CALIFORNIA STATE BOARD OF OPTOMETRY

Practice & Education Committee Meeting

Friday, March 8, 2013

Office of Administrative Hearings

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

MEMBERS OF THE BOARD
Alejandro Arredondo, O.D., President
Monica Johnson, Vice President
Alexander Kim, Secretary
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Donna Burke
Madhu Chawla, O.D.
Fred Dubick, O.D.
Glenn Kawaguchi, O.D.
William Kysella, Jr.

PRACTICE AND EDUCATION COMMITTEE MEMBERS
Alejandro Arredondo, O.D., President
Madhu Chawla, O.D.
Fred Dubick, O.D.

CALIFORNIA STATE BOARD OF OPTOMETRY

COMMITTEE MEETING AGENDA

Friday, March 8, 2013
9:30 a.m. – 5:00 p.m.

(or until conclusion of business)

Office of Administrative Hearings
The Junipero Serra Building
320 West Fourth Street, Suite 630
Los Angeles, CA 90013

ORDER OF ITEMS SUBJECT TO CHANGE

1. Call to Order – Roll Call of Committee Members

2. Discussion and Possible Action Pertaining to Worksite Monitor Guidelines

3. Discussion and Possible Action Pertaining to Standards for Closing Down Optometric Practice

4. Discussion and Possible Action Pertaining to Standards for Reinstatement or Reduction of Penalty

5. Discussion and Possible Action of Expert Witness Criteria

6. Public Comment for Items Not on the Agenda
   Note: The Committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting [Government Code Sections 11125, 11125.7(a)]

7. Suggestions for Future Agenda Items

8. Adjournment

The Board of Optometry's mission is to serve the public and optometrists by promoting and enforcing laws and regulations which protect the health and safety of California's consumers and to ensure high quality care.

PUBLIC COMMENTS: Public comments will be taken on agenda items at the time the specific item is raised. Time limitations will be determined by the Chairperson. The Board may take action on any item listed on the agenda, unless listed as informational only. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum.

NOTICE: The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Krista Eklund at (916) 575-7170 or sending a written request to that person at the California State Board of Optometry, 2450 Del Paso Road, Suite 105, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

Memo

2450 Del Paso Road, Suite 105
Sacramento, CA 95834
(916) 575-7170, (916) 575-7292 Fax
www.optometry.ca.gov

To: Practice and Education Committee Members

Date: March 8, 2013

From: Alejandro Arredondo O.D.
Board President

Telephone: (916) 575-7170

Subject: **Agenda Item 1 – Call to Order**

Dr. Alejandro Arredondo, O.D., Board President, will call the meeting to order and call roll.

Committee Members:

Alejandro Arredondo, O.D., Board President, Professional Member

Madhu Chawla, O.D., Professional Member

Fred Dubick, O.D., Professional Member

CALIFORNIA STATE BOARD OF OPTOMETRY

Memo

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www.optometry.ca.gov

To: Practice and Education Committee Members

Date: March 8, 2013

From: Jessica Sieferman
Probation Monitor & Enforcement Analyst

Telephone: (916) 575-7184

Subject: **Agenda Item 2 – Discussion and Possible Action Pertaining to Worksite Monitor Guidelines**

As part of the "Worksite Monitor" condition in the Board's new Disciplinary Guidelines, for non-substance abusing licensees, the Board is responsible for proposing a worksite monitoring plan. The worksite monitor can either agree with the proposed plan or submit a revised worksite monitoring plan for Board approval.

In the past, the worksite monitor and probationer were given "Probation Monitoring Program Guidelines" and "Probation Report" (Attachment 1) as a proposed monitoring plan (Plan). It is estimated that this Plan was developed more than ten years ago with the help of Board experts.

However, over the past few years, worksite monitors and probationers have expressed frustration with the Plan and have requested further clarification. The Plan is essentially a "one-size-fits all" solution, and probationers argue some sections do not apply to the reason they were disciplined.

According to the new Disciplinary Guidelines, the worksite monitoring condition may be given as a requirement of probation for several different violations (e.g., violations involving gross negligence, advertising, prescriptions, poor record keeping, altering a license, etc.). Subjecting the licensee to unrelated monitoring may be seen as punitive rather than assisting in the licensee's rehabilitation. If a licensee was placed on probation for inaccurate record keeping, for example, staff believes the worksite monitor should focus on auditing patient records but may not need to inspect equipment, infection control policies, advertisements, etc.

In addition, the Frequency of On-Site Monitoring Reviews addressed in the Plan is often challenged because probationers tend to see a decreased patient population and request the frequency correspond to the number of patients they treat. Probationers also request monitoring be completed when patients are not present.

Similarly, while the Records Review section in the Plan requires all patient records are examined, many probationers and monitors claim this is excessive and unreasonable. A random sampling of patient records may be sufficient to determine if the term is being met. Further, some content in the Plan may be outdated and/or lacking necessary information. For instance, the Plan does not contain any information for reviewing patients' billing records even though "financial review" is a listed responsibility. Many monitors have requested such guidance.

To assist the Board in developing a new monitoring plan the Medical Board provided a sample of their monitoring plan and related documents (Attachment 2).

Based on the reasons for discipline, staff has identified certain areas for a worksite monitor to focus on during his/her monitoring (Attachment 3). However, staff would like additional input from the committee to identify any

missing information to aide in plan development. Once staff receives this input, a draft monitoring plan will be brought to the committee for approval.

Requested Action: Identify focus areas for worksite monitor and aide in the development of the worksite monitoring plan.

Board of Optometry
2450 Del Paso Road, Suite 105
Sacramento, CA 95834
(916) 575-7170/(866) 585-2666
www.optometry.ca.gov

PROBATION MONITORING PROGRAM GUIDELINES

I. GOALS AND OBJECTIVES

The mission of the Board of Optometry is to ensure that consumers of optometric services receive quality vi sion care from competent and ethical optometrists through proper licensing and regulation of the practice of optometry in accordance with California law.

The Board believes that consumer protection is best achieved when:

- high standards of competence and ethical conduct are maintained by all licensed optometrists;
- consumers are provided with the information necessary to make educated and informed decisions regarding their vision care needs;
- those who commit fraudulent, deceptive or other unlawful acts causing harm to consumers or undermining the profession, are swiftly and fairly disciplined; and
- regulation of the profession is carried out in a manner that provides the necessary protecti ons for the public health, safety and welfare, while fostering a fair and competitive marketplace.

The Board of Optometry Probationary Monitoring Program is dedicated to the following objectives and functions:

A. Assuring that every Consumer has access to vision care consistent with community standards.
B. Assuring that every Consumer receives treatment in a safe and clean environment.
C. Assuring that each Respondent is in compliance with the terms and conditions of their probation.
D. Assuring that the Board appointed Monitors are dedicated, conscientious, and licensed optometrists in the State of California and that they conduct on-site reviews that monitor compliance of the Respondent to his or her probation.
E. Assuring that treatment-related decisions are not influenced by financial considerations.

II. FUNCTION OF THE MONITORING PROGRAM

Monitoring is often a condition of a disciplinary action involving an optometrist under pr obation. The Board Monitoring Program exists to monitor the complianc e to specific terms and conditions set forth in a Decision or Disciplinary Order rendered by the Board of Optometry. The Monitoring Program establishes guidelines under which the program shall operate.

The Monitoring Program functions to verify compliance to a disciplinary order and to community standards through a Board approved Monitor. The Monitor is to be an optometrist in good-standing licensed in the State of California. The Monitor is responsible for conducting:

1. On-site patient record audits.
2. On-site financial review including, but not limited to insurance billing and coding.
3. On-site facility and equipment audit.
4. Reviews for medical necessity of supplemental procedures.
5. Periodic and regular reports to the Board.

III. FREQUENCY OF ON-SITE MONITORING REVIEWS

The Monitor must be in personal attendance at Respondent's place of practice no less than 40 hours each six-month period of probation. All monitoring activity must take place during the time Respondent is physically present in his or her pr actice and while the Respondent renders patient care. The Monitor shall prepare and submit a written report to the Board within thirty (30) days of each monitoring visit.

Within 30 days of the effective date of the Board adopting a decision, respondent shall make their practice available for monitoring, at respondent's costs, by a Board-approved optometrist who shall furnish a report to the Board or its designee.

IV. LEVELS OF DEFICIENCIES AND STANDARDS FOR COMPLIANCE

Following a full on-site audit review, the Respondent will be evaluated on the basis of the degree of severity of each noted deficiency and quantity of noted deficiencies relative to compliance with the Monitoring Program.

A. Patient Record Review

The intent of the record review is to identify systemic and repetitive omissions of procedures and documentation by a Respondent. The patient record review will consist of a review of records of all patients examined by the Respondent during the time the Monitor is present at the Respondent's office and a random sampling of patient records selected by the monitor. The patient record review findings will be reported as “satisfactory” or “unsatisfactory” for each category in the Audit Tool.

A score with greater than 20% unsatisfactory for a single category will be noted as a failure to comply with the terms and conditions of probation.

A score of less than 60% satisfactory items for any single patient record will result in a grading of “Unsatisfactory Overall Management of Care” for that patient record. Results totaling more than 20% unsatisfactory grades for the category of “Overall Management of Care” will be noted as a failure to comply with the terms and conditions of probation.

B. Facility and Equipment Review

The intent of the facility and equipment review is to verify that the Respondent has the instruments necessary to perform his or her duty. The Respondent must utilize and demonstrate proficiency in the use of all the devices listed in California Code of Regulations Section 1510.

1. The Respondent's office shall have acceptable, operational equipment and instruments to provide diagnostic procedures and tests required to meet the community standard for vision examinations.

2. The Respondent shall maintain proper disinfection of instruments and materials (including contact lenses) that are in contact with patients, as recommended by the Centers for Disease Control.

3. The Respondent shall keep all certificates of registration conspicuously posted in public view at his or her place of practice at all times. This requirement shall include:

a. Optometrist Certificate of Registration (OPT)
b. Secondary Office License (SOL)
c. Branch Office License (BOL)
d. Fictitious Name Permit (FNP)
e. Corporate Registration

4. The Respondent must observe general hygienic practice and cleanliness standards.

5. The Respondent must abide by all applicable local, state and federal laws.

6. Required instruments and equipment are to be present, clean and in good working condition. The following instrumentation equipment or equivalent provides essential patient data necessary in routine eye care and must be on premises at the time of any and all routine and/or specialized eye examinations.

   a) Retinoscope

   b) Keratometer / ophthalmometer or equivalent

   c) Ophthalmoscope

   d) Tonometer

   e) Biomicroscope

   f) Phoroptor

   g) Tangent screen or perimeter

   PATIENT SAFEGUARDS

A. Current Certification of Cardiopulmonary Resuscitation (CPR).

B. Infection Control

1. Doctors and staff must wash their hands with soap before and after examinations using dispensable soap and disposable towels.

2. Instrument disinfecting standard - all instruments coming in contact with the patient must be disinfected, in accordance with Centers for Disease Control (CDC) recommended procedures. Acceptable methods are listed below:

a. Contact or Applanation Tonometers

   i. 3% hydrogen peroxide - 10 minute soak

   ii. 1:10 dilution of sodium hypochlorite (household bleach)

   iii. Tonometer covers

   iv. Alcohol wipes

   v. Other

b. Diagnostic contact lenses (Goldmann 3 mirror, etc.):

   i. Alcohol wipe

   ii. 1:10 dilution of sodium hypochlorite (household bleach)

c. Other instruments (i.e., forceps, speculum, spud, Algerbrush)

   i. Glutaraldehyde (Cavicide® or Cidex®)

   ii. Other

d. Containers for hazardous materials must:

   i. Display proper identification.

   ii. Have proper safety seal.

   ii. Be stored safely.

e. Contact Lenses Disinfection:

   i. 3% hydrogen peroxide

   ii. Heat disinfection regimen for soft lenses (78 - 80° C or 172 - 176° F) for 10 minutes if approved for heat

   iii. Other FDA approved method for type of lens.

3. Personal Protection Technique:

   a. Respondent and staff wash hands between patients.

   b. Sink accessible for use by doctor and staff.

   c. Disposable Latex Gloves.

      i. Health care workers should routinely use appropriate barrier precautions to prevent expos ure to pathogens. Workers must use latex gloves:

         1. when contacting blood, mucous membranes, and open wounds.

2. when the Respondent has open wound or cuts on hands.

ii. Doctors and staff members shoul d be instructed as to the proper use of latex gloves, particularly noting that:

1. gloves are not a substitute for hand washing.

2. gloves are for single use only and must be discarded after each patient.

3. hands should be washed after gloves are removed.

