainants, the board's formal restitution program, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Discuss any changes since last review.

Conceivably, the PAC could order restitution for damages or harm done to consumers. (See Government Code, Section 11519 (d)). However, the PAC as a matter of policy does not order restitution because of the complexity of assessing damages. The consumer has the option of seeking civil remedy, through the judicial system to obtain compensation for damages for harm committed by a physician assistant.

Table 12. Restitution

	FY 2007/08	FY 2008/09	FY 2009/10	FY 2010/11
Amount Ordered	NA	NA	NA	NA
Amount Collected	NA	NA	NA	NA

Section 6 – Public Information Policies

45. 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 PAC uses the internet as an important component in providing information and materials to licensees, applicants, supervising physicians, as well as interested members of the public.

Examples of information available on the PAC website include meeting agendas, minutes, webcasts of meetings, regulation notices and proposed regulation notices, new laws affecting PA practice, and information regarding applications and renewals. Interested parties may also download and print relevant meeting materials for their use. The PAC will continue to webcast all meetings so that PA students, licensees and members of the public have an opportunity to participate.

Additionally, the PAC has an email subscription service which allows subscribers to receive all new information regarding the PAC. The PAC sends out an email to the subscribers when important information is added to the PAC website.

Does the board post board meeting materials on line?

All meeting agendas, prior minutes, webcasts of meetings, and other meeting materials are posted on the PAC website for the public and interested parties to review.

When are they posted?

As required by law, the agenda is posted at least 14 days in advance of each public meeting. Additionally, the agenda packet material is added once the agenda packet is completed.

How long do they remain on the website?

All meeting related materials remain on the PAC website indefinitely for historical reference and are never deleted.

When are draft meeting minutes posted online?

Draft minutes for the PAC are not posted on the PAC website until approved by the PAC at the next subsequent meeting. The draft minutes are included in the agenda material and available prior to the meeting. Once the minutes from a prior meeting are approved at the next scheduled meeting, they are placed online.

When does the board post final meeting minutes?

After the minutes are approved at a meeting of the PAC, then they are posted on the PAC website.

At each meeting, the draft minutes from the prior meeting are reviewed and approved. Once they are approved, then the request is sent to the DCA web team to post these minutes on the PAC website. The web team usually takes 5 or more days to post the material once they receive the request to post it. In most instances, the approved minutes are posted within 7-10 days after each PAC meeting.

How long do meeting minutes remain available online?

The minutes remain available indefinitely and are never removed.

46. Does the board webcast its meetings? How far in advance does the board post future meeting dates?

The PAC webcast its August 2011 meeting that was held in Sacramento. The PAC will continue to webcast meetings whenever feasible. The PAC posts future meeting dates for the upcoming calendar year each November after the PAC approves those dates at the November meeting.

47. Are the board's complaint disclosure policy consistent with DCAs complaint disclosure and public disclosure policies?

The PAC's complaint disclosure is consistent with DCA's public disclosure policy. The PAC public and complaint disclosure policy is also similar to the MBC's disclosure policy.

The PAC discloses the following information:

- a. All Disciplinary actions including Statement of Issues, Accusations, Petitions to Revoke Probation, Final Decisions, ISO, PC23, Dismissed Accusations, Public Letter of Reprimand
- b. Probationary Licenses
- c. Citations issued (posted for five years after compliance)

All disciplinary actions and citation documents are available on the PAC website.

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

Public information for the PAC is contained on the PAC website. To review information about a PA, the website homepage contains a box entitled "Verify a Physician Assistant License". When you "click" on the box, a page appears and provides preliminary information on California law and what information is public and would appear on the PA record under public disclosure. Next, the information on a PA can be located by entering either a partial or full name and/or license number. The information on each PA contains the following: PA name, license type, license number, status of the license, expiration date, issue date, address, county, actions taken, administrative disciplinary actions, administrative actions taken by another state or federal agency, administrative citations. All public documents related to administrative discipline and citations are contained on the PAC website and available for review or printing.

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

Information about the PAC is provided through:

- PAC website (www.pac.ca.gov)
- Email subscription notifications
- Webcast of PAC public meetings
- PAC telephone lines
- Presentations and speaking engagements by PAC members and staff
- Press releases
- Articles printed in the *Newsletter* of the Medical Board
- Telephone responses to voice mail messages
- Written and FAX inquiries
- Email and PAC website inquiries
- Health care fairs and other events attended by either PAC or Medical Board. The PAC provides brochures to be distributed at monthly events attended by the Medical Board of California.

Additionally, the PAC prints a brochure entitled "*What is a Physician Assistant*" in both English and Spanish to educate consumers on making informed decisions when seeking services from Physician Assistants and how to contact the PAC.

The PAC believes strongly that offering information online is crucial to informing consumers about the PAC, especially to ensure consumer protection. The PAC website contains information on:

Public Document Lookup – Allows reviewing and printing of all disciplinary documents and citations.
License Verification – This page allows anyone to look up and print a physician assistant profile, and obtain information about the license status and disciplinary history, address of record, license issuance and expiration dates, training program attended and year of graduation.

Complaints – Complaint forms may be downloaded, completed and mailed to the Central Complaint Unit of the MBC. The complaints are mailed to the Central Complaint Unit because original consent signatures are required in order to obtain medical records.

Consumer Information – This page provides information about the PAC and provides links to areas of interest.

The PAC website provides notices on upcoming hearings for regulation changes and meeting information so that members of the public and other interested parties can attend.

Subscription Services - This service is offered so that emails can be received for subscribers to provide information on disciplinary actions, new laws, regulation changes, reports and other news and information pertaining to the PAC.

Section 7 – Online Practice Issues

50. 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?

In the 2005 Sunset Report, the PAC noted that it has not received any complaints regarding online practice, and noted that the challenges were unknown. It was noted that with respect to "practice without presence" it was doubtful that the PAC would receive complaints because the PAs are dependent practitioners.

At this time the PAC has not seen any increase or prevalence of online practice because a PA works closely with their supervising physician and is a dependent practitioner. There have been cases where a PA is alleged to be working in a sole practice. In those cases, the PA would be violating the law if he or she was working without having a Delegated Service Agreement or supervising physician. At this time the PAC would follow the DCA and MBC policies and procedures as they take effect.

There have been inquiries regarding medical marijuana and physician assistants working in clinics specializing in issuing medical marijuana recommendations. Several complaints have noted that PAs are working in clinics and issuing recommendations without the patient being examined by a physician, which is required under the law. The PAC website contains an informational regarding the laws and regulations of medical marijuana recommendations. Reference is also made to the link to the MBC's Medical Marijuana section on their website.

Section 8 –

Workforce Development and Job Creation

51. What actions has the board taken in terms of workforce development?

Business and Professions Code section 3500 states in part that the purpose of this chapter is to encourage the more effective utilization of the skills of physicians by enabling them to delegate health care tasks to qualified physician assistants where the delegation is consistent with the patient's health and welfare and with the laws and regulations related to physician assistants.

It also states that the purpose of this chapter is to encourage the utilization of PAs by physicians and to provide that existing legal constraints should not be a hindrance to the more effective provision of health care services.

Another goal is to allow for innovative development of programs for the development, training, and utilization of PAs.

The PAC has previously monitored efforts by the CAPA in promoting the use of PAs in health care settings. The PAC plans to continue to review the relationship of PAs and Medical Assistants (MAs) in the healthcare workplace setting, including a discussion of the supervision of MAs by physician assistants. Several attempts have been made by the CAPA to pass legislation regarding this issue which would allow further use of PAs in delivery of healthcare in California and promote workforce development.