C. Pharmaceuticals

1. Pharmaceuticals, medicated and non-medicated ophthalmic drops, contact lens and irrigating soluti ons shall not be held beyond the labeled expiration date.

VI. RECORDS REVIEW

A. Chart Selection

All charts for all patients rendered professional services (optometric and optical dispensing) shall be reviewed.

B. Elements of Record Review

All entries in the patient record must be signed and dated by the Respondent and patient. The record must be legible and written in black or blue ink.

1. Medical history form

a. A medical history form shall be completed by every member who accesses the office of the Respondent and permanently retained in the member's patient record. The medical history form must include but not be limited to the following information:

i. Member's general medical health.

ii. Systemic diseases such as:

- Cardiovascular disease
- Hypertension
- Diabetes
- Hepatitis
- Communicable diseases
- HIV status or AIDS

iii. Allergies and sensitivities to medication.

iv. Neurological disorders, epilepsy, seizures.

v. Pregnancy status.

vi. Present medications or present medical treatment.

vii. Name of primary care physician (PCP) and location.

b. Acceptable format of medical history form:

i. Adequate space for additional pertinent information that can be given by the member.

ii. The medical history questionnaire is to be in yes/no format for itemized and specific systemic and ocular conditions.

iv. Chief complaint (CC) and reason for visit.

3. Minimum chart recording guidelines:

a. Case history

i. Patient's chief complaint and reason for exam.

ii. Ocular and visual health history.

iii. General health status (e.g., medications or existing chronic or acute conditions).

b. Examination

The clinical examination should focus on the problem or complaint presented by the Patient. Complete findings should be recorded according to the charting standards.

i. Refractive status which must include, but is not limited to the following:

- Monocular entering visual acuity with habitual correction.

- Manifest or Subjective Refraction.

- Monocular Best Corrected Visual Acuities (BCVA).

ii. Binocular Status which may include the following (any two):

- Cover test (objective)
- Phorias and/or fixation
- Near Point of Convergence, (NPC)
- Stereopsis
- Fusional ranges and vergence testing
- Level /grade of binocularity
- Fixation disparity (subjective)
- Prism reflex test
- Hirshberg/Angle Kappa

iii. Ocular health status:

- Internal examination to include direct and/or indirect opthalmoscopy. (Please refer to Guidelines for Dilated Fundus Examinations)
- Neurological integrity - pupillary reflexes and extra-ocular muscle (motility) evaluation
- External examination / biomicroscopy (SLE)
- Intraocular pressure / tonometry
- Visual fields screening - minimum requirement:
  - Four quadrant gross confrontation visual fields (please refer to Guidelines for Detailed Quantitative Threshold Visual Fields)

iv. Diagnosis and treatment plan:

a. Diagnoses must be itemized.
b. Treatment plan must be it emized. If no treatment is recommended records must so indicate.
c. Medications - documentat ion must include the drugs given or prescribed with strength, dosage, quantity and instructions for use.

4. Treatment and continuity of care

a. The treatment record shall show evidence that the initial treatment was completed or have documentation indicating why the treatment was not completed.

b. The treatment shall be timely and efficient.

c. Recall and next visit appointments shall be documented in the treatment record.

d. Follow-up or broken or missed appointments shall be documented in the treatment record.

e. When indicated, a specialty referral shall be documented in the treatment record and followed through.

f. Referral standard:

i. If a patient requires treatment of a medical condition, the Respondent shall assist the patient in coordinating the treatment and benefits with their medical plan and/or with their primary care physician. Conditions that may require referral may include, but are not limited to:

- Transient or sudden loss of vision.
- Ocular discomfort or pain.
- Double vision or diplopia.
- Swollen lids.
- Red eyes.
- Ocular foreign body sensation.
- Flashes or floaters.
- Pain in or around the eyes.

5. Informed consent:

a. Informed consent is the provision of sufficient information regarding the risks and benefits of treatment or non-treatment for specific conditions. This form must be sufficient to allow the patient to make an informed decision. It is required for all medical treatment and medical treatment recommendations.

VII. GUIDELINES FOR DILATED FUNDUS EXAMINATIONS

Dilated fundus examinations (DFEs) are required when certain signs, symptoms or pre-existing systemic and ocular conditions are present. Community standards require DFE for the following conditions:

1. Diabetes mellitus.

2. High myopia.

3. Transient or sudden loss of vision.

4. Flashes and/or floaters.

5. Individuals of sixty (60) years of age or greater.

6. Any instance deemed necessary within professionally recognized standards of care.

Optometrists who are not certified and authorized to use Diagnostic Pharmaceutical Agents (DPAs) are required to coordinate the referral of the Consumer to an optometrist or an ophthalmologist that is qualified to use DPAs.

VIII. GUIDELINES FOR QUANTITATIVE THRESHOLD VISUAL FIELDS

Quantitative Threshold Visual Fields are required when certain signs, symptoms or pre-existing systemic conditions are present. The following conditions require quantitative threshold visual fields:

1. Elevated intra-ocular pressure

2. Asymmetric intra-ocular pressure (>4 mm Hg) between eyes

3. Enlarged or asymmetric cup-to-disc ratio

4. Positive findings found in gross visual field screening

5. Any instance deemed necessary within professionally recognized standards of care

Optometrists who do not possess the necessary equipment to perform quantitative threshold visual fields are required to coordinate the referral of the Consumer to an optometrist or an ophthalmologist that possesses the necessary equipment to conduct such a test.

State of California Department of Consumer Affairs

BOARD OF OPTOMETRY
2450 DEL PASO ROAD, SUITE 105
SACRAMENTO, CALIFORNIA 95834
(916) 575-7170

Probation Report

Monitoring Date: _____/_____/_____

RESPONDENT: (B&P 3070/3077, CCR 1505)

Name: _____ O.D. License No.: _____

Address: _____

City: _____ Zip Code: _____

Telephone: (____) _____ Fax Number: _____

OFFICE HOURS: (B&P 3070 & 3077, CCR 1505 & 1517)

Monday	_____ - _____	Thursday	_____ - _____
Tuesday	_____ - _____	Friday	_____ - _____
Wednesday	_____ - _____	Saturday	_____ - _____
		Sunday	_____ - _____

Number of Hours Respondent present at this location: _____

OTHER LICENSED PROFESSIONALS: (B&P 3070, 3077 & 3103, CCR 1505 & 1517)

Last Name	First Name	Degree	License Number

Name of Respondent displayed in a conspicuous place? ❑ Yes ❑ No

POSTINGS (B&P 3075, 3077 & 3125, CCR 1506, 1513, 1514 & 1550)

Certificates of Registration posted in conspicuous public view?

Optometrist Certificate of Registration? (OPT)		❑ Yes	❑ No
Statement of Licensure? (SOL)	❑ Not Applicable	❑ Yes	❑ No
Branch Office Permit? (BOL)	❑ Not Applicable	❑ Yes	❑ No
Fictitious Name Permit (FNP)?	❑ Not Applicable	❑ Yes	❑ No
Corporate Registration?	❑ Not Applicable	❑ Yes	❑ No

POSTINGS (CONTINUED)

Notice to Release Contact Lens Prescriptions: (B&P 3025, CCR 1566) ❑ Yes ❑ No

Current Certification of Cardiopulmonary Resuscitation (CPR)? ❑ Yes ❑ No

(B&P 3059, CCR 1536) Expiration Date _____

Prescriptions - minimum information required: (B&P 3025, 3025.5 & 3041, CCR 1565)

- Provider Name ❑ Yes ❑ No
- Provider License Number ❑ Yes ❑ No
- Provider Address ❑ Yes ❑ No
- Provider Telephone Number ❑ Yes ❑ No
- Provider Signature ❑ Yes ❑ No
- Issue Date and Expiration Date ❑ Yes ❑ No

FACILITY (CCR 1510)

Equipment:

- Retinoscope ❑ Yes ❑ No
- Keratometer / ophthalmometer or equivalent ❑ Yes ❑ No
- Ophthalmoscope ❑ Yes ❑ No
- Tonometer ❑ Yes ❑ No
- Biomicroscope ❑ Yes ❑ No
- Phoroptor ❑ Yes ❑ No
- Tangent screen or perimeter ❑ Yes ❑ No

INFECTION CONTROL (B&P 3025.5, CCR 1520)

Disinfection Technique:

- 70% Isopropyl alcohol ❑ Yes ❑ No
- 2.5% Gluteraldehyde (Cidex® or Cavicide®) ❑ Yes ❑ No
- 3% Hydrogen peroxide ❑ Yes ❑ No
- 1:10 Dilution of sodium hypochlorite (household bleach) ❑ Yes ❑ No

Personal protection:

- Accessible hand washing facility present? ❑ Yes ❑No
- Latex gloves present? ❑ Yes ❑ No
- Respondent and Staff wash hands between patients? ❑ Yes ❑ No

CHART REVIEW

PATIENT SSN																				
Patient Age																				
MEDICAL HISTORY FORM																				
Collected																				
EXAMINATION RECORD																				
Case History																				
Chief Complaint																				
Ocular Health History																				
General Health History																				
Objective																				
Entering VA																				
Manifest Refraction																				
Best Corrected VA																				
Ocular Motility																				
Binocular Test																				
Pupil Reactions																				
Ophthalmoscopy																				
Slit Lamp Biomicroscopy																				
Tonometry																				
Visual Fields																				
Assessment																				
Diagnosis																				
Plan																				
Treatment																				
Chart Notes																				
Legible																				
Examiner Identification																				
Continuity of Care																				
Specialist Referral Indicated?																				
Appropriate Referral made?																				

COMMENTS: _____

_____

_____

_____

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_____

_____

MONITOR INFORMATION

Name: _____ O.D. License No.: _____

Address: _____

City: _____ Zip Code: _____

Telephone: (____) _____ Fax Number: _____

I, _____, certify under penalty of perjury that the above information is true and correct. I further underst and that any false, incomplete, incorrect or fabricated information may result in disciplinary action against me by the Board of Optometry.

_____ _____

MONITOR DATE

Begin Time: _____ End Time: _____ Total Hours this Visit: _____

PRACTICE MONITOR NOMINATION

Monitor Selection

Nominate at least three licensed physician and surgeons to be your Practice Monitor (Monitor) who have no open complaints or past or pending disciplinary action with the Medical Board. The Monitor cannot have any prior or current business, personal or other relationship with you. You are responsible for any costs associated with monitoring your practice.

Monitor Resignation

If the Monitor is no longer able to monitor your practice you are required to notify your assigned inspector and re-submit this form to the Board within **5 calendar days** of the resignation or unavailability. Submit the name and qualifications of a replacement Monitor who will assume the responsibilities within **15 calendar days**. If you fail to obtain approval of a replacement Monitor within **60 days** of the resignation or unavailability of a Monitor, *you will be suspended from the practice of medicine until a replacement is approved and prepared to assume the immediate role as your Monitor.*

Probation Case #

Name:	Phone Number:
Address:	
Physician and Surgeon's License Number:	Practice Specialty or Subspecialty:
Name: :	Phone Number:
Address:	
Physician and Surgeon's License Number:	Practice Specialty or Subspecialty:
Name: :	Phone Number:
Address:	
Physician and Surgeon's License Number:	Practice Specialty or Subspecialty:

By my signature below, I acknowledge that I understand the selection and replacement criteria for the practice monitor. I understand that information about my participation with the practice monitor will be available for inspection and review by the Medical Board of California and/or its designees at any time. I agree to hold harmless the Practice Monitor; the State of California, Medical Board of California, its officers, agents and employees from any liability resulting from or arising in connection with this requirement.

I understand that this is a nomination form and does not guarantee approval of the nominee(s).

Executed on _____, 20____.

_____ _____

Probationer (Print Name) Signature

Practice Monitor
Pre-Visit Information
(To be completed by Probationer)

Instructions: Complete all sections below. Any items that do not apply enter N/A. If you change employers or place of practice you must submit a new Pre-Visit form. Please type or print clearly.

Practice Criteria

Practice address:

Business phone:	Business fax:	Practice/Clinic hours of operation:

Average number of patients seen ***per day***:
Practice/Clinic_____ Hospital _____

Average number of patients seen ***per week***:
Practice/Clinic _____ Hospital _____

Average number of patients seen ***per month***:
Practice/Clinic_____ Hospital _____

Years of practice in present discipline at current level:

Briefly describe the nature of your practice:

Discipline: _____

Select the structural setting of your practice:

- ☐ Rural
- ☐ Community Clinic
- ☐ Urgent care center/ER
- ☐ Private hospital
- ☐ Industrial
- ☐ Solo practice
- ☐ Family practice
- ☐ Public hospital
- ☐ Military/government
- ☐ Multispecialty group practice
- ☐ University or teaching program
- ☐ Other Explain:

Indicate which language(s) is spoken at your practice by the staff or physicians. For each selection, identify in the space provided if it is their first or second language:

- ☐ English _____
- ☐ Spanish_____
- ☐ French _____
- ☐ Italian _____
- ☐ German _____
- ☐ Portuguese _____
- ☐ Japanese _____
- ☐ Mandarin _____
- ☐ Cantonese _____
- ☐ Vietnamese _____
- ☐ Korean _____
- ☐ Tagalog _____
- ☐ Farsi _____
- ☐ Russian _____
- ☐ Other _____

Do you currently deliver babies? ☐ Yes ☐ No Do you have hospital privileges? ☐ Yes ☐ No

For a typical full week's worth of practice estimate the average number of patients you personally handled for: (circle the amount)

Inpatient/Outpatient visits:	0	1-50	51-100	101-150	151-200	>200
Hospital inpatients:	0	1-7	8-14	15-21	22-28	>28

Estimate the percentage of patient population by ethnic background:

African-American _____%
Asian/Pacific Islander _____%
American Indian _____%
Hispanic _____%
White (non-Hispanic) _____%
Other ethnicity, specify _____ _____%

List the types of surgical procedures performed in your office/clinic/outpatient facility:

Office Staff

Number of physicians you work with in the practice _____

Enter the number for each that assists you in your practice:

RNs _____ LVNs_____ MAs _____ PAs _____ administrators _____

receptionists _____ secretarial personnel _____

Do you instruct office personnel on:

Communicating with patients? ☐ Yes ☐ No

Cleaning and sterilization? ☐ Yes ☐ No

Measuring blood pressure? ☐ Yes ☐ No

Performing other clinical tasks, if yes, please list: ☐ Yes ☐ No

Practice Policies

Average length of time for patients in your waiting room?

Are all tests reviewed by the physician who requested each test? ☐ Yes ☐ No

Are patients notified of all abnormal results? ☐ Yes ☐ No

What procedure is employed in your practice to ensure review of all test/consultation/investigation results before they are filed in the patient's record?

When performing sensitive examinations (e.g., breast, genital) is a third person present? ☐ Yes ☐ No

How are the patients' records stored?

A Site Visit will be conducted by the Practice Monitor. The Monitor will be in your office for approximately four hours. Please indicate three options for your preferred time(s) for the Site Visit.

MON	TUES	WED	THURS	FRI	SAT	SUN

Preferred a.m. times:
8:00 a.m. - 12:00 p.m.
9:00 a.m. - 1:00 p.m.

Perferred p.m. times:
12:00 p.m. - 4:00 p.m.
1:00 p.m. - 5:00 p.m.

(Est. 3/2011)

PRACTICE MONITOR
ROLES AND RESPONSIBILITIES

Roles

The role of the Practice Monitor (Monitor) is to ensure, to the extent possible, that the physician on probation will conduct his/her practice with safety to the public and in a competent manner. The Monitor is responsible for reporting to the Board any identified problems or deficiencies in the quality of the physician's patient care, billing practices, medical record keeping, and/or professional conduct. The Monitor also fulfills the role of an educator and advisor to the physician, with the goal of assisting the physician to improve clinical skills and gain insight into practices that led to disciplinary action, so that learning and rehabilitation will occur.

Monitors are expected to render fair, objective, reliable, and unbiased reports to the Medical Board (Board) Probation Unit. In order to do this, the Monitor cannot have any *prior or current* business, personal, or other relationship with the physician on probation.

The Monitor conducts an *initial* site audit with subsequent audits annually; chart files are reviewed on a monthly basis at the physician's place of practice(s). A summary report is prepared quarterly and sent to the assigned Inspector within the Board's Probation Unit.

The Monitor will be required to: 1) complete an Agreement with the Board; 2) review the Pre-visit Information Sheet; 3) conduct an initial Site Audit with annual audits thereafter; 4) conduct once a month chart reviews; and 5) prepare quarterly reports.

Responsibilities

The Monitor's responsibilities include:

1. Reviewing all background information including the Accusation and Decision pertaining to the physician on probation.
2. Monitoring the physician for his/her entire probation period (unless otherwise stated in the Order) according to the Board's requirements.
3. Adhering to all HIPAA regulations and guidelines with respect to patient privacy.
4. Making all site visits to the physician's practice(s) following the Board's program guidelines and instruments for: timeliness, completion of questionnaires, chart reviews, and submission of reports.
5. Working together with the physician to ensure the Monitoring Plan is being followed as outlined.
6. Telephoning the physician as needed to discuss results or concerns from the monthly chart reviews.
7. Completing and providing written quarterly reports to the assigned Inspector within the Board's Probation Unit in accordance with the Monitoring Plan.

MONITORING PLAN

This Monitoring Plan (Plan) outlines the written protocols for monitoring the physician's practice. The Plan details the expectations for visiting the physician's practice; randomly selecting and reviewing charts; and reporting findings to the Probation Unit.

Initial and Subsequent Site Visits:

Prior to the *initial site visit*, the Monitor should review the physician's Curriculum Vitae and the Board's administrative Accusation and Decision. In addition, the Monitor should review the "Practice Monitor Pre-Visit Information" form that was completed by the physician.

The Monitor will make an *initial site audit* at the beginning of the monitoring program and on an annual basis thereafter during normal business hours. The *initial site audit* involves a detailed inspection of the physician's place of practice. A list of items to observe at the practice will be provided to the Monitor. After the *initial site audit* has been concluded, the Monitor will prepare a summary report of their findings and submit it to the assigned Inspector.

Subsequent visits to the physician's practice location will be made ***once each month*** for the purpose of randomly selecting and reviewing charts, inspecting the sanitation and orderliness of the office, and meeting with the physician to discuss cases or other practice related issues, such as the proper storage of controlled substances and required record keeping.

If the physician has more than one practice location, the Monitor will make an initial site audit at each practice and make subsequent monthly visits to each location on a rotating basis.

Chart Review

The *total number* of randomly selected patient charts to be reviewed by the Monitor on a ***quarterly basis*** is dependent on the size of the physician's practice and should be as follows:

Average Number of Patients Seen per Month	Percentage of Chart Review
1-20	50%
21-40	40%
40 and higher	30%

The Monitor will determine the method of random chart selection. This responsibility shall not be delegated to either the physician or the physician's staff. The random selection of charts should include charts that correlate to the patient care issues identified in the Board's accusation and decision which resulted in the physician being

placed on probation. The physician is required to make all charts available for immediate inspection and copying by the Monitor at all times during business hours. The Monitor will immediately notify the assigned Inspector if the physician fails or refuses to make the charts available for inspection and/or copying.

If the physician is required to keep a log of all medications prescribed, dispensed or administered to patients, the Monitor will periodically compare the entries in the log with the corresponding patient records, to ensure that all controlled substances are documented in the log; the physician conducted a good faith examination prior to prescribing, dispensing or administering the medication; and the medication was medically indicated.

The charts reviewed at inpatient facilities should include any cases with complications or other quality of care issues identified by the quality assurance department or through the peer review process.

Please note: Under the federal Health Insurance Portability and Accountability Act (HIPAA) the Medical Board of California (Board) is deemed a "health oversight agency" (see 45 CFR section 164.501). With regards to patient information that is being requested by and provided to the Board, 45 CFR 164.512(d) provides that a covered entity may disclose protected health information without the written authorization of the individual to a health oversight agency for oversight activities authorized by law, which are deemed to include licensure over disciplinary activities.

Since the role of the Monitor is to oversee the practice of the physician and to report the findings to the Board, the Monitor is therefore exempt from HIPAA mandates.

Monitor Reports

The Monitor will submit a written report ***once each quarter*** to the assigned Inspector summarizing the monthly site visits and review of the physician's patient records. The Monitor will be provided with a chart audit form to be used for individual chart audits or another form to be used when there are multiple charts to be reviewed. The reports shall be written on the Monitor's letterhead, will bear the original signature of the Monitor, and will have as a cover sheet "Practice Monitor Report Checklist."

The Monitor reports are due at the assigned Inspector's office ***within 10 calendar days after the end of the preceding quarter.*** The quarterly reporting periods and due dates are as follows:

Reporting Time Period	Due No Later Than
January 1 to March 31 (Quarter I)	April 10th
April 1 to June 30 (Quarter II)	July 10th
July 1 to September 30 (Quarter III)	October 10th
October 1 to December 31 (Quarter IV)	January 10th

The reports from the Monitor must contain *at a minimum*, the dates and location(s) of site visits; the chart number or patient name of the charts reviewed per visit; and whether the physician is practicing medicine safely and within the standard of care. In addition, the reports shall describe any identified problems or deficiencies in the quality of patient care, medical record keeping, billing practices, or other practice related issues (refer to sample report attached).

Medical Marijuana Practices

As the Monitor for a physician that makes recommendations for medical marijuana to their patients, the accepted standards are the same as those for any reasonable and prudent physician when recommending or approving any other medication. In reviewing the patient charts they must include the following:

- History and appropriate examination of the patient.
- Development of a treatment plan with objectives.
- Provision of informed consent including discussion of side effects.
- Periodic review of the treatment's efficacy.
- Consultant, as necessary.
- Proper record keeping that supports the decision to recommend the use of medical marijuana.

Attachments to this Plan

1. Practice Monitor Pre-Visit Information.
2. Practice Monitor Site Visit Evaluation Sheet.
3. Individual Chart Audit form.
4. Multiple Chart Audits form.
5. Practice Monitor Report Checklist.
6. Sample Practice Monitor Report.

(Est. 3/2011)

PRACTICE MONITOR AGREEMENT

I, _____ M.D., agree to serve as a practice monitor for **(insert name)**, M.D.

_____ 1. I have received, reviewed, and understand the materials provided to me describing the practice monitor roles and responsibilities. Any questions regarding my obligations as a practice monitor have been discussed with and fully addressed by the Board's Probation Inspector. I clearly understand the role of a Monitor and what is expected of me.

_____ 2. I have received and have read a copy of the Medical Board's Accusation and Decision filed against Dr. _____. The Board charged Dr. _____ with (insert violation cited such as gross negligence or repeated negligent acts or incompetence, etc.) because he/she failed to (insert explanation from the summary paragraphs which describe the omission or departure

OR (To be used with Proposed Decisions)

_____ 2. I have received and have read a copy of the Medical Board's Accusation and Decision filed against Dr. _____. The Board found Dr. _____ was (insert violation(s) the ALJ identified as ones confirmed or proven (i.e., gross negligence or repeated negligent acts or incompetence, etc.) because he/she failed to (insert explanation/findings that were proven or confirmed during the hearing – DO NOT INCLUDE THOSE FINDINGS OR VIOLATIONS THAT WERE NOT PROVEN).

_____3. I understand that, as the approved practice monitor, I am required to randomly select patient charts on a monthly basis for review. Based on the information provided by Dr. _____, an average of ___ patients per month are seen, therefore, I understand that I must review (insert percentage) or approximately (number of charts to be reviewed) each quarter.

_____ 4. Should Dr. _____'s medical practice change in either the medical setting, discipline or specialty being practiced, an increase/decrease in office location(s) being covered or in the volume of patients being seen, this monitoring agreement may be amended. If I believe an amendment is indicated, I can submit a proposed revision to the assigned Inspector for approval. I do understand that any changes to the Monitoring Plan must be approved by the Board.

_____ 5. I agree to conduct an initial site audit at Dr. _____'s place of practice and subsequent site audits annually. I understand that if Dr. _____ has multiple locations I am to conduct a site audit at each location. I will prepare a written report to the Board's Probation Unit of my findings.

_____ 6. I agree to submit written reports quarterly to the assigned Inspector regarding my review of Dr. _____'s practice. I understand that the failure to submit quarterly reports in a timely manner may result in Dr. _____ being charged with a violation of probation.

_____ 7. I have no prior or current business, personal or other relationship with Dr. _____that could reasonably be expected to compromise my ability to render fair and unbiased reports to the Board.

_____ 8. I understand that Dr. _____ is responsible for all costs associated with the monitoring of his/her practice, and that these costs are not set by the Board. I am not being compensated for my services by any form of bartering arrangement.

_____ 9. If I am no longer able or willing to continue to monitor Dr. _____'s practice, I agree to immediately notify both Dr. _____ and (insert assigned Inspector's name and contact info).

_____ 10. If I am unable contact or meet with Dr. _____ in order to fulfill my obligations as a practice monitor, I will notify (insert assigned Inspector's name and contact info) within two weeks of my failed attempts to contact Dr. _____.