The PAC has encouraged the PA programs to work with OSHPD for new graduates to apply for grants to work in medically underserved areas. PA programs have applied and received Song-Brown funding for students and graduates who work and train in underserved areas.

The PAC has been aware of the actions at the national level by the accrediting body with the two year programs being mandated to transition to a masters' program by 2020. The PAC has discussed this issue and continues to monitor the situation. The PAC is concerned that the elimination of two year programs will decrease the number of physician assistants that can be licensed because of the elimination of a two year program pathway to licensure, as this may become a barrier for PAs entering the PA profession. Discussions have been underway as how the PAC can assist these programs in the event they are unable to meet the new standard.

The PAC has discussed retaining the authority to approve the accrediting bodies and wishes to continue to retain this authority if additional two year programs are created.

Effective January 1, 2008, a supervising physician may supervise no more than four PAs at any one time, which was previously the ratio for underserved areas in California. The increase in the number of PAs that a supervising physician may supervise promotes the opportunity to provide greater health care service to consumers. Previously, a supervising physician was allowed to supervise no more than two PAs at any time.

Licensees are now allowed to order Schedules II-V without patient specific authority if they have taken a Controlled Substances Course, and if their supervising physician authorizes the PA to write these orders.

Previously, existing regulation required PAs to obtain patient specific authority prior to writing a drug order for Controlled Substances Schedules II-V. As amended by AB3, Business and Profession Code section 3502.1 eliminates the requirement that a PA obtain patient specific authority prior to writing a drug order for a Controlled Substances (Schedules II-V), if a PA completes an approved educational course in controlled substances, and if delegated by the supervising physician. If a PA does not take the educational course, the requirements for patient specific authority remain unchanged.

Effective January 1, 2008, the 10 percent minimum requirement for the physician to review and countersign patient records was decreased to 5 percent. Previously, existing regulation allowed that if the supervising physician and the PA adopted protocols, the supervising physician would review and sign a minimum of 10 percent of the patient charts of the PA within 30 days.

The PAC works collaboratively with the MBC to ensure that physicians are able to utilize PAs effectively. In January 2001 the supervisor approval application process was eliminated, which further enhanced the ability of physicians to utilize PAs.

52. Describe any assessment the board has conducted on the impact of licensing delays on job creation.

Due to current State budgetary constraints, the PAC has been unable to fill the vacant Office Technician licensing position which has impacted the ability of the PAC to issue licenses on a timely basis. We are aware through conversations with applicants that the delay is causing hardship in their ability to obtain employment in California. The PAC is dedicated to issuing licenses expeditiously to ensure applicants are able to gain employment. The inability to fill this position has created delays in PAs receiving their license, gaining employment, and receiving a paycheck.

In 2009, the PAC began requiring applicants to submit their initial application fee of \$25 and the \$200 licensing fee when the application is submitted. Previously, the \$25 was submitted with the application, and, once the application was approved, the applicant was asked to submit the \$200 license fee. This process change was implemented to reduce the time for an applicant to become licensed and to avoid any unnecessary delays in allowing PAs to become licensed and join the California workforce.

53. Describe any efforts that the board takes to alleviate negative impact of its regulatory mission on California business, including small and micro business.

Through the regulatory process, all interested parties are able to comment on all proposed regulations. One recent example is the Notice to Consumers regulation, which allows compliance with the new requirement by using one of three methods – posting the information on a sign, including a written statement signed and dated by the patient and kept in a patient file, or including on letterhead or other document given to a patient or representative.

54. Describe any partnering or information sharing the board has with other government agencies, such as Workforce Investment Boards or Office of Statewide Health Planning and Development.

The Office of Statewide Health Planning and Development is working cooperatively with the Department of Consumer Affairs and the PAC to gather statistical information on use of PAs in healthcare settings and on their role in the healthcare profession in California. This information will allow better utilization of PAs, particularly in underserved areas. A member of the PAC has recently been appointed to California Healthcare Workforce Policy Commission and will be sharing data gathered with the PAC.

55. Describe the board's outreach to schools.

The PAC regularly gives presentations at several PA programs and at conferences at the State and National level. The PAC also developed a PowerPoint presentation used when teleconferencing with PA schools. The PAC members are often asked to provide presentations to schools in order to educate students about the PAC and laws and regulations. Due to the travel Executive Order, the PAC has ceased attendance at conferences and non mission critical events. However, two PAC members have made presentations at State and National events at no cost to the State.

PAC members also continue to provide presentations to the PA programs at their own expense.

56. Provide any workforce development data collected by the board, such as:

- a. Workforce shortages and staffing needs
- b. Successful training programs
- c. Number of jobs created by its licensure program

At this time, we have not conducted a study regarding workforce development. However, a member of the PAC has recently been appointed to California Healthcare Workforce Policy Commission and will be sharing data gathered with the PAC.

Section 9 – Current Issues

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

The PAC has instituted many of the provisions in the Diversion program and the probation program. The PAC will meet and discuss revisions to the Model Disciplinary Standards to include the Uniform Standards at the November 2011 meeting. A report on the result of the discussion will be prepared after the November 2012 meeting and submitted to the Sunset Review Committee. The revision to the Model Disciplinary Guidelines will require a regulatory change and this work will be accomplished through regulatory change occurring in 2012.

As the PAC uses a contractor to provide diversion services, the contract is in the process of being amended to address these standards.

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

The PAC regulatory package that includes many of the provisions of CPEI was recently approved. The PAC continues to review the regulations for further enhancements in their role of consumer protection.

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

Staff meets with BreEZe consultants to provide support and information regarding the implementation and development of the components of the BreEZe.

60. Describe the board's efforts to comply with OSHPD data collection efforts.

The PAC is working with the DCA to comply with OSHPD data collection efforts. An agreement has been developed by the DCA and is pending completion after review.

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

In an effort to address unlicensed activity, the MBC created the Operation Safe Medicine (OSM) investigation unit. The OSM works exclusively on unlicensed practice, corporate practice of medicine, and lack of supervision violations. The OSM's sole purpose is to investigate complaints of unlicensed activity received from consumers, other state, county, and city agencies, in addition to law enforcement agencies, to find unlicensed facilities and practitioners. The OSM engages in undercover operations in cooperation with law enforcement agencies. Criminal investigations conducted by OSM investigators may result in the filing of felony and misdemeanor charges against unlicensed individuals treating various medical conditions.

As of September 2011, the PAC has had two cases involving unlicensed practice as a physician assistant and these complaints were resolved through the Office of the District Attorney. One unlicensed citation has been issued.

62. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis?

The PAC participates in the DOJ No Longer Interested system and updates the database on a continuing basis with licenses that are cancelled and revoked. We also delete applicants that do not complete the licensing process with the specific licensing timeframes.

63. Is this done electronically?

Yes. Cancelled, revoked and deceased license types are transmitted electronically. We are also able to submit no longer interested requests via fax or email. Generally, this method is used for applicants who fail to complete the licensing process and those denied licensure. **Is there a backlog?** Staff is continually working to eliminate records that are not needed by the PAC. The Department of Consumer Affairs is in the process of obtaining approvals to make changes to the NLI process. This is being done because of poor match rates between the DCA database versus what DOJ reports. The DCA believes the changes are necessary to improve and decrease the number of unnecessary information received on a constant basis. The changes are anticipated to be completed so that the NLI will be run again in February 2012.

If so, describe the extent and efforts to address the backlog.

Staff is currently working with IT to ensure that all records are up to date and anticipates resuming work in February 2012 as reported by DCA.

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 pursuant to the recommendation or findings made under prior sunset review.
4. Any recommendations the board has for dealing with the issue.