_____ 11. I have reviewed the Monitoring Plan and agree to monitor Dr. _____ as specified.

I understand that my reports will be available for inspection and review by Medical Board staff or the Attorney General's Office at any time. I agree that my report and findings shall not be privileged in any way to these agencies and/or their designees.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on_____, 20_____, at

_____ _____,
California (City) (County)

_____ _____
Monitor (Print Name) Signature

Witnessed by: _____
Probation Inspector

PRACTICE MONITOR SITE VISIT EVALUATION SHEET

Date: _____

Probationer: _____

Practice Site Location: _____

Date Monitor made Site Visit to Probationer's practice: _____

Length of Time Spent on Site Visit: _____

Practice Assessment and Evaluation

Observe the following areas and provide an assessment on:

- General practice/office hygiene and organization
- Waiting room/area
- Exam rooms
- Business office area
- Bathrooms, including ease of access
- Handling and storage of drugs, including samples
- Lab and handling of specimens (if applicable)
- Management of patients with disabilities
- Office/clinic safety
- Patient education materials
- Scheduling/appointments
- Handling of hazardous wastes
- Are there *sharps* containers
- Office policies
- How sterility of instruments are insured if procedures are performed

Appointments

- Method used for scheduled patient appointments
- Average time allowed in schedule for (a) new patients, (b) return/follow-up visits, and, (c) complete examination
- Standard wait time for appointments
- Average wait time in waiting room per patient

Practice Structure

Assess the following areas of the practice and provide a summary on how each are handled:

- Telephone, fax, or e-mail (if applicable) messages

- Maintaining security/confidentiality of clinical data
- Emergency and urgent messages
- On-site clinic emergencies (e.g., oxygen, suction, airway management, other emergency equipment)
- Estimated time for emergency personnel to reach the clinic in the event of a 911 emergency
- Physician access issues including on-call, after hours, weekend, and vacation coverage
- Insuring that messages routed to the physician are timely
- Receipt of lab, x-ray, and other studies
- Timely response to lab data, consultations, and imaging studies
- Management of inpatient care/hospitalization
- Communication from other physicians
- Communication on clinical data relayed to the appropriate physician in a confidential and reliable method
- Abnormal findings/reports/lab data communicated to the patient in a timely manner

Drug Assessment

- Onsite controlled substances, how is the use monitored (if applicable)
- All drugs, including samples, are they kept in a secure area
- Controlled substances, are they locked in a secure area
- Controlled substances, is an inventory kept
- Is an inventory kept for all drugs
- Method for insuring that all drugs in the practice have not expired
- Temperature-sensitive drugs (e.g. vaccines) are they kept onsite
- Temperature-sensitive drugs are they stored in a refrigerator onsite
- Cleanliness, safety, functionality of refrigerator
- Monitoring of the temperature in the refrigerator? If yes, how is it monitored
- Requests from patients for prescription refills
- Request from pharmacists for prescription refills

Maintenance of Medical Records

- Describe method used for charting/medical record keeping
- Storage of data electronically or through the use of an electronic health record
- Describe the system on how records are stored or filed
- How long are medical records stored
- Criteria used to determine when medical records are to be destroyed or stored off-site
- Identification of records to insure attention to drug allergies or other major clinical concerns
- What system is used (tickler file, flow sheets, reminder system) to insure preventive health care, appropriate management of patients with diabetes, etc.

MEDICAL BOARD OF CALIFORNIA
PROBATION UNIT
INDIVIDUAL CHART AUDIT
(*To be used for 1-20 patients*)

Date: _____ Location: _____

Probationer: _____ Patient/Chart #: _____ Monitor: _____

CHART REVIEW	Yes	No	Comments
Patient name and medical number on each page			
Legible (1=illegible, 8=highly legible)			
Progress notes organized			
Lab work documented			
Problem list present			
Problem list up-to-date			
Medication list present and updated			
Medication allergies indicated			
Medication record completed			
SOAP format utilized			

PATIENT CARE	Yes	No	Comments
Adult or Pediatric Health Questionnaire present and complete (or, is the same information – PMH, FHx, ROS, PSH, etc. recorded in another format)			
Inquiry re: use of alcohol, tobacco, substance abuse			
Physical exam documented for breast			
Physical exam documented for genital			
Physical exam documented for rectal			
Physical exam performed within recommended time frame for age group			
Evidence lab tests/imaging studies/pap smears, etc. have been noted by the provider (e.g. initialed)			
Immunizations up-to-date and noted in chart			
Preventive services offered and/or obtained in accordance with a reasonable set of preventive practice guidelines			

Choose a single problem or recent clinic note:	Yes	No	Comments
Does the history provide sufficient pertinent information to elucidate the presenting complaint?			
Is the physical examination sufficient and appropriate for the problem?			
If diagnostic studies were ordered, are they appropriate given the data in the clinic note?			
Is the differential diagnosis clearly stated, and is it appropriate given the data in the clinic note?			
Is there evidence of underutilization or overutilization of diagnostics, consultants, etc.?			

Provide suggestions for improving the quality of the chart that was reviewed:

Provide suggestions for improving the quality of this Probationer's clinical practice:

Chart score (circle the appropriate letter):

(A) Excellent – no significant deficiencies found

(B) Acceptable – the following deficiencies were noted:

(C) Unacceptable – the following deficiencies made these charts fall below the standards for acceptable charting:

Violations that may warrant or require a Worksite Monitor*

*Note: It is important to keep in mind that these are examples of violations for illustrative purposes. This list is not an attempt to identify all possible violations. Similarly, using the Worksite Monitoring condition to discipline for these violations is only a recommendation, with the exception of three violations, where this condition is mandatory.

IF WARRANTED:

Excessive Prescribing or Treatments

- Excessive Prescribing (BPC Sec.725)
- Excessive Prescribing or Treatments (BPC Sec. 725; 3110(n); 3110(o))
- Prescribing, Furnishing, or Administering Drugs without Good Faith Examination (BPC Sec. 3110 (p))

Monitor Responsibilities

- Observe General practice/office hygiene and organization
  - Waiting room/area, exam rooms, bathrooms, etc.
  - Office/clinic safety
  - Proper license posting
  - Proper equipment
- Patient Record Review – utilize Chart Review Spreadsheet
  - Look for excessive prescribing or unnecessary diagnostic procedures
- DEA tracking procedures?

Health & Safety Standards/Infection Control Guidelines

- Violation of Health and Safety Standards (BPC Sec. 3025.5; Title 16 CCR sec. 1520)
- Failure to Follow Infection Control Guidelines (BPC Sec. 3110(w))

Monitor Responsibilities

- Observe General practice/office hygiene and organization
  - Waiting room/area, exam rooms, bathrooms, etc.
  - Office/clinic safety
  - Proper license posting
- Proper hand washing facility
  - Clean and in good repair
- While using the Infection Control Guidelines Checklist (*CCR Sec 1520*), observe licensee during normal practice hours and look for any substandard care

Prescribing Opthalmic Devices

- Violation of Prescription Standards: Information Required (BPC Sec. 3025.5; 3041; Title 16 CCR Sec. 1565)
- Violation of Quality Standards for Prescription Ophthalmic Devices (BPC Sec. 2541.3; Title 16 CCR Sec. 1519)

Monitor Responsibilities

- Observe General practice/office hygiene and organization
  - Waiting room/area, exam rooms, bathrooms, etc.
  - Office/clinic safety
  - Proper license posting

- Patient Record Review – utilize Chart Review Spreadsheet – utilize *Chart Review Spreadsheet*

Use of Control Substances or Alcohol

- Using Controlled Substances or Alcohol (BPC sec. 3110(l))

(See Uniform Standards for Substance-Abusing Licensees)

Mental or Physical Fitness

- Mental or Physical Fitness (BPC Sec. 820)

Monitor Responsibilities

- Observe General practice/office hygiene and organization
  - Waiting room/area, exam rooms, bathrooms, etc.
  - Office/clinic safety
  - Proper license posting
- Observe licensee during normal practice hours for possible mental or physical impairment

Unprofessional Conduct

- Gross Negligence (BPC Sec. 3110(b); Title 16 CCR Sec. 1510)
- Failure to Refer Patient (BPC Sec. 3110(y); 3041)
- Violating or Abetting Violation of any section of Optometry Practice Act (BPC sec 3110(a))
- Conduct Warranting License Denial (BPC sec. 3110(f))
- License Discipline by Other State or Agency (BPC Sec. 3110 (h))
- Fraud, Misrepresentation or Dishonesty (BPC Sec. 810; 3101; 3110 (e))

(Insurance Fraud) (Advertising as an OD w/o a license)
(Fraud/Misrepresentation/dishonesty/corruption for any act substantially related to qualifications/functions/duties of an OD)

- Unprofessional Conduct (BPC Sec. 3110) REQUIRED
- Incompetence (BPC Sec. 3110(d)) REQUIRED

Monitor Responsibilities

- Observe General practice/office hygiene and organization
  - Waiting room/area, exam rooms, bathrooms, etc.
  - Office/clinic safety
  - Proper license posting
- Observe proper ophthalmic equipment pursuant to CCR Sec. 1510
- Patient Record Review – utilize Chart Review Spreadsheet
- Randomly visit practice and observe licensee's examinations
  - Utilize applicable evaluation forms (provided by the Board) *(attached)*
- Review Referral processes/procedures and documentation

Practicing Beyond the Scope of a License

- Violations Regarding Topical Pharmaceutical Agents (BPC Sec. 3041.2; Title 16 CCR sec. 1561; 1562; 1563)
- Professional Services Beyond the Scope of the License (BPC Sec. 3110 (r))

Monitor Responsibilities

- Observe General practice/office hygiene and organization
  - Waiting room/area, exam rooms, bathrooms, etc.

        - Office/clinic safety
        - Proper license posting
    - Patient Record Review – utilize Chart Review Spreadsheet
    - Randomly visit practice and observe licensee's examinations
    - Interview staff regarding services offered/provided

Dishonesty Pertaining to the Issuance of a License

- Practicing without Valid License (BPC Sec. 3110(s); 3110(i))
- Making False Statement on Application (BPC Sec. 3110 (j))
- Use of Fraudulently issued, counterfeited, etc., Certificate (BPC Sec. 3107)
- Employing Suspended or Unlicensed Optometrist (BPC Sec. 3110 (t); 3106) AND Permitting Another to Use License (BPC sec 3110(u); 3106)
- Altering or Using Altered License (BPC Sec. 3110(v)) REQUIRED

Monitor Responsibilities

    - Observe General practice/office hygiene and organization
        - Waiting room/area, exam rooms, bathrooms, etc.
        - Office/clinic safety
        - Proper license posting
    - Randomly visit practice and check for any unlicensed practice
        - Observe optometric assistant activities

Practice Locations

- Unlawful Location for Practice (BPC Sec. 3070; 3075; 3076; 3077; Title 16 CCR sec. 1505, 1506, 1507)

Monitor Responsibilities

    - Observe General practice/office hygiene and organization
        - Waiting room/area, exam rooms, bathrooms, etc.
        - Office/clinic safety
        - Proper license posting
    - Interview staff to see if patients are ever referred to other locations

Advertising

- Unlawful Solicitation (BPC Sec. 3097)
- Unlawful Referrals (BPC Sec. 650; 650.01)
- Employing Cappers or Steerers (BPC Sec. 3104)

Monitor Responsibilities

    - Observe General practice/office hygiene and organization
        - Waiting room/area, exam rooms, bathrooms, etc.
        - Office/clinic safety
        - Proper license posting
    - Interview staff to determine how patient referrals are handled; look for any incentives being offered to patient
    - Monitor any advertisements (e.g., newspaper, websites, Facebook, etc.) for any unlawful solicitation or referrals

Criminal Conviction

- Criminal Conviction (BPC Sec. 3094; 3107; Title 16 CCR sec. 1517)

Monitor Responsibilities

- Observe General practice/office hygiene and organization
    - Waiting room/area, exam rooms, bathrooms, etc.
    - Office/clinic safety
    - Proper license posting
- Observe licensee during normal practice hours for possible mental or physical impairment
- If applicable, Patient Record Review – utilize Chart Review Spreadsheet

Medical Records

- Fraudulently Altering Medical Records (BPC Sec. 3105)
- Failure to Maintain Adequate Records (BPC sec. 3110(g))

Monitor Responsibilities

- Observe General practice/office hygiene and organization
    - Waiting room/area, exam rooms, bathrooms, etc.
    - Office/clinic safety
    - Proper license posting
- Observe examinations and review patient records after exams to determine proper documenting procedures
- Patient Record Review – utilize Chart Review Spreadsheet

General Items

Did the candidate:

1. greet the patient?
2. properly wash his/her hands and dry them completely?

SKILL 1, CASE HISTORY / PATIENT COMMUNICATION

Did the candidate inquire about the following case history elements:

A. Patient Chief Complaint

3. confirm the patient's chief complaint?
4. question the patient about the chief complaint to obtain at least 4 of the following HPI elements: location, severity, duration, timing, associated signs/symptoms, modifying factors?

B. Patient Secondary Complaints / Symptoms

5. inquire about the patient's secondary complaint(s)?
6. question the patient about the secondary complaint to obtain at least 4 of the following HPI elements: location, severity, duration, timing, associated signs/symptoms, modifying factors?

C. Ocular Health

7. date of the last eye exam?
8. diagnosis of any eye condition(s) at last eye exam?
9. any treatment at last eye exam?
10. any other past ocular injuries, surgeries or problems?
11. date of diagnosis for any other past ocular injuries, surgeries or problems?
12. treatment given for any other past ocular injuries, surgeries or problems?
13. type of visual correction being worn?
14. age of current correction?
15. occupation?
16. avocation?
17. educate the patient on optical options related to their occupation or avocation?
18. explore the family ocular history (what/who)?

D. Medical Health

19. date of the last medical exam?
20. confirm any current medical condition?
21. length of the patient's current medical condition(s)?
22. type of treatment for the patient's current medical condition?
23. current dosage of medication(s)?
24. compliance with medication(s)?
25. any other medications?
26. recommended follow-up for their current medical condition?
27. allergies?
28. type of reaction experienced with the patient's allergy?
29. explore the family medical history (what/who)?

E. Patient Substance Use

30. type of substance used?
31. frequency and amount of substance that is used?

F. Interpretation of Case History Data

32. Did the candidate accurately state the best tentative diagnosis for the chief complaint?

Pertaining to the manner in which the case history was conducted, did the candidate:

33. ask the questions in a clear, concise manner?
34. ask the questions in a logical sequence based on the information solicited?
35. ask questions in a non-judgmental manner?
36. avoid using jargon that might confuse the patient?
37. show non-verbal attentiveness to the patient's responses (use eye contact, appear interested, not bored)?
38. treat the patient with courtesy and respect?

SKILL 2, PATIENT EDUCATION

Did the candidate:

39. ask the patient if they have any questions?
40. accurately describe the condition and how it affects the eyes/vision (2 facts/details)?
41. accurately describe preventative and/or treatment options (3 facts/details)?
42. accurately describe prognosis and/or follow up (2 facts/details)?
43. ask the patient if they have any further questions or concerns?

Pertaining to the manner in which the patient education was conducted, did the candidate:

44. present the information in a logical sequence?
45. avoid using jargon that might confuse the patient?
46. avoid being excessively repetitive?
47. treat the patient with courtesy and respect?

SKILL 3, NEAR COVER TEST

Did the candidate:

48. explain the purpose of the procedure to the patient?
49. select an appropriate near fixation target to control accommodation (< or = 20/40 letter)?
50. provide proper instructions to the patient (including keeping the target clear)?
51. place the target at 40 cm in the primary position of gaze?
52. utilize the occluder properly to detect the potential presence of strabismus (unilateral cover test)?
53. utilize the occluder properly to detect the potential presence of heterophoria (alternating cover test)?
54. properly neutralize any motion with prism, or confirm orthophoria using 2-4pd BI and BO and accurately state the obtained findings (e.g., "3 pd eso" or "6 pd exo" and "phoria" vs. "tropia")?
55. perform all procedures in a smooth and efficient manner?

SKILL 4, BINOCULAR EXTRAOCULAR MUSCLE MOTILITY EVALUATION

Did the candidate:

56. explain the purpose of the procedure to the patient?
57. select a proper fixation target (unobstructed transilluminator or penlight)?
58. provide proper instructions to the patient?
59. evaluate all 6 cardinal positions of gaze (up right, right, down right, up left, left, down left) and accurately state the obtained findings?

60. perform the procedure in a smooth and efficient manner?

SKILL 5, STATIC CONFRONTATION VISUAL FIELDS

Did the candidate:

61. explain the purpose of the procedure to the patient?
62. select an appropriate fixation target approximately 1 meter from the patient?
63. provide proper instructions to the patient (including maintaining fixation for each eye)?
64. use proper room illumination (full)?
65. set up the test properly, covering an eye, and targets (fingers) should be presented equidistant from candidate to patient?
66. static fingers (1, 2 or 5) presented in all four quadrants to each eye?
67. accurately state obtained findings?

SKILL 6, PUPIL TESTING

Did the candidate:

68. explain the purpose of the procedure to the patient?
69. provide proper instructions to the patient, including appropriate fixation?

Did the candidate properly measure and state the:

70. pupil size OD under bright conditions ?
71. pupil size OS under bright conditions?
72. pupil size OD under dim conditions?
73. pupil size OS under dim conditions?

Did the candidate:

74. properly perform the direct pupillary light response OD and OS?
75. accurately state the obtained direct pupillary light response OD and OS?
76. properly perform the consensual pupillary light response OD and OS?
77. accurately state the obtained consensual pupillary light response OD and OS?
78. properly perform the swinging flashlight test?
79. accurately state the obtained swinging flashlight test findings?
80. properly evaluate the near pupillary response OD and OS?
81. accurately state the obtained near pupillary responses OD and OS?

SKILL 7, BLOOD PRESSURE MEASUREMENT

Did the candidate:

82. explain the purpose of the procedure to the patient?
83. properly state that the position of the arm should be supported horizontally or at about heart level?
84. state that they would adjust the patient's sleeve properly (artery not compressed; may be performed over loose, thin clothing)?
85. properly position the sphygmomanometer on the patient's arm?
86. properly position the stethoscope earpieces?
87. properly place the diaphragm of the stethoscope over the brachial artery?
88. increase the sphygmomanometer pressure properly (at a steady rate to 160-180 mmHg)?
89. reduce the sphygmomanometer pressure at a slow and steady rate, 2-3 mmHg per second?
90. accurately state the systolic finding as auscultated during cuff deflation (Korotkoff Phase I)?
91. accurately state the diastolic finding as auscultated during cuff deflation (Korotkoff Phase V)?
92. perform all procedures in a smooth and efficient manner?

SKILL 8, OPHTHALMIC LENS EVALUATION

Did the candidate accurately determine the:

93. distance portion power OD ?
94. distance portion power OS?
95. distance between the distance optical centers?
96. distance between the near optical centers?
97. direction of vertical prism in the spectacles?
98. magnitude of vertical prism in the spectacles ?
99. center thickness OD?
100. center thickness OS ?
101. bifocal addition ("Add") power OD ?
102. bifocal addition ("Add") power OS ?
103. bifocal segment ("Seg") height OD ?
104. bifocal segment ("Seg") height OS ?
105. bifocal segment width OD ?
106. bifocal segment width OS?
107. base curve OD?
108. base curve OS?
109. vertical size of the lens OD (B dimension)?
110. vertical size of the lens OS (B dimension)?

General Items

Did the candidate:

1. greet the patient?
2. properly wash his/her hands and dry them completely?
3. soak the tonometer probe, gonio lens, and forceps for at least 3 minutes?
4. thoroughly rinse the tonometer probe, gonio lens, and forceps using sterile saline, then thoroughly dry them using Kim® wipes?
5. properly clean the forehead and chin rests on the biomicroscope?

SKILL 9, BIOMICROSCOPY

Did the candidate:

6. explain the purpose of the procedure to the patient?
7. prepare the biomicroscope correctly (focus eyepieces, set up illumination system, magnification)?
8. properly examine and accurately describe the **lids and lashes** (diffuse white illumination, wide parallelepiped beam)?
9. properly examine and accurately describe the **bulbar conjunctiva and sclera**?
10. properly examine and accurately describe the **inferior palpebral conjunctiva** (including lower lid eversion)?
11. properly examine and accurately describe the **superior palpebral conjunctiva** using upper lid eversion?
12. properly examine the **entire cornea** (scan using white illumination with a parallelepiped and optic section)?
13. accurately describe the **cornea** (epithelium, stroma, endothelium)?
14. properly assess and accurately describe the **temporal anterior chamber** angle findings using the Van Herick technique?
15. properly assess and accurately describe the **anterior chamber** for cell and flare (dark room illumination, high magnification, short parallelepiped 1x3 mm, illumination beam angle approximately 45 degrees)?
16. properly examine and accurately describe the **iris**?
17. examine the **ocular tissues** in a smooth, efficient, logical sequence?
18. properly instruct the patient throughout the procedure?

SKILL 10, GOLDMANN APPLANATION TONOMETRY

Did the candidate:

19. explain the purpose of the procedure to the patient?
20. instill Fluress® properly in one eye as indicated by the examiner?
21. adjust the biomicroscope illumination system properly (cobalt blue filter, magnification, wide beam, wide angle of illumination)?
22. provide proper instructions to the patient, including a fixation target?
23. assess the cornea for staining using cobalt blue filter prior to tonometry?
24. assess and describe the quality of the tear film?
25. properly position the tonometer and align the probe?
26. set the pressure on the probe at an appropriate level (8-12 mmHg)?
27. applanate the cornea in a safe and efficient manner?
28. adjust the biomicroscope so that the fluorescein semicircular patterns are symmetrical and centered?
29. accurately align the tonometer mires of appropriate width?
30. safely retract the tonometer?
31. accurately state the obtained finding with time?
32. assess the cornea for staining using cobalt blue filter following tonometry?

SKILL 11, 3-MIRROR GONIOSCOPY

Did the candidate:

33. explain the purpose of the procedure to the patient?
34. prepare the gonioscopy lens properly?
35. provide adequate instructions to the patient?
36. insert the gonioscopy lens in a safe and efficient manner?

Did the candidate obtain and maintain a clear image and accurately identify the most posterior visible angle structure in the:

37. inferior quadrant and must identify iris approach?
38. nasal quadrant?
39. superior quadrant?
40. temporal quadrant?
41. Did the candidate accurately identify all 4 quadrants while being viewed?

Did the candidate:

42. maintain control of the gonioscopy lens at all times?
43. remove the gonioscopy lens in a safe and efficient manner?
44. observe the corneal integrity through the biomicroscope at the conclusion of the procedure?

SKILL 12, COLLAGEN IMPLANT INSERTION AND REMOVAL

Did the candidate:

45. explain the purpose of the procedure to the patient?
46. prepare the biomicroscope properly (set up illumination system, magnification)?
47. efficiently manipulate the implant prior to insertion without contaminating the implant?
48. instruct the patient regarding eye fixation?
49. properly insert the implant into the inferior punctum without contaminating the implant?
50. hold the implant in the punctum for 2-3 seconds before removing?
51. return the forceps (without cleaning) to the disinfectant tray after completing the skill?
52. after removing the implant, accurately describe to the examiner how the implant should be moved into the horizontal canaliculus?
53. conduct the procedure in a safe and efficient manner?

SKILL 13, SOFT AND GP CONTACT LENS INSERTION, EVALUATION, AND REMOVAL

Did the candidate:

54. explain the purpose of the procedure to the patient?
55. properly wash his/her hands and dry them completely?

With respect to SCL preparation, did the candidate:

56. inspect the soft contact lens for any damage?
57. determine that the soft contact lens is not inside-out?
58. apply an appropriate soft contact lens solution to prepare the soft contact lens for insertion?

With respect to SCL insertion, did the candidate:

59. instruct the patient regarding eye fixation position for inserting the soft contact lens?
60. immobilize the patient's lid properly without patient discomfort?
61. insert the soft contact lens properly?
62. release the lid properly after the soft contact lens insertion?

63. instruct the patient properly after completing the soft contact lens insertion (blinking, position of gaze)?

With respect to GPCL preparation, did the candidate:

64. inspect the GP contact lens for any damage?
65. apply an appropriate GP multipurpose solution to prepare the GP contact lens for insertion?

With respect to GPCL insertion, did the candidate:

66. instruct the patient regarding eye fixation position for inserting the GP contact lens?
67. immobilize the patient's lids properly for GP CL Insertion?
68. insert the GP CL properly (without the use of any additional anesthetic)?
69. instruct the patient properly after completing GP CL insertion (blinking, position of gaze)?

With respect to evaluation of the contact lenses, did the candidate:

70. properly prepare the biomicroscope (magnification, moderately wide beam)?
71. properly instill fluorescein onto the conjunctiva of the eye with the GP contact lens?
72. properly position and instruct the patient within the biomicroscope?

With respect to evaluation of the SCL, did the candidate:

73. use white light to evaluate the soft contact lens?
74. examine and accurately describe the fit of the soft contact lens (coverage and movement with blink)?
75. examine and accurately describe the movement of the soft contact lens in appropriate positions of gaze (primary, vertical)?