Sunset Report – Physician Assistant Committee (PAC)

Issues from Prior Sunset of 2005

Issue 1 - Should the State licensing of physician assistants be continued?

The Joint Committee stated in the 1997 report that "regulation of the PA profession is made necessary by the critical roles performed by PAs, and the potential for serious harm to the public's life, health and safety if the practice of a PA is performed by an unqualified or incompetent practitioner. PAs provide primary health care and specialty health care related services to their patients. Even though supervised by physicians, they can perform any medical services which they are competent to perform and which are consistent with their education, training, and experience, and which are delegated in writing by a supervising physician. Procedures, treatment, and diagnosis can be performed without the presence of the supervising physician as long as the PA consults with the supervising physician, who is ultimately responsible for the patient's care. In effect, the physician assistant stands in the shoes of the physician in performing a variety of medical services. All but one state regulates PAs."

During the review in 2001 both the DCA and PAC recommended that the licensing and regulation of PAs in California be continued.

There are currently ten accredited PA training programs in California and over 8,500 licensees (2,775 in FY 95/96 and 5,649 in FY 2004/05). There is an ever increasing need for health care providers in California due to the population growth, and with healthcare reforms, the need will continue to increase. Business and Professions Code section 3500 describes the legislative intent for the PAC and it holds true today – the PAC was enacted due to the legislature's concern with the growing shortage and geographic maldistribution of health care services in California; their encouragement for the utilization of physician assistants by physicians; and to allow for innovative development of programs for the education, training and utilization of physician assistants. PAs are critical to healthcare and there is and remains the potential for serious harm to the public's life, health and safety if the practice of PAs in California is performed by an unqualified or incompetent practitioner.

Issue 2 -Should the scope of practice for PAs be expanded to include prescriptive authority to provide for more effective utilization of PAs by physicians as recommended by the PAC?

Pursuant to the recommendation or findings, Assembly Bill 3 (Bass), amended Business and Professions Code section 3502.1. Previously, existing regulation required PAs to obtain patient specific authority prior to writing a drug order for Controlled Substances II-V. As amended by AB3 (Bass), Business and Professions Code section 3502.1 eliminates the requirement that a PA obtain patient specific authority prior to writing a drug order for a Controlled Substance (Schedules II – V, if a PA completes an approved educational course in controlled substances, and if delegated by the supervising physician. If a PA chooses not to take the educational course, the requirements for patient-specific authority remain unchanged.

Issue 3 -Should the alternative path to licensure, which allows graduates of medical schools to become physician assistants, be eliminated as recommended by the PAC?

The PAC had previously recommended that there be a single educational pathway to licensure. Under current law, Section 3519 of the California Business and Professions Code, allows an alternative licensing pathway to physicians who have graduated from an approved US or Canadian medical school. As reported in the Sunset Report of 2005, no graduate of a medical school has applied for and been licensed as a PA in California.

It should also be noted that any person who did pursue this pathway would not be allowed to sit for the written licensing examination as the National Commission on Certification of Physician Assistants (NCCPA) will not allow anyone to take the examination if they have not graduated from an accredited PA training program. As a result, this alternative pathway would not permit licensure in California.

Since no one has ever pursued this licensure pathway any applicant who did pursue licensure in this manner would not be eligible for taking the written examination required for licensure, the PAC had stated that they would seek legislation to eliminate this pathway.

Accomplished: Senate Business and Professions Committee (SB 943, Statutes of 2011, Chapter 350) eliminated this pathway by amending Business and Professions Code section 3519.

Issue 4 -Should limited liability provisions and good Samaritan laws be extended to PAs as recommended by the PAC?

Accomplished: Sunset Review Legislation (SB 1981, Greene, Statutes of 1998, Chapter 736) made the recommended changes.

Issue 5 - Should the PAC still be required to approve supervising physicians of physician assistants?

Accomplished: Legislation from the previous Sunset Review (SB 1981) Greene, Chapter 736, Statutes of 1998) removed this requirement. Physicians no longer need to submit an application, pay fees or received MBC approval to supervise a PA.

Issue 6 - Should supervising physicians be allowed to supervise four PAs rather than just two?

Accomplished: Assembly Bill 3, (Bass), became effective January 1, 2008 and amended Business and Professions Code sections 3502, 3502.1, 3516 and 3516.5. AB 3 changed several items pertaining to the practice of PAs, including changing the ratio of physician assistants to supervising physicians from two to four. A supervising physician may supervise no more than four physician assistants at any one time, which was previously the ratio for the PAs utilized in underserved areas in California only.

Issue 7 – Should current requirement for PAC to approve PA training programs in CA be eliminated, as recommended by PAC?

In 2005 the DCA recommended that PAC retain final statutory approval authority, but promulgate regulations to allow them to rely on recognized accrediting bodies. It appeared that PAC would need clarification on their statutory authorization to recognize another accrediting organization, and could not do so through the regulatory process. Staff recommended changing Section 3513 of the B&P. The Joint Committee adopted the recommendation.

The PAC has regulations that specify that if an educational program has been approved by the Accrediting Review Commission on Education for the Physician Assistant (ARC-PA), that program shall be deemed approved by the Committee.

The PAC wishes to retain the ultimate authority to approve the accrediting bodies and for the PAC to continue to keep the authority to approve programs or to create that authority if creation of two year California programs is needed.

Issue 8 - Should the diversion program of the PAC be continued?

The DCA recommended that the PAC, MBC and other boards with diversion programs and the Legislature research an appropriate approach to privatizing diversion programs.

In 2010 the DCA Internal Audit Office conducted two comprehensive audits of the Diversion Program contractor, Maximus. The audit made several recommendations for program improvement. The DCA boards, including the PAC, worked with Maximus to implement the recommendations.

Additionally, SB 1441 required the boards and bureaus within the DCA to adopt uniform standards for use in Diversion Programs which are contracted, or for programs which do not have Diversion Programs, but have probation monitoring. The standards that did not require a contract or regulatory or legislative change were implemented. The contract is being amended to include any uniform standard requirements that were not implemented. In the past three years, the number of practitioners in the program has grown from 19 to 26 (see Table 9B). This program has been used by

the PAC to monitor chemically dependent practitioners and ensure that they are following a program of mandated educational and therapeutic approaches to recovery.

Issue #9 - Is the PAC meeting its legislative mandate to encourage utilization of physician assistants by physicians in underserved areas of the State, and to allow for development of programs for the education and training of physician assistants.

During the last Sunset review in 2005, the PAC reported that more action was needed that must be taken to provide information to current and newly licensed physicians so that they are aware of PAs and the role they play in providing health care to California consumers.

Currently, the PAC publishes informational articles during each publication of the MBC's Newsletter, which was previously mailed to each licensee. At this time the periodical is being sent via email to subscribers and is not longer printed.

Additionally, the PAC website was enhanced to provide tabs and information for supervising physicians, potential PA students and consumers. Enforcement and licensing information is now posted on the website, and there is a subscription service that automatically sends out recent information including enforcement actions, law changes, proposed regulation changes, and statistics for PAC activity. The website now contains all forms and brochures and includes sample documents such as the Delegation of Services Agreement and information about supervising PAs.

During the year staff and members give presentations at PA programs and the annual conference for the association for physician assistants. The purpose of these presentations is to provide information about the PA programs, licensing and enforcement and promote utilization of PAs in current practices.

Issue #10 - Should the PAC continue under the jurisdiction of the Medical Board, be given statutory independence as an independent board, merged with the Medical Board, or should its operations and functions be assumed by the Department of Consumer Affairs?