With respect to evaluation of the GPCL, did the candidate:

76. insert the blue or yellow filter when evaluating the GP contact lens?
77. accurately describe the fluorescein pattern of the GP contact lens (location of pooling or bearing; flat, steep or alignment fit)?
78. accurately describe the position of the GP contact lens?
79. examine and accurately describe the movement of the GP contact lens in the primary position of gaze?

With respect to contact lens removal, did the candidate:

80. properly wash his/her hands and dry them completely prior to removal of contact lenses?
81. instruct the patient regarding eye fixation position when removing the contact lenses?
82. remove the soft contact lens safely and efficiently?
83. remove the GP contact lens safely and efficiently?
84. clean, rinse, and store the GP contact lens in a case using an appropriate solution (excluding water)?
85. assess the cornea for staining with the blue filter after removal of the GP contact lens?

Did the candidate:

86. maintain adequate room illumination during contact lens insertion and removal?

General Items

Did the candidate:

87. maintain proper hygiene throughout the station?

General Items

Did the candidate:

1. greet the patient?
2. properly wash his/her hands and dry them completely?
3. clean/disinfect the phoropter properly?

SKILL 14, RETINOSCOPY

Did the candidate:

4. measure and accurately state the patient's distance PD?
5. explain the purpose of the procedure to the patient?
6. set the phoropter to the obtained distance PD?
7. position the patient properly?
8. align and level the phoropter properly?
9. provide proper illumination (dim)?
10. choose an appropriate fixation target for the patient (> or = 20/100)?
11. give adequate instructions to the patient (e.g., able to view the fixation target)?
12. repeat retinoscopy OD to counteract potential effects of initial inadequate fogging of the patient?
13. accurately determine the correct sphere power, OD ?
14. accurately determine the correct cylinder power, OD?
15. accurately determine the correct cylinder axis, OD?
16. accurately determine the correct sphere power, OS?
17. accurately determine the correct cylinder power, OS ?
18. accurately determine the correct cylinder axis, OS ?
19. accurately state the obtained findings OD (sphere power, cylinder power, cylinder axis)?
20. accurately state the obtained findings OS (sphere power, cylinder power, cylinder axis)?
21. perform the procedure in a smooth and efficient manner?

SKILL 15, DISTANCE SUBJECTIVE REFRACTION

Did the candidate:

22. explain the purpose of the procedure to the patient?
23. provide proper illumination (moderate)?

In performing a monocular subjective refraction on each eye, did the candidate:

24. provide adequate instructions to the patient?
25. provide an appropriate fixation target (< or = 20/40)?
26. determine an appropriate working sphere power (unfog to best VA)?
27. accurately determine the sphere power, OD ?
28. accurately determine the cylinder power, OD ?
29. accurately determine the cylinder axis, OD?
30. accurately determine the sphere power, OS?
31. accurately determine the cylinder power, OS?
32. accurately determine the cylinder axis, OS?
33. accurately state the obtained findings OD (sphere power, cylinder power, cylinder axis)?
34. accurately state the obtained findings OS (sphere power, cylinder power, cylinder axis)?
35. accurately state the monocular distance VA OD?
36. accurately state the monocular distance VA OS?

In performing a prism dissociated blur balance, did the candidate:

37. provide adequate instructions to the patient?
38. place 6 to 8 pd of vertical prism, split between the two eyes, in the phoropter?
39. fog both eyes by +0.50D to +0.75D?
40. balance the patient's eyes accurately and properly?

After completing a prism dissociated balance, did the candidate:

41. properly determine an appropriate binocular endpoint ?
42. accurately state the obtained findings OD (sphere power, cylinder power, cylinder axis) after the binocular balance?
43. accurately state the obtained findings OS (sphere power, cylinder power, cylinder axis) after the binocular balance?
44. accurately state the obtained binocular VA?

Did the candidate:

45. perform the distance subjective refraction procedure in a smooth and efficient manner?

SKILL 16, HETEROPHORIA AND VERGENCE TESTING AT DISTANCE

Did the candidate:

46. explain the purpose of the procedure to the patient?
47. provide proper room illumination (moderate)?
48. select an appropriate distance fixation target (< or = 20/40 letter/line)?

In measuring von Graefe heterophorias at distance, did the candidate:

49. provide proper instructions to the patient (ensuring fixation with the eye viewing through dissociation prism)?
50. properly perform the horizontal phoria measurement and accurately state the obtained findings, including magnitude and direction (e.g., "2 pd exo" or "4 pd eso")?
51. properly perform the vertical phoria measurement and accurately state the obtained findings, including magnitude, direction and eye (e.g., "1 pd right hyper")?
52. perform the procedure in a smooth, efficient, and effective manner (moving prism smoothly and at an appropriate rate)?

In measuring horizontal vergence at distance, did the candidate:

53. provide proper instructions to the patient?
54. properly perform the BI vergence measurement (blur, break, recovery) and accurately state the obtained findings?
55. properly perform the BO vergence measurement (blur, break, recovery) and accurately state the obtained findings?
56. perform the procedure in a smooth, efficient, and effective manner (moving prisms smoothly and at an appropriate rate)?

In measuring vertical vergence at distance, did the candidate:

57. provide proper instructions to the patient?
58. properly perform the supra vergence measurement (break, recovery) and accurately state the obtained findings (magnitude and eye)?
59. properly perform the infra vergence measurement (break, recovery) and accurately state the obtained findings (magnitude and eye)?
60. perform the procedure in a smooth, efficient, and effective manner (moving prism smoothly, simultaneously and at an appropriate rate)?

SKILL 17, ACCOMMODATION TESTING

Did the candidate:

61. explain the purpose of the procedure to the patient?

62. set the phoropter to the patient's near PD?

In performing the binocular crossed-cylinder test at near, did the candidate:

63. reduce the illumination to an appropriate level?
64. provide proper instructions to the patient?
65. properly and accurately perform the procedure?
66. accurately state the obtained finding relative to the distance subjective refraction (e.g., "+0.25D" or "plano")?

In measuring relative accommodation, did the candidate:

67. increase the illumination to a level comfortable for reading?
68. select an appropriate target (< or = 20/40 line)?
69. provide proper instructions to the patient (looking for first sustained blur)?
70. state the near base being used for NRA and PRA?
71. change lenses simultaneously before the patient's eyes at an appropriate rate?
72. properly and accurately measure the NRA?
73. accurately state the obtained NRA finding relative to the patient's near base (distance subjective refraction or FCC)?
74. properly and accurately measure the PRA (stop if measurement exceeds -3.00 D)?
75. accurately state the obtained PRA finding relative to the patient's near base (subjective refraction or FCC)? (if measurement exceeds -3.00D, state "PRA is greater than 3 diopters")

General Items

Did the candidate:

1. greet the patient?
2. properly wash his/her hands and dry them completely?
3. properly clean the forehead and chin rests on the biomicroscope?

SKILL 18, BINOCULAR INDIRECT OPHTHALMOSCOPY

Did the candidate:

4. explain the purpose of the procedure to the patient?
5. adjust the light level of the BIO to provide adequate illumination?
6. position the condensing lens properly (more convex side toward candidate)?

Did the candidate, obtain a clear image, filling the condensing lens as much as possible, of the following quadrants:

7. **superior** peripheral retina and describe any remarkable pathology and /or normal variations?
8. **superior-nasal** peripheral retina and describe any remarkable pathology and /or normal variations?
9. **nasal** peripheral retina and describe any remarkable pathology and /or normal variations?
10. **inferior-nasal** peripheral retina and describe any remarkable pathology and /or normal variations?
11. **inferior** peripheral retina and describe any remarkable pathology and /or normal variations?
12. **inferior-temporal** peripheral retina and describe any remarkable pathology and /or normal variations?
13. **temporal** peripheral retina and describe any remarkable pathology and /or normal variations?
14. **superior-temporal** peripheral retina and describe any remarkable pathology and /or normal variations?
15. Did the candidate accurately identify all 8 quadrants while being viewed?

Did the candidate, obtain a clear image, filling the condensing lens as much as possible, and accurately describe the appearance of the:

16. **posterior pole** (including optic nerve and macula), and describe any remarkable pathology and/or normal variations?

Did the candidate:

17. properly instruct the patient throughout the procedure?
18. conduct the procedure in a smooth and efficient manner?

SKILL 19, DILATED BIOMICROSCOPY AND NON-CONTACT FUNDUS LENS EVALUATION

Did the candidate:

19. explain the purpose of the procedure to the patient?
20. prepare the biomicroscope correctly (focus eyepieces, illumination system 0-10 degrees)?
21. provide an appropriate fixation target?

Using the biomicroscope without the non-contact fundus lens, did the candidate:

22. properly examine and accurately describe the crystalline lens using a parallelpiped beam?
23. properly examine and accurately describe the crystalline lens using retroillumination?
24. properly examine and describe the retrolental area/anterior vitreous?

Using the biomicroscope with the non-contact fundus lens, did the candidate:

25. properly position the non-contact fundus lens (alignment, centration, distance)?
26. properly examine and describe the posterior vitreous?
27. properly examine and accurately describe the optic nerve (color, rim integrity, elevation)?

28. accurately state the horizontal C/D ratio?
29. accurately state the vertical C/D ratio?
30. properly examine and accurately describe the peripapillary area?
31. properly examine and accurately describe all 4 vasculature arcades?
32. properly examine and accurately describe the fovea and macula?
33. conduct the procedure in a smooth and efficient manner?

SKILL 20, INJECTIONS

Did the candidate:

34. greet the patient?

PROCEDURE 1-With respect to preparation for intravenous injection for fluorescein angiography, did the candidate:

35. wash his/her hands properly and dry them completely?
36. properly prepare the aseptic field with paper drape?
37. confirm and verbally state the appropriate medication, concentration, and expiration date for FA injection?
38. properly asepticize the stopper of the medication vial using an alcohol swab?
39. properly aspirate air and inject into the vial (FA)?
40. properly eject any air and/or excess medication (FA) from the syringe and needle to result in 3.0 mL of medication?
41. recap the needle with the sheath using the one-handed "scoop" technique, then demonstrate volume to proctor?

With respect to preparation for intramuscular injection of epinephrine, did the candidate:

42. confirm and verbally state the appropriate medication, concentration, and expiration date for epinephrine injection?
43. properly asepticize the stopper of the medication vial using an alcohol swab?
44. properly aspirate air and inject into the vial (IM)?
45. properly eject any air and/or excess medication (epinephrine) from the syringe and needle to result in 0.4 mL of medication?
46. recap the needle with the sheath using the one-handed "scoop" technique, then demonstrate volume to proctor?

Did the candidate:

47. maintain needle safety throughout the preparation procedure?
48. maintain aseptic techniques throughout the preparation procedure?

PROCEDURE 2-With respect to performing an intravenous injection for fluorescein angiography, did the candidate:

49. explain the purpose of the procedure to the patient?
50. obtain the patient history regarding allergies to medication, injectable dyes, tape, and latex?
51. provide proper instructions to the patient (i.e., relax, review of adverse reactions) for FA injection?
52. palpate the vein at the selected site?
53. remove the needle and sheath from the medication syringe and immediately discard it into a sharps container?
54. apply the tourniquet properly?
55. don protective gloves?
56. clean the injection site with an alcohol swab?
57. enter the skin with the needle properly positioned (bevel upward, needle angled 30-45 degrees from the skin surface)?
58. move the needle nearly parallel to the skin while entering the vein in a smooth and efficient manner?
59. slowly pull back on the syringe plunger until blood fills the full length of the proximal tubing?
60. remove the tourniquet?
61. maintain control of the infusion set tubing needle while keeping the syringe plunger angled upward?

62. inject a small amount of blood/medication and accurately describe to the patient how to check for extravasation?
63. properly inject the remainder of the 3.0 mL of medication at a smooth, steady rate?
64. properly remove the needle of the butterfly infusion set while applying pressure with a cotton ball?
65. properly apply paper tape to the cotton ball over the injection site?
66. immediately discard the needle and winged infusion set with attached syringe (without capping) into a sharps container?
67. accurately state all elements of proper patient record documentation (drug, dose, delivery method, location) of the injection?
68. maintain needle safety throughout the intravenous injection procedure?
69. maintain aseptic techniques throughout the intravenous injection procedure?