In 2001 the Joint Committee noted that the PAC believes that no changes were necessary to its current status as it is effectively and efficiently carrying out its duty to protect the consumers of California. PAC members also believe that while the PAC is not under the jurisdiction of the MBC, the current arrangement of working with the MBC serves to protect the consumers of California. The PAC has limited ties with the MBC. The PAC arranges payment to the MBC for investigative and minor administrative services and has resumed responsibility for monitoring the PAC probationers in 2008. The PAC is satisfied with the arrangement and still needs investigative and other services, and does not feel it beneficial to sever limited ties with MBC.

In 2010 the PAC agreed to move forward to seek legislation to change its' name from the Physician Assistant Committee to the Physician Assistant Board. However, the PAC reiterated their wishes to keep the cooperative working arrangement with MBC. At this time the PAC would request that legislation be enacted to change the name from "Committee" to "Board".

Issue #11 - Should the composition of the PAC be changed to increase public representation?

Accomplished: SB 1981 (Greene, Chapter 749, Statutes of 1998) made this change. The nine member Committee is now composed of one physician member from the Medical Board of California, four PAs and four public members.

Issue #12 - Should the PAC reduce licensing fees for physician assistants and eliminate the licensing fee for supervising physicians?

Accomplished: Senate Bill 1981 (Greene, Chapter 749, Statutes of 1998) contained language eliminating physician assistant supervisor fees, application and Medical Board of California approval. This change eliminated a barrier that in some cases kept physicians from working with PAs. PAs are now solely responsible for funding a program that regulates their profession.

Issue #13 – Should the name of the Physician Assistant Examining Committee be changed to “Physician Assistant Committee”, as recommended by the PAC?

Accomplished: The change was accomplished with legislation (SB 1981 (Greene, Chapter 736, Statutes of 1998) from the previous Sunset Review of 2001.

Issues Identified by the PAC

Pocket Plastic Card Licenses

In 2005, the PAC requested authorization to release funds to cover the costs of providing original and renewal pocket plastic licenses to its licensees. The paper licenses were not durable, often became illegible often and did not hold up for the two year license period due to handling. As a result, many PAs had to order a replacement pocket license. Many hospitals and clinics make copies of the licenses and the plastic licenses contain security features and are less able to be altered.

Accomplished: In 2008 the PAC secured a small business contract using existing funds to provide plastic licenses for all initial licenses and renewals.

Probation monitoring costs

In the Sunset report for 2005, the PAC noted that the cost of monitoring physician assistants who have had their license disciplined and were placed on probation was paid by the PAC through the Enforcement budget. With that arrangement, all licensees would pay for the actions of a limited number of licensees who are placed on probation for violations of the laws and regulations.

Accomplished: In February 2007 the PAC revised the Disciplinary Guidelines and one of the amendments was that probationers pay the costs of their probation. Probations are now required to pay the costs for their investigation and prosecution of the case and if they fail to pay then their name is forwarded to the Franchise Tax Board. Prior to this date, probation monitoring costs were included in stipulated settlements.

Business & Professions Code section 3519 Requirements for Licensure

Accomplished: B&P Code section 3519 was amended (SB 943, Statutes of 2011, Chapter 350) and changed the requirements to licensure to require that PAs need to attend an approved PA program in order to become licensed.

Section 11 – New Issues

List new issues raised in this report. Give a short discussion of the issues, recommendations, or actions which could be taken by the board, Department of Consumer Affairs, or Legislature to deal with issues discussed in this report, i.e., legislative changes, policy direction, budget changes.

On-line renewals

At this time PA licensees are unable to renew their PA licenses online or by using credit cards. This creates a hardship for licensees and employers. Licensees and employers have been asking for several years that the PAC enable them to renew on line and with credit cards. The PAC staff receives numerous calls on a daily basis asking if renewals can be completed either on line or over the telephone using a credit card. As a result, license renewals are delayed considerably because licensees need to mail in a check to be processed. Often a renewal is delayed because the licensee did not mail in a check 6-8 weeks prior to the renewal date, and the licensee is suspended from practice by their employer or placed on unpaid leave until the check is processed and the license is updated. This disruption can erode delivery of patient care as patients may not be able to be seen at scheduled appointments.

Additionally, licensees often spend extra money to overnight a second renewal check to the PAC office because they failed to mail the original renewal check 6-8 weeks in advance of the renewal. Providing this service of allowing on-line renewals with a credit card will allow PAs to continue providing needed healthcare and would decrease staff work. This is the most frequent request made by licensees, especially in the past several years when the economy has been in recession and people do not want to relinquish the fees for their renewal 6-8 weeks in advance. Additionally, it would improve our business model in terms of customer service. The professional association has often commented on the lack of on line services, including renewals.

PAC requests a BCP to cover the costs of the transactions fees to provide this service to licenses. There are sufficient reserves to fund the BCP. The PAC cannot absorb the anticipated costs within its existing budget. This service would allow the license to renew more timely and would help prevent the licensee from not being allowed to provide patient care because their PA license was not renewed due to the current 6 to 8 week renewal process.

Business and Professions Code section 800 series – Professional Reporting

Business and Professions Code section 800 series provides several reporting mandates for the MBC and several other health professions to assist the boards in consumer protection. However, under current physician assistant laws, it is not explicitly clear that health plans and health care facilities are

required to report certain actions taken by these entities against a licensee's privileges. If a B&P section 800-series report is received, the PAC opens a complaint and takes appropriate action.

The only reporting mandate that applies to physician assistants is B&P section 803.5 which requires that the district attorney, city attorney, and prosecuting agencies to notify the PAC immediately upon obtaining information of any filings charging a felony against a PAC licensee.

We suggest legislation be introduced to include physician assistants in the 800 series, which would enhance consumer protection by requiring that employing entities report to the PAC any actions taken against physician assistants by peer review bodies for medical disciplinary cause or reason. This would allow the PAC to receive crucial information on its licensees.

Name Change of the Physician Assistant Committee to Physician Assistant Board

A name change would require that Chapter 7.7, Article 2 of the Business and Professions Code section 3507 be changed. Other code sections would also need revisions. The PAC discussed this name change at the July 2010 meeting and asked staff to look into seeking legislation. The PAC wishes to ensure that the relationship with the Medical Board continues, since PAs work under supervising physicians, and that relationship is paramount of the PA practice. The MBC does not appear to have any objection or concern with the name change for the PAC. The PAC has submitted a legislative proposal to the Department of Consumer Affairs.

SB 1441 Substance Abuse Uniform Standards

The PAC will discuss implementing requirements of SB 1441 by revising the Model Disciplinary Guidelines at the November 10, 2011 meeting. A report on the result of the discussion and action taken will follow. Additionally, requirements of SB 1441 Substance Abuse Uniform Standards are being addressed in a contract revision with the contractor who provides the Diversion Program services.

Section 12 – Attachments

Attachments:

A. Board's administrative manual

The PAC submits its policy manual in response to this request. The Committee notes that a request for other manuals would have to be considered under the auspices of the California Public Records Act.

B. Current organizational chart showing relationship of committees to the board and membership of each committee

Please note that the PAC does not have committees recognized in statutes or regulations. The Chairman of the Committee may appoint task forces and subcommittee as issues arise.

C. Major studies, if appropriate

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.)

E. Board's records retention schedule

F. Strategic Plan

G. Performance Measures Charts

H. Post Card Consumer Satisfaction Survey

I. August 2009 DCA Complaint Prioritization Information

ATTACHMENT A

ATTACHMENT A
IS AVAILABLE UNDER
SEPARATE COVER

ATTACHMENT B

ATTACHMENT B

**Please note that the PAC does not have
committees recognized in statutes or
regulations. The Chairman of the Committee
may appoint task forces and subcommittee
as issues arise**



ATTACHMENT C

ATTACHMENT C

NO MAJOR STUDIES

ATTACHMENT D

DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

20-Aug-07

FY 2007-2008

4.5 PY

Executive Officer

Elberta Portman

602-110-6606-001

ADMINISTRATION
ENFORCEMENT

AGPA

Dianne Tincher

602-110-5393-002

Staff Services Analyst (G)

Lynn Forsyth

602-110-5157-001

LICENSING
DIVERSION

Manqt. Servs. Technician

Linda Bronson

602-110-5278-001

AGPA

Glenn Mitchell

602-110-5393-001

Date

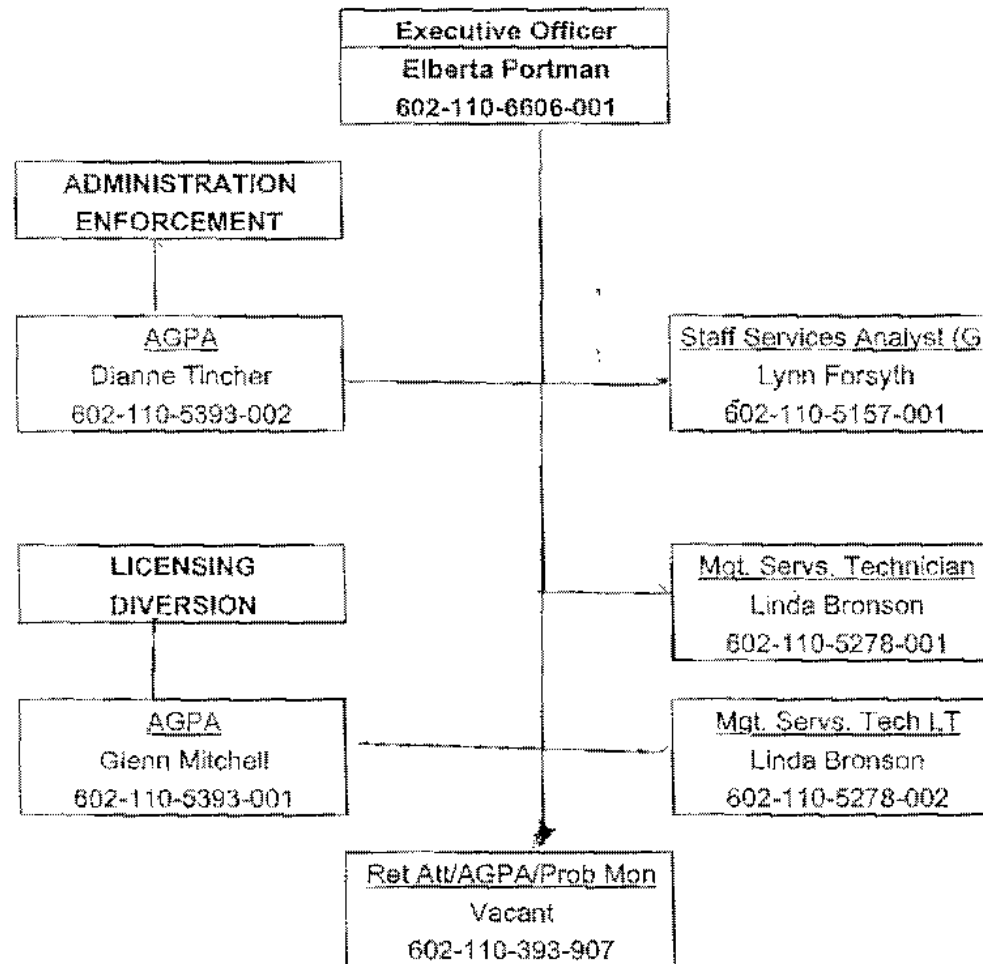
DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

20-Oct-08

FY 2008-2009

4.5 PY



Elberta Portman 10/23/08
Elberta Portman, Executive Officer Date

Classification & Pay Analyst

Date

DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

1-Jul-09

FY 2009-2010

5.0 PY

Executive Officer

Elberta Portman

602-110-6606-001

ADMINISTRATION
ENFORCEMENT

AGPA

Dianne Tincher

602-110-5393-002

Staff Services Analyst (G)

Lynn Forsyth

602-110-5157-001

LICENSING
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Linda Bronson

602-110-5278-001

AGPA

Glenn Mitchell

602-110-5393-001

Managt. Servs. Technician

602-110-5278-XXX

Date

DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

6/17/11

FY 2010-2011

5.0 PY

Executive Officer

Elberta Portman

602-110-6606-001

AGPA - Enforcement

Dianne Tincher

602-110-5393-002

SSA - Admin

Lynn Forsyth

602-110-5157-001

SSA-CPEI LT .4

Not filled 5% personnel

OT - Licensing

Vacant .5 position

602-110-1139-001

AGPA - Diversion

Glenn Mitchell

602-110-5393-001

RetAtt/AGPA/Prob Mon

Temp Help

602-110-393-907

Date

Classification & Pay Analyst

Date

6/17/2011 org chart

ATTACHMENT E

Department of Consumer Affairs

PA-3

OCT 19, 2011

Records Retention Schedule

STD. 73 (REV. 5-92)

Page 1 of 7 Pages

See instructions on reverse
And in SAM 1600

ADDRESS (Number

Street

City)

1424 Howe Avenue, Suite 35, Sacramento, CA 95823-3237

DEPARTMENT OF GENERAL SERVICES APPROVAL NUMBER (5)

Item Number (Triple Space Between Items) (6)	Cubic Feet* (7)	CALIFORNIA STATE ARCHIVES USE ONLY (8)	TITLE AND DESCRIPTION OF RECORDS (Triple space between items) (9)	M E D I A (10)	V I T A L (11)	Office (12)	Dept. (13)	SRC (14)	Total (15)	PRA (Exempt & IPA) (16)	REMARKS
Mission Statement: To protect consumers and increase access to health care we: License and regulate physician assistants, 2) Vigorously and objectively enforce laws and regulations relating to physician assistant practice, 3) Encourage utilization of physician assistants in medically underserved areas, 4) Seek ways and means to rehabilitate drug or alcohol impaired physician assistants, and 5) Encourage development of physician assistant training programs.											
			<u>Physician Assistant Application</u> These files may include but are not limited to: a) original application b) examination scores c) program certification d) Live scan form e) personal data card f) photographs g) letter requesting additional information h) proof of sitting for examination i) supervising physician names j) interim approval certification - copy k) letter acknowledging interim approval								Exempt from public disclosure per Public Records Act, Government Code 6243(c) Available to the applicant only per (data subject): Information Practice Act, Article 8, Section 1798. Pending is: time needed to evaluate application before action taken (licensed, denied, etc.)
1	8.7		A) Abandoned	P		5			5	XI	
2	2.22		B) Pending	P		2 mo			2 mo	XI	
			<u>Supervising Physician Applications</u> These files may include, but are not limited to: a) original application b) personal data card c) letters requesting additional information								
3	7.2		A) Abandoned	P		10			10	XI	
4	.83		B) Pending	P		2 mo			2 mo	XI	
9											

Department of Consumer Affairs

PA-3

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ORGANIZATIONAL UNIT

Physician Assistant Committee

ADDRESS (Number Street City)
1424 Howe Avenue, Suite 35, Sacramento, CA 95823-3237

DEPARTMENT OF GENERAL SERVICES APPROVAL NUMBER (5)