PROCEDURE 3-With respect to performing an intramuscular injection of epinephrine, did the candidate:

70. provide proper instruction and purpose to the patient (eg sit comfortably, relaxed) for the epinephrine injection?
71. palpate the deltoid muscle injection site and verbalize if there is tenderness or nodules?
72. clean the injection site with an alcohol swab?
73. spread/bunch the skin/muscle with the non-dominant hand?
74. insert the needle properly (quickly, at 90 degrees)?
75. aspirate to check that the end of the needle is not in a blood vessel?
76. inject 0.4 mL of medication smoothly and at a moderate pace?
77. withdraw the needle properly (quickly, at the same angle inserted)?
78. massage the injection site with cotton ball?
79. properly apply paper tape to the cotton ball over the injection site?
80. immediately discard the needle and syringe unit (without capping) into a sharps container?
81. accurately state all elements of proper patient record documentation (drug, dose, delivery method, location) of the injection?
82. maintain needle safety throughout the intramuscular injection procedure?
83. maintain aseptic techniques throughout the intramuscular injection procedure?
84. Did the candidate perform all injections procedures in a smooth and efficient manner?

GENERAL ITEM

85. Did the candidate maintain proper hygiene throughout the station?

CALIFORNIA STATE BOARD OF OPTOMETRY

Memo

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To: Practice and Education Committee Members

Date: March 8, 2013

From: Jessica Sieferman
Probation Monitor & Enforcement Analyst

Telephone: (916) 575-7184

Subject: **Agenda Item 3. Discussion and Possible Action Pertaining to Standards for Closing Down Optometric Practice**

Over the past year, the Board of Optometry's (Board) Enforcement Program has seen an increase in consumer complaints regarding optometrists closing their practice without any form of patient notification. This is considered patient abandonment.

Some complaints involve patients who have paid for glasses and/or contacts, but when they attempted to pick up their glasses or contacts, the optometrist's office had been closed. Many times this was due to the optometrist being evicted from the premises for lack of rent payment. Other complaints involve patients trying to obtain their medical records, but they have been unable to do so because their optometrist has either been evicted or has retired.

While the Board has attempted to educate Optometrists about this in the past (Attachment 1), further outreach is needed. The law requires that medical records be accessible to patients, but it does not specifically address how that should be handled by an Optometrist when a practice is closed. Without statutory or regulatory changes, the Board can only post recommendations for its licensees. This can serve as a valuable resource for Optometrists who frequently turn to the Board for information on practice management techniques.

Facing similar problems, the Medical Board of California posted guidance to physicians regarding the closure of or departure from a medical practice office (Attachment 2) and offered additional guidance through their medical association. After contacting the California Optometric Association (COA) and the American Optometric Association (AOA), the AOA provided 76 pages of laws from various states pertaining to record retention, notifying patients of closing a practice, and patient abandonment. Many such laws are similar in meaning. Staff have reviewed the document from AOA and selected those laws that are thought to be clear in interpretation and appropriate for consideration for California to consider for statute or regulation. Attachment 3 contains some of those laws for guidance.

Requested Action: Please discuss providing guidance to licensees when closing an optometric practice. Please direct staff to draft similar language to the Medical Board's recommendations for the Board's approval for use in outreach to licensees. If the committee would like any provided guidance to be mandatory, please make recommendations for staff to draft language to bring to the next Board Meeting.

Closing Your Practice's Doors? Don't Forget About the Patient Records

If you are planning on closing your practice, whether it is temporary or permanent, your patients' records continue to be your responsibility. Patient records are sensitive information and cannot be kept in a garage or simply shredded. By law, a person has the right to have access to complete information respecting his or her condition and care provided (Business and Professions Code (BPC) Section 123100). Also, an optometrist must retain a patient's records for a minimum of seven years from the date he or she completes treatment of the patient. For a minor, the patient's record must be retained for a minimum of seven years from the date he or she completes treatment of the patient and at least until the patient reaches 19 years of age (BPC Section 3007).

If you are selling the practice and transferring your fictitious name permit to the new owner, the acquisition of the ownership includes the active patient records and prescription files of the practice
(BPC Section 1518).

In order to obtain patient records, a patient or patient's representative must provide a request in writing, specifying the records to be copied, together with a fee to defray the cost of copying that will not exceed:

* One page = $.25 per page
* Microfilm = $.50 per page
* Any additional clerical costs incurred in making the records available.

Copies must be provided to the individual within 15 days of receiving the written request. In all circumstances, patients must be notified as to where their records will be kept! Failure to do so may result in a disciplinary action by the Board (BPC Sections 123110 and 123120).

WELCOME TO
THE MEDICAL BOARD OF CALIFORNIA
Department of Consumer Affairs

Home » Licensee » **Close Practice**

Closing Your Medical Practice

The following provides guidance to physicians regarding the closure of or departure from a medical practice office.

It is the Board's position that due care should be exercised when closing or departing from a medical practice. Not only does this ensure a smooth transition from the current physician to the new treating physician, but it also reduces the liability of "patient abandonment." Therefore, to ensure this occurs with a minimum of disruption in continuity of care, the physician terminating the physician-patient relationship should notify patients sufficiently in advance.

It is the patient's decision from whom to receive medical care. Therefore, it is the responsibility of all physicians and other parties who may be involved to ensure that:

- Patients are notified of changes in the medical practice. This is best done by letter to patients by the physician explaining the change, including the final date of practice. (The California Medical Association (CMA) recommends, if possible, that letters be sent by certified mail, return receipt requested, and that a copy of the letter with the return receipt be kept. To inform inactive patients or those who have moved away, the CMA also recommends placing an advertisement in a local newspaper.)

- Patients be advised as to where their medical records will be stored including how they may access them. To facilitate the transfer of medical records to the new treating physician, an authorization form should be included in the letter.

- Patients secure another health care provider. If the practice is being taken over by another physician or another can be recommended, the patients can be referred to that physician.

For additional information on retirement, the CMA offers a publication that addresses physician retirement issues. For ordering information, please visit the CMA website at http://www.cmanet.org/resource-library/detail?item=retirement-notice.

This web site contains PDF documents that require the most current version of Adobe Reader to view.
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Laws Pertaining to Closing Optometric Practice and Patient Abandonment

Indiana: Duties of optometrist & Discontinuation of Practice
852 IAC 1-12-1 Duties of optometrist An optometrist in the conduct of his practice of optometry shall abide by, and comply with, the following standards of professional conduct (c)(1) The optometrist shall give reasonable written notice to an active patient or those responsible for the patient's care when the optometrist withdraws from a case so that another optometrist may be employed by the patient or by those responsible for the patient's care. An optometrist shall not abandon a patient. As used in this section, “active patient” means a person whom the optometrist has examined, cared for, or otherwise consulted with, during the two-year period prior to retirement, discontinuation of practice of optometry, or leaving or moving from the community. (2) An optometrist who withdraws from a case, except in emergency circumstances, shall, upon written request, make available to his patient all records, test results, histories, diagnoses, files and information relating to said patient which are in the optometrist's custody, possession or control, or copies of such documents hereinbefore described. **852 IAC 1-12-5 Discontinuation of practice** Sec. 5. (a) An optometrist, upon his retirement or upon discontinuation of the practice of optometry, or upon leaving or moving from a community, shall notify all of his active patients in writing, or by publication once a week for three (3) consecutive weeks, in a newspaper of general circulation in the community, that he intends to discontinue his practice of optometry in the community, and shall encourage his patients to seek the services of another licensed practitioner. The optometrist discontinuing his practice shall make reasonable arrangements with his active patients for the transfer of his records, or copies, thereof, to the succeeding practitioner or an optometric association approved by the board. (b) Nothing provided in this section shall preclude, prohibit or prevent an optometrist from selling, conveying or transferring for valuable consideration, the optometrist's patient records to another licensed practitioner who is assuming his practice, provided that written notice is given to patients as provided in this section.
Iowa: Retirement or discontinuance of practice.
182.2(6) Retirement or discontinuance of practice. A licensee, upon retirement, or upon discontinuation of the practice of optometry, or upon leaving a practice or moving from a community, shall notify all active patients in writing, or by publication once a week for three consecutive weeks in a newspaper of general circulation in the community, that the licensee intends to discontinue the practice of optometry in the community, and shall encourage patients to seek the services of another licensee. The licensee shall make reasonable arrangements with active patients for the transfer of patient records, or copies of those records, to the succeeding licensee. "Active patient" means a person whom the licensee has examined, treated, cared for, or otherwise consulted with during the two-year period prior to retirement, discontinuation of the practice of optometry, or leaving a practice or moving from a community.
Massachusetts : Patient Records
CHAPTER 3.00: PRACTICE OF OPTOMETRY; DISCIPLINARY ACTIONS **3.02: Patient Records** (8) Effect of Cessation of Practice. Upon cessation of his or her practice, an Optometrist shall transfer all case records, including all prescription information, which are less than seven years old to a location where such records may be inspected and copied by patients. An Optometrist, upon such cessation of practice, shall immediately notify the Board in writing of the location of such records.
Maryland: General Conduct
The licensee shall: (3) Notify the patient promptly and seek the transfer, referral, or continuation of service in relation to the patient's need or preference if the licensee anticipates the termination or interruption of service to the patient;

Laws Pertaining to Closing Optometric Practice and Patient Abandonment

New Jersey: Termination of the optometrist-patient relationship & Availability of Records
13:38-3.9 Termination of the optometrist-patient relationship In order to terminate an optometrist-patient relationship, the optometrist shall: 1. Notify the patient that he or she wishes to terminate the optometrist-patient relationship and will no longer be providing care. The notification shall be in writing, by certified mail, return receipt requested, to the patient's last known address and made no less than 30 days prior to the date on which care is to be terminated; 2. Provide all necessary emergency care or services, which shall include the provision of necessary prescriptions, until the date on which the optometrist-patient relationship is terminated. The provision of such emergency care or services shall not be deemed to manifest any intention to reestablish the optometrist-patient relationship; and 3. Comply with all requirements set forth in N.J.A.C. 13:38-6.1 for access to and transfer of the patient records. **13:38-6.1 Availability of records** (e) If a licensee ceases to engage in practice or it is anticipated that he or she will remain out of practice for more than three months, the licensee or designee shall: 1. Establish a procedure by which patients may obtain their records or transfer those records to another licensee who will assume the responsibilities of the practice; 2. Publish a notice of the cessation and the established procedure for the retrieval of records in a newspaper of general circulation in the geographic location of the licensee's practice, at least once a month for the first three months after the cessation; and 3. File a notice of the established procedure for the retrieval of records with the Board of Optometrists.
New York : General provisions for health professions
(a) Unprofessional conduct shall also include, in the professions of [includes optometry]: (1) abandoning or neglecting a patient or client under and in need of immediate professional care, without making reasonable arrangements for the continuation of such care, or abandoning a professional employment by a group practice, hospital, clinic or other health care facility, without reasonable notice and under circumstances which seriously impair the delivery of professional care to patients or clients;
Pennsylvania: Professional conduct.
§ 23.64. Professional conduct. (d) An optometrist may terminate the optometric care of a patient who, in the professional opinion of the optometrist, is not adhering to appropriate regimens of care and follow-up. (1) The optometrist shall notify the patient, in writing, that the optometrist is terminating the professional relationship and the reasons for the termination. (2) The optometrist shall provide the patient with at least 60 days of continued care after the notice of termination is sent and provide reasonable assistance to the patient to find alternative care. (3) In addition, the optometrist shall make a copy of the patient's medical record available to the patient or successor eye care provider designated by the patient, and may charge a fee for copying the record consistent with the fees in 42 Pa.C.S. § 6152(a)(2)(i) (relating to subpoena of records).
Tennessee: Optometric Records
1045-02-.14. OPTOMETRIC RECORDS. (4) Optometric Records (d) Transfer 1. Records of Optometrists upon Death or Retirement - When an optometrist retires or dies while in practice, patients seen by the optometrist in his/her office during the immediately preceding thirty-six (36) months shall be notified by the optometrist, or his/her authorized representative and urged to find a new optometrist and be informed that upon authorization, copies of the records will be sent to the new optometrist. 2. Records of Optometrists upon Departure from a Group - The responsibility for notifying patients of an optometrist who leaves a group practice whether by death, retirement, or departure shall be governed by the optometrist's employment contract.

(i) Whomever is responsible for that notification must notify patients seen by the optometrist in his/her office during the immediately preceding thirty-six (36) months of his/her departure.

(ii) Except where otherwise governed by provisions of the optometrist's contract, those patients shall also be notified of the optometrist's new address and offered the opportunity to have copies of their medical records forwarded to the departing optometrist at his or her new practice. Provided however, a group shall not withhold the records of any patient who has authorized their transfer to the departing optometrist or any other optometrist.

(iii) The choice of optometrist in every case should be left to the patient, and the patient should be informed that upon authorization his/her records will be sent to the optometrist of the patient's choice.