Item Number (Triple Space Between Items) (6)	Cubic Feet* (7)	CALIFORNIA STATE ARCHIVES USE ONLY (8)	TITLE AND DESCRIPTION OF RECORDS (Triple space between items) (9)	M E D I A L (10)	V I T A L (11)	RETENTION				PRA (Exempt & IPA) (16)	REMARKS
						Office (12)	Dept. (13)	SRC (14)	Total (15)		
5	3.2		<u>School Program Applications</u> These files may include, but not limited to: a) original application b) documentation of curriculum c) documentation of faculty d) documentation facilities e) certification from accrediting agency f) copy of minutes approving or disapproving program A) inactive, denied	P		5			5		Exempt from public disclosure per Public Records Act, Government Code 6243(c). Available to the applicant only per (data subject): Information Practice Act, Article 8, Section 179 Pending is: time needed to evaluate application before action is taken (licensed, denied, etc.)
6	.75		B) pending	P		6 mo			6 mo		
7	1.32		<u>Questionable Physician Assistant and Questionable Supervising Physician Applications</u> Applications pending resolution of special problems (medical license on probation, legal action in progress, committee action sought, etc.)	P		6 mo			6 mo		

* Provide total of office and departmental

Department of Consumer Affairs

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ORGANIZATIONAL UNIT

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Physician Assistant Committee

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						Office (12)	Dept. (13)	SRG (14)	Total (15)		
8	78.3		<u>Physician Assistant License</u> These files include material listed under Physician Assistant Application plus: a) wall certificate (copy) b) wallet certificate (copy) c) licensing letter d) copies of court action taken against licensee e) correspondence	P	5				Active +5	XI	Active is: retained as long as license is renewed plus five years (Section 1798.3 et. seq. Civil Code) After failure to renew retain five years (Section 1798.3 et. seq. Civil Code) Exempt from public disclosure per Public Records Act, Government Code 6254(c). Available to applicant only per (data subject): Information Practice Act, Article 8, Section 1798
9	141.6		<u>Supervising Physician Approvals</u> These files include materials listed under Supervising Physician Approvals plus: a) wall certificate (copy) b) wallet certificate (copy) c) letter acknowledging approval d) copies of court actions e) correspondence	P	5				Active +5	XI	
10	8.2		<u>Approved School Program</u> These files include material listed under school program applications.	P	Active				Active		Active is: as long as school is in existence

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Physician Assistant Committee

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						Office (12)	Dept. (13)	SRC (14)	Total (15)		
11	1.87		<u>Log Books</u>	P		50			50		Retained for reference purposes
12	.49		<u>Interim Approvals (PA)</u> These files may include, but not limited to: a) original application b) program certification c) Live Scan form d) personal data card e) correspondence f) proof of sitting for exam g) supervising physician names h) copy of approval certificates i) letter acknowledging approval	P		Active			Active		Active is: up to one year or until exam scores released, then falls under pending or abandoned status
13	1.20		<u>Voided Documents</u> Wall certificates for PA	P		4			4		Destroy after audit
14	.42		<u>Legal Certificates</u> Copies of verifications sent to other states, investigators, etc.	P		2			2		

Department of Consumer Affairs

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ORGANIZATIONAL UNIT

Physician Assistant Committee

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						Office (12)	Dept. (13)	SRC (14)	Total (15)		
15	0		<u>Records of Deceased Licensees</u>	P		5			5	X	
15	6.67		<u>Budget Documents</u> a) Budget and Expenditure Statements b) Statements of Revenue c) budgets and working papers d) Budget Change Proposals e) Audit reports f) workload statistics	P		7			7		Retained as historical data for budget preparation purposes
17	1.20		<u>Legislation</u> Legislative materials on proposed laws including concurrent resolutions of state and federal legislatures, and proposed amendments thereto	P		50			50		Retained for historical and reference purposes
18	18.4		<u>Regulations</u> Files include, but not limited to: a) Regulations and proposed regulations including original language b) Statement of Reasons c) public notices d) public comments e) meeting minutes f) Rulemaking Files	P		50			50		Retained for historical and reference purposes

Department of Consumer Affairs

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19	.52		Administration Correspondence: a) general	P	3				3		
20	.52		b) committee members	P	3				3		
21	1.11		c) investigations Personnel (Supervisor's copy)	P	5				5		
22	4.72		a) staff personnel records	P	Active				Active		Active (22, 23) is until employee is terminated
23	.21		b) attendance	P	Active				Active		
24	2.97		c) committee member personnel records	P	Active				Active		Active until term of office expires
25	.21		d) travel expense claims, travel advance, per diems	P	2				2		
26	7.78		Meeting Minutes Original minutes, including agendas/backup material	P	50				50		Retained for historical purposes

* Provide total of office and departmental

Department of Consumer Affairs

PA-3

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ORGANIZATIONAL UNIT

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Physician Assistant Committee

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27	.52		a) legal opinions	P		Active			Active		Active is: until outdated
28	1.04		b) Departmental and other board memorandum	P		Active			Active		Active is: until outdated
29	.52		c) General information affecting practice as PA's	P		Active			Active		Active is until outdated
30	9.96		<u>Enforcement</u> Reference files of complaints active or closed with merit	P		5			5	X	Disposal criteria: confidential witnessed destruction
	313.27 total										Exempt from public disclosure per Public Records Act, Government Code 6254(c) Not available to data subject per Section 1798.3(a)(4) of the Information Practices Act

ATTACHMENT F

Physician Assistant Committee

Mission Statement

The mission of the Physician Assistant Committee is to protect and serve consumers through licensing, education and objective enforcement of the Physician Assistant laws and regulations.

Vision Statement:

As a result of our efforts the health care needs of California consumers are met by Physician Assistants in a compassionate, competent, ethical and culturally-sensitive manner.

Values:

- **Accountability:** We are accountable to the people of California and each other as stakeholders. We operate transparently and encourage public participation in our decision-making whenever possible.
- **Efficiency:** We diligently identify the best ways to deliver high-quality services with the most efficient use of our resources.
- **Effectiveness:** We make informed decisions that make a difference and have a positive, measurable impact.
- **Integrity:** We are honest, fair and respectful in our treatment of everyone, which is demonstrated through our decision-making process.
- **Customer Service:** We acknowledge all stakeholders as our customers, listen to them, and take their needs into account.
- **Employees:** We are an employer of choice and strategically recruit, train, and retain employees. We value and recognize employee contributions and talent.
- **Unity:** We draw strength from our organizational diversity as well as California's ever-changing cultural and economic diversity.

Physician Assistant Committee

Goals:

GOAL 1 - Licensing

Protect consumers by licensing qualified applicants using a timely, accurate and cost effective process.

GOAL 2 - Enforcement

To protect consumers through an enforcement process that is timely, fair, and consistent with the applicable laws and regulations.

GOAL 3 – Education & Outreach

Provide education and outreach to consumers, healthcare providers, physician assistant training programs and applicants in an accurate accessible manner, including presentations to diverse, underserved populations.

GOAL 4 – Administrative Efficiency

Utilizing the latest management tools and technology, provide cost-effective, quality administrative services to consumers, applicants and licensees.

GOAL 5 – Legislative & Regulatory

Support legislation; pursue laws and regulations that would better meet the needs of consumers in an ever-changing health care environment.

GOAL 6 - Workforce

Address Physician Assistant workforce needs.

Physician Assistant Committee

Objectives:

GOAL 1 - Licensing

Protect consumers by licensing qualified applicants using a timely, accurate and cost effective process.

Objectives *(not prioritized)*:

- Streamline the regulatory language in regards to licensing schools.
- Improve the Committee's information technology system and support.
- Acquire and maintain adequate staff.
- Consider increasing the length of time between renewals.
- Review application, license, and renewal fees to ensure they are current.
- Develop and transition to an all-electronic processing method for licensing.

GOAL 2 - Enforcement

To protect consumers through an enforcement process that is timely, fair, and consistent with the applicable laws and regulations.

Objectives *(not prioritized)*:

- Identify and use expert witnesses who understand the legal requirements for enforcement.
- Create an enforcement process tree and post it on the Committee's web site.
- Clarify enforcement regulations and statutes.
- Post disciplinary guidelines conspicuously on the web site.
- Reduce the time required to conduct investigations.
- Add requirement for licensees to report any convictions that occur prior to renewal of their license.
- Establish a faster Interim Suspension Order process and use it consistently.
- Increase the number of investigators on staff.

Physician Assistant Committee

Objectives (continued):

GOAL 3 – Education & Outreach

Provide education and outreach to consumers, healthcare providers, physician assistant training programs and applicants in an accurate accessible manner, including presentations to diverse, underserved populations.

Objectives (not prioritized):

- Arrange for a Twitter account for the Committee executive officer.
- Explore the creation of a blog or other form of "chat" site for Physician's Assistants on the Committee's web site.
- Ensure the views of the profession are represented on national health care issues.
- Create a calendar on the web site that allows PAs and the public to post outreach events.
- Create a newsletter and post it on the Committee's web site.
- Schedule and conduct seminars to increase community/public awareness of the profession.
- Promote the PA career path in high schools and junior colleges.
- Send representatives to present at 4-5 PA schools each year.
- Use electronic venues, such as the Web, Twitter and Facebook to educate stakeholders about new laws.

GOAL 4 – Administrative Efficiency

Utilizing the latest management tools and technology, provide cost-effective, quality administrative services to consumers, applicants and licensees.

Objectives (not prioritized):

- Explore setting up a VPN for the Committee.
- Increase the use of electronic, on-line communication to reduce the use of hard-copy.
- Provide electronic access to all electronic data.
- Provide internship opportunities for staff at the Committee.

Physician Assistant Committee

Objectives (continued):

GOAL 5 – Legislative & Regulatory

Support legislation; pursue laws and regulations that would better meet the needs of consumers in an ever-changing health care environment.

Objectives (not prioritized):

- Stay abreast of updated, changed, and newly enforced laws to make sure we stay compliant.
- Ensure that new legislation and regulations reflect the current needs of Physician Assistant practice.
- Keep regulations current.
- Develop and maintain relationships with legislators.
- Sponsor new legislation to speed up the enforcement process.
- Review the PA school accreditation process.
- Pursue mandatory reporting from hospitals and clinics of disciplinary actions taken against PAs.

GOAL 6 - Workforce

Address Physician Assistant workforce needs.

Objectives (not prioritized):

- Collect workforce data every three years and post it on the Committee's web site.
- Inform and educate legislators and the public about the need for more Physician Assistant schools.
- Provide information about the PA career to health sectors of the military branches.

ATTACHMENT G

Physicians Assistant
Committee

Performance Measures

Annual Report (2010 – 2011 Fiscal Year)

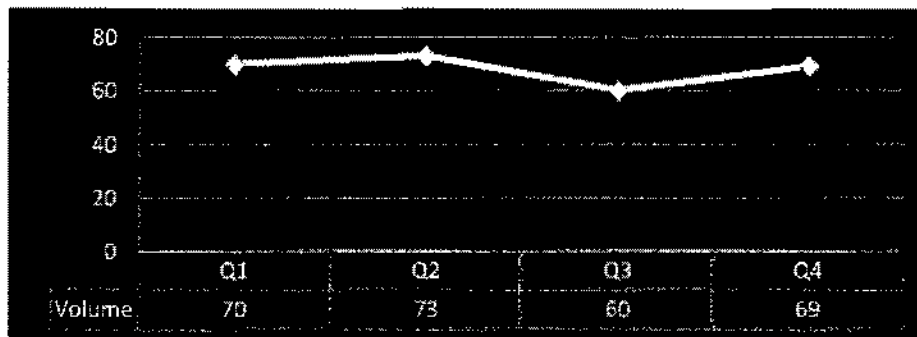
To ensure stakeholders can review the Committee's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

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

Volume

Number of complaints and convictions received.

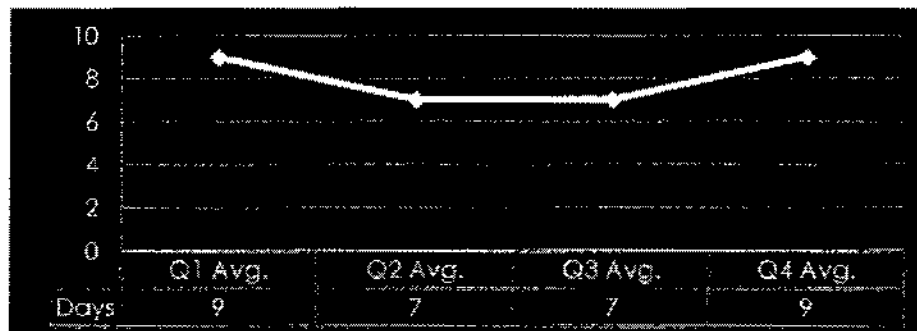
The Committee had an annual total of 272 this fiscal year.



Intake

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

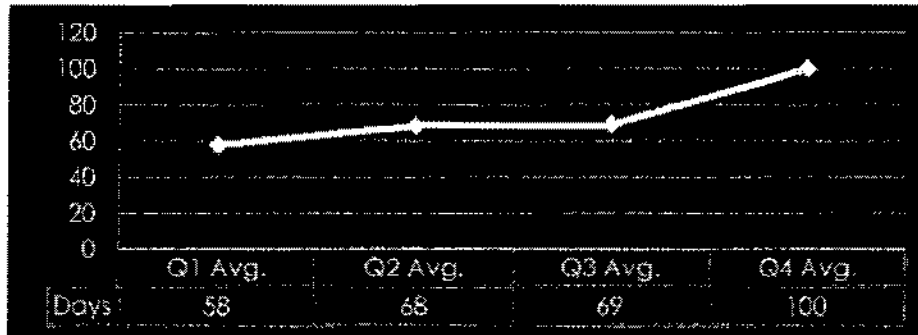
The Committee has set a target of 10 days for this measure.



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.

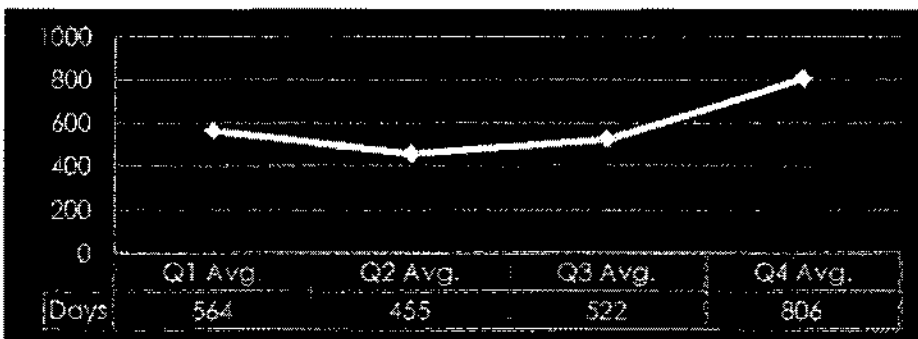
The Committee has set a target of 150 days for this measure.