3. Sale of an Optometric Practice - An optometrist or the estate of a deceased optometrist may sell the elements that comprise his/her practice, one of which is its goodwill, i.e., the opportunity to take over the patients of the seller by purchasing the optometrist's records. Therefore, the transfer of records of patients is subject to the following:

(i) The optometrist (or the estate) must ensure that all optometric records are transferred to another optometrist or entity that is held to the same standards of confidentiality as provided in these rules.

(ii) Patients seen by the optometrist in his/her office during the immediately preceding thirty-six (36) months shall be notified that the optometrist (or the estate) is transferring the practice to another optometrist or entity who will retain custody of their records and that at their written request the copies of their records will be sent to another optometrist or entity of their choice.

(e) Abandonment of Optometric Records - For purposes of this section of the rules death of an optometrist shall not be considered as abandonment.

1. It shall be a prima facie violation of T.C.A. § 63-8-120(a)2 for an optometrist to abandon his practice without making provision for the security, or transfer, or otherwise establish a secure method of patient access to their records.

2. Upon notification that an optometrist in a practice has abandoned his practice and not made provision for the security, or transfer, or otherwise established a secure method of patient access to their records, patients should take all reasonable steps to obtain their optometric records by whatever lawful means available and should immediately seek the services of another optometrist.

Virginia: Standards of conduct.

The board has the authority to deny, suspend, revoke, or otherwise discipline a licensee for a violation of the following standards of conduct. A licensed optometrist shall:

7. Provide for continuity of care in the event of an absence from the practice or, in the event the optometrist chooses to terminate the practitioner-patient relationship or make his services unavailable, document notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

18 VAC 105-20-40. Standards of conduct.

5. Notify patients in the event the practice is to be terminated or relocated, giving a reasonable time period within which the patient or an authorized representative can request in writing that the records or copies be sent to any other like-regulated provider of the patient's choice or destroyed in compliance with requirements of §54.1-2405 of the Code of Virginia on the transfer of patient records in conjunction with closure, sale, or relocation of practice.

18 VAC 105-20-45. Standards of practice.

F. From March 17, 2011, practitioners shall post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality.

Arizona: Recordkeeping

C. A licensee who discontinues practice for any reason shall arrange for a patient's record to be available to the patient for six years from the date the licensee discontinues practice. Before discontinuing practice, a licensee

shall notify the Board of the location at which patient records from the practice will be maintained.

D. A licensee who acquires the patient records of a licensee who discontinued practice, either with or without succeeding to the practice of the other licensee, shall ensure that the records are available to the patients for six years after the licensee from whom the records were acquired discontinued practice.

Arkansas

R. Any optometrist who examines a patient and creates a record of said patient is responsible for the security and custody of said record. Because of the confidential nature and relationship between the examining optometrist and patient, the examination record (including the patient's name, address, age, occupation, and findings and pertinent facts) discovered and disclosed during the course of such examination, as well as the record of professional services rendered and fees charged therefore, shall be the exclusive property of the optometrist who rendered the professional services to said patient. Patient records described aforesaid are the property and responsibility of the examining optometrist, except when the examining optometrist is employed by an optometrist or ophthalmologist. In this circumstance, the patient records are the property and responsibility of the optometrist or ophthalmologist who employs the optometrist. If an optometrist is not employed by an optometrist or ophthalmologist and temporarily take the place of an optometrist, then any records created by him shall be removed and secured by him at the completion of that day's practice.

Access to patient records is available only to the optometrist who created the record, the optometrist or ophthalmologist who employs the optometrist, the patient (or the person designated by the patient in writing to see said records) or employees under the direct personal supervision and control of said optometrist, or to those individuals or entities authorized by law or Federal Regulation to receive the same. Any optometrist, who is the custodian of a patient record and ceases to practice at a particular location, must notify said patient where his or her personal record may be obtained. Before any record of a patient is destroyed, said patient must be notified prior to his or her record being destroyed and given thirty (30) days to respond before said record is destroyed. However, if a patient has not been examined for five (5) years or more, said patient's record may be destroyed by the examining optometrist without notifying said patient.

Illinois: Record Keeping - Transfer of Ownership of Records

Upon the sale of a practice or the disability or death of an optometrist, the records must be transferred to a licensed optometrist or ophthalmologist or a health care facility licensed by the Department of Public Health for compliance with this Section, Section 6 of the Act, HIPAA and Section 1320.90 of this Part. Patients are to be informed of the location of their records unless they are to be maintained at their original location. Copies of records must be made available , within 10 days after the death of an optometrist, to patients upon their request. Another optometrist or ophthalmologist may use these records to meet the patient's needs until their next regularly scheduled eye exam. Failure to provide records under this Section by a non-licensed individual shall be considered to be a violation under Section 4.5 of the Act and may result in fines or civil penalties provided for in the Act.

Florida

64B13-3.002. Responsibility to Patient.(2)

A licensed practitioner shall give notice to the patient when he or she relocates his or her practice or withdraws his or her services so that the patient may make arrangements for his or her eye care. Notice to the patient shall specifically identify the new location of the licensed practitioner's practice or the location at which the patient may obtain his or her patient record, and shall be in compliance with Rule 64B13-3.003, F.A.C.

64B13-3.003. Patient Records; Transfer or Death of Licensed Practitioner.

(7) A licensed practitioner who retires or otherwise discontinues his or her practice shall cause to be published in the newspaper of greatest general circulation in each county where the licensed practitioner practiced, a notice indicating to his or her patients that the licensed practitioner's patient records are available from a specified eye

care ractitioner licensed pursuant to Chapter 458, 459, or 463, F.S., at a certain location. The notice shall be published once during each week for four (4) consecutive weeks. A copy of the published notice shall be delivered to the Board office for filing.
(8)(a) The executor, administrator, personal representative, or survivor of a deceased licensed practitioner shall retain patient records concerning any patient of the deceased licensed practitioner for at least five years from the date of death of the licensed practitioner.
(b) Within one (1) month from the date of death of the licensed practitioner, the executor, administrator, personal representative, or survivor of the deceased licensed practitioner shall cause to be published in the newspaper of greatest general circulation in each county where the licensed practitioner practiced, a notice indicating to the patients of the deceased licensed practitioner the location at which whose patients may obtain their patient records. The notice shall be published once during each week for four (4) consecutive weeks. A copy of the published notice shall be delivered to the Board office for filing.

Mississippi: Confidentiality - Responsibility to patient.

Section 10.6 Confidentiality.
(b) Responsibility to patient.
(1) An optometrist shall have an established procedure appropriate for the provision of eye care to his/her patients in the event of an emergency outside of normal professional hours, and when the optometrist is not personally available.
(2) An optometrist shall give notice to the patient when he/she relocates his/her practice or withdraws his/her services so that the patient may make other arrangements for his/her eye care. Notice to the patient shall specifically identify the new location of the optometrist's practice or the location at which the patient may obtain his or her patient record.
(c) Patient Records; Transfer or Death of Optometrist.
(6) An optometrist who retires or otherwise discontinues his/her practice shall cause to be published in the newspaper of greatest general circulation in each county where the optometrist practiced, a notice indicating to his/her patients that the optometrist's patient records are available from a specified optometrist at a certain location. The notice shall be published once during each week for four (4) consecutive weeks. A copy of the published notice shall be delivered to the board office for filing.

Ohio: Keeping of records

4725-5-11 Keeping of records
Upon retirement or termination of practice, patient records may be transferred to another optometrist for custody. A written custody agreement must be executed, signed and retained by both parties. Patients should be notified of the transfer of records and also informed that the records can be forwarded to an optometrist of their choice. A reasonable charge may be made for copying patient records. If the optometrist chooses to retain patient records, current patients must be notified of the location of their records.

An optometrist departing from a practice at a leased location may transfer records to another optometrist for custody. The optometrist may allow copies of patient prescriptions to remain at the leased location but is prohibited from releasing full patient records to any non-licensed individual, unless the patient provides written authorization to the optometrist.

Oregon: Records

852-010-0051 Records
(3) When changing practice locations, closing a practice or retiring, a doctor of optometry must retain patient records for the required amount of time or transfer the care of patient records to a doctor of optometry licensed and practicing optometry in Oregon. Transfer of patient records pursuant to this section of this rule shall be reported to the Board in writing immediately upon transfer, but not later than the effective date of the change in practice location, closure of the practice or retirement. It shall be considered unprofessional conduct for a doctor of optometry not to retain patient records or fail to transfer the care of patent records as required in this rule.

Memo

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To: Practice and Education Committee Members

Date: March 8, 2013

From: Jessica Sieferman
Probation Monitor & Enforcement Analyst

Telephone: (916) 575-7184

Subject: **Agenda Item 4. Discussion and Possible Action Pertaining to Standards for Reinstatement or Reduction of Penalty**

Since the posting of the Committee Meeting Agenda, Board counsel advised staff to only use and distribute the California Code of Regulations Section 1516 and not the "Standards for Rehabilitation or Reduction of Penalty." The origin of this document is unknown and some of its content is not in regulation and could be interpreted as underground regulations.

CALIFORNIA STATE BOARD OF OPTOMETRY

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CCR § 1516. Criteria for Rehabilitation.

(a) When considering the denial of a certificate of registration under Section 480 of the Code, the Board, in evaluating the rehabilitation of the applicant and his/her present eligibility for a certificate of registration, will consider the following criteria:

(1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
(2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.
(3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivision (1) or (2).
(4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.
(5) Evidence, if any, of rehabilitation submitted by the applicant.

(b) When considering the suspension or revocation of a certificate of registration on the grounds that the registrant has been convicted of a crime, the Board, in evaluating the rehabilitation of such person and his/her present eligibility for a license, will consider the following criteria:

(1) Nature and severity of the act(s) or offense(s).
(2) Total criminal record.
(3) The time that has elapsed since commission of the act(s) or offense(s).
(4) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee.
(5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.
(6) Evidence, if any, of rehabilitation submitted by the licensee.

(c) When considering a petition for reinstatement of a certificate of registration under Section 11522 of the Government Code, the Board shall evaluate evidence of rehabilitation submitted by the petitioner, considering those criteria of rehabilitation specified in subsection (b).

Note: Authority cited: Sections 3023, 3023.1 and 3025, Business and Professions Code. Reference: Sections 475, 480, 481 and 482, Business and Professions Code; and Section 11522, Government Code.

CALIFORNIA STATE BOARD OF OPTOMETRY

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To: Practice and Education Committee Members

Date: March 8, 2013

From: Jessica Sieferman
Probation Monitor & Enforcement Analyst

Telephone: (916) 575-7184

Subject: **Agenda Item 5. Discussion and Possible Action of Expert Witness Criteria**

The California State Board of Optometry (Board) utilizes expert witnesses during its enforcement process to review practice specific enforcement cases. The experts review all applicable case documents (e.g., initial complaint, additional complainant information, subject's response, medical records, etc.) to determine if the subject demonstrated unprofessional conduct by breaching the standard of care, and/or if the subject was negligent, incompetent, etc.

After case review, the experts prepare a written report that can be used for case closure justification, citations, or forwarding the case to the Attorney General's Office for further action. Experts may be requested to provide expert testimony during the administrative and/or disciplinary processes.

In previous expert witness recruitment efforts, Board staff developed the following criteria for enforcement experts:

- A current and active California Optometric License in good standing; no prior or pending disciplinary action; no pending investigations;
- Three or more years of post-licensure practice;
- Knowledge of state laws, rules and regulations, and standards regarding optometric practice;
- Strong writing skills and the ability to express ideas logically and critically;
- No prior or current charges or discipline against an out-of state license or any health care related license; and
- No criminal convictions, including any that were expunged or dismissed.

In addition, Board staff looks for optometrists who have experience testifying, educating other optometrists, and experience practicing in different optometric settings.

Requested Action: Discuss above criteria and recommend any additional criteria for staff to follow when selecting optometrists to serve as Board expert witnesses.

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To: Practice and Education Committee Members

Date: March 8, 2013

From: Alejandro Arredondo O.D.
Board President

Telephone: (916) 575-7170

Subject: **Agenda Item 6 – Public Comment for Items Not on the Agenda**

The Committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting [Government Code Sections 11125, 11125.7(a)].

Memo

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To: Practice and Education Committee Members

Date: March 8, 2013

From: Alejandro Arredondo O.D.
Board President

Telephone: (916) 575-7170

Subject: **Agenda Item 7 – Suggestions for Future Agenda Items**

Members of the Committee and the public may suggest items for staff research and discussion at future meetings.

Memo

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To: Practice and Education Committee Members

Date: March 8, 2013

From: Alejandro Arredondo O.D.
Board President

Telephone: (916) 575-7170

Subject: **Agenda Item 8 – Adjournment**

Adjournment