Formal Discipline

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

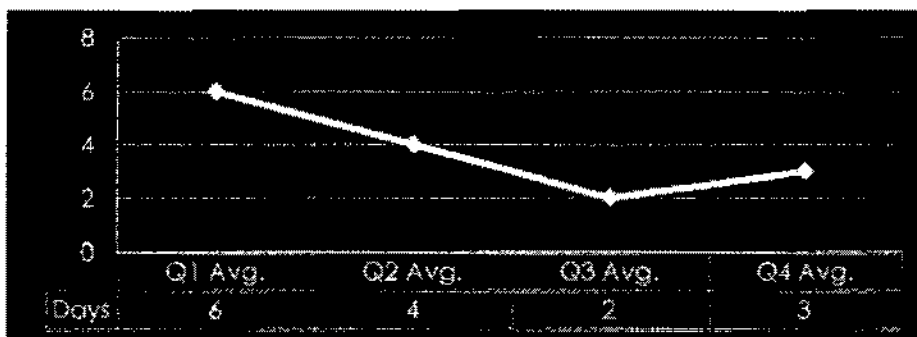
The Committee has set a target of 540 days for this measure.



Probation Intake

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

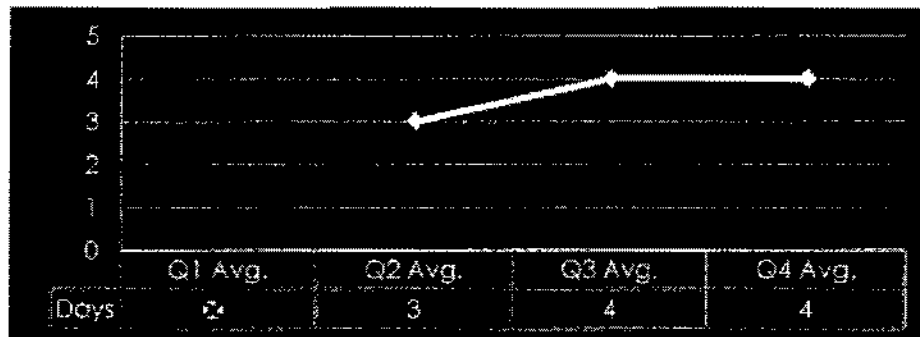
The Committee has set a target of 14 days for this measure.



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.

The Board has set a target of 7 days for this measure.



ATTACHMENT H

Consumer Satisfaction Survey

1. Complaint Number: _____
Board/Bureau: _____
2. How did you contact our Board / Bureau?
Phone / In Person / Mail / e-mail / Website / Other: _____
3. How satisfied were you with the time it took for us to resolve your complaint?
☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neutral ☐ Somewhat Dissatisfied ☐ Very Dissatisfied
4. How satisfied were you with the explanation you were provided regarding the outcome of your complaint?
☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neutral ☐ Somewhat Dissatisfied ☐ Very Dissatisfied
5. Overall, how satisfied were you with the way in which we handled your complaint?
☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neutral ☐ Somewhat Dissatisfied ☐ Very Dissatisfied
6. Would you contact us again for a similar situation?
☐ Definitely ☐ Probably ☐ Maybe ☐ Probably Not ☐ Absolutely Not
7. Would you recommend us to a friend or family member experiencing a similar situation?
☐ Definitely ☐ Probably ☐ Maybe ☐ Probably Not ☐ Absolutely Not

Thank you
 For taking the time to fill out
 this brief survey. If you'd
 prefer to complete our more
 comprehensive online survey,
 please go to www.sacramento.gov/consumer
 or call 916/498-7000 for more
 information.

Your Opinion Counts!
 Consumer Satisfaction Survey >>



BUSINESS REPLY MAIL

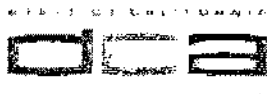
FIRST CLASS MAIL PERMIT NO. 328 - SACRAMENTO, CA
 POSTAGE WILL BE PAID BY ADDRESSEE

State of California
 Department of Consumer Affairs
 C/O Strategic Planning Development
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 Sacramento, CA 95834-9911

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ATTACHMENT I



EXECUTIVE OFFICE
1625 N. Market Blvd., Suite S 308, Sacramento, CA 95834
P (916) 574-8200 F (916) 574-8613



MEMORANDUM

DATE: August 31, 2009

TO: Executive Officers, Executive Directors, and Bureau Chiefs for
DCA Health Care Agencies

FROM: 
BRIAN J. STIGER, Director
Department of Consumer Affairs

SUBJECT: Complaint Prioritization Guidelines for Health Care Agencies

The boards, bureaus and commissions in the department exist to protect the public health, safety, and welfare of the people of California. One way to protect consumers is to enhance enforcement processes through the use of guidelines for prioritizing complaints.

I encourage each health care agency to consider using the complaint prioritization guidelines that follow in the table below. Each category of complaint is given a priority of "Urgent" (requiring the most immediate resources), "High" (the next highest priority) or "Routine" (handled in the ordinary course of business). The department recognizes that each agency may have complaint categories unique to its subject area.

As complaints are received, each one should be immediately evaluated by someone in the agency with the knowledge of the complaint priorities so that the appropriate resources and attention can be directed toward that case. The table below is a guideline - depending on the facts, a different level of priority may be warranted. For example, a complaint based on a report from a health care practitioner data bank (normally routine) may be re-prioritized based on the nature of the underlying acts.

Agencies should continue to review complaints warranting urgent or high attention to determine whether to seek an Interim Suspension Order, a Penal Code section 23 request or other interim action as described in Deputy Director for Legal Affairs Doreathea Johnson's memorandum dated December 15, 2008.

Priority Level	Complaint Category
Urgent (Highest Priority)	(In general, any act resulting in death or serious injury) U1: Gross negligence, incompetence or repeated negligent acts that involve death or serious bodily injury U2: Drug or alcohol abuse by the licensee resulting in death or serious bodily injury U3: Repeated acts of clearly excessive prescribing, furnishing or administering of controlled substances, or repeated acts of prescribing w/o a good faith exam U4: Sexual misconduct with patient during course of treatment or examination U5: Practicing while under the influence of drugs or alcohol Physical or mental abuse with injury Unlicensed activity alleged to have resulted in patient injuries Aiding and abetting unlicensed activity alleged to have resulted in patient injuries Arrests or convictions substantially related to the area of practice (Note: may be re-categorized based on the nature of the underlying acts) Impairments (mental, physical or as a result of alcohol or drug abuse) Theft of prescription drugs Furnishing prescription drugs without a prescription <i>Note: Categories U1-U5 are mandatory priorities for the Medical Board (BPC s. 2220.05)</i>
High	Negligence or incompetence without serious bodily injury Physical or mental abuse (without injury) Diversion drop outs 805 Health Facility reports Complaints about licensees on probation (whether or not injury) Prescribing drugs without a "good faith" exam (where authority to prescribe exists) Prescribing or dispensing drugs without authority Multiple complaints of the same allegation Complaints with multiple prior complaints Unlicensed activities (with no apparent harm)

	Aiding and abetting unlicensed activity (with no apparent harm) Exam subversion (where exam may be compromised) When evidence will likely be destroyed or unavailable
<i>Routine</i>	False/misleading advertising Patient abandonment Fraud Failure to release medical records Record keeping violations Applicant misconduct National Practitioner Data Bank reports Workers Compensation Complaints Non-jurisdictional complaints (fee disputes, billing) Exam subversion (exam not compromised) Continuing Education Breach of confidentiality

cc: Patricia Harris, Acting Chief Deputy Director
Doreathea Johnson, Deputy Director for Legal Affairs