NOTICE OF TELECONFERENCE
ENFORCEMENT COMMITTEE MEETING
May 31, 2018
12:00 p.m.

901 P Street, Suite 142A
Sacramento, CA 95814
(916) 263-5355

The Board's address listed above is a location that is accessible to the public. Each teleconference location is accessible to the public and the public will be given an opportunity to address the Board at each teleconference location. One or more Board Members will participate in this meeting at the teleconference sites listed below. The public teleconference sites for this meeting are as follows:

Teleconference Meeting Locations:

Sergio Azzolino, D.C.
1545 Broadway St., Suite 1A
San Francisco, CA 94109
(415) 563-3800

Dionne McClain, D.C.
6360 Wilshire, Blvd, Suite 410
Los Angeles, CA 90048
(323) 563-4014

AGENDA

1. **Call to Order**

2. **Review and Discussion regarding Enforcement Committee Action Items from the 2017-2019 BCE Strategic Plan**

3. **Review, Discussion and Possible Action regarding Expert Witness Program**

4. **Public Comment**
   Note: The Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 122507(a).] Public comment is encouraged; however, if time constraints mandate, comments may be limited at the discretion of the Chair.

5. **Future Agenda Items**
   Note: The Board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125.]

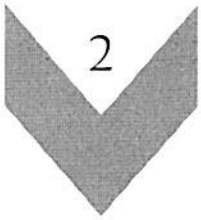
6. Adjournment

ENFORCEMENT COMMITTEE
Sergio Azzolino, D.C., Chair
Dionne McClain, D.C

Meetings of the Board of Chiropractic Examiners' Committee are open to the public except when specifically noticed otherwise in accordance with the Open Meeting Act. Public comments will be taken on agenda items at the time the specific item is raised. The Board's Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-5355 or access the Board's Web Site at www.chiro.ca.gov.

The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Valerie James (916) 263-5355 ext. 5362 or e-mail valerie.james@dca.ca.gov or send a written request to the Board of Chiropractic Examiners, 901 P Street, Suite 142A, Sacramento, CA 95814. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

Enforcement



Enforce laws and regulations to ensure consumer protection

2.1 Develop and disseminate educational tools and materials that better inform stakeholders of the enforcement process.

Objective Measurement				
Materials created and disseminated.				
Action Item	**Responsible Party**	**Initiation Date**	**Proposed Completion Date**	**Completion Date**
2.1.1 Establish a two-member committee of the Board to review current enforcement data and publications available and determine if content and format is sufficient for Board needs.	Board Chair and EO	Q3 2017		Q3 2017
2.1.2 New two-member committee to work with staff to develop new or revise existing materials if necessary.	Two-member committee	Q3 2017		Ongoing
2.1.3 Create outreach publications and materials educating public on complaint process. * Reference 3.2.2	Enforcement Committee		On hold	
2.1.4 Publish Expert Witness Guidelines in the Licensees and Publications tabs of Board website.	Licensing Manger	Q3 2017	TBD	

2.2 Collaborate with professional associations to establish a code of ethics that promote higher ethical standards for licensees.

Objective Measurement				
Determination is made regarding next steps.				
Action Item	**Responsible Party**	**Initiation Date**	**Proposed Completion Date**	**Completion Date**
2.2.1 Review CCA's code of ethics at enforcement committee meeting	Enforcement Committee	Q3 2017		Q3 2017
2.2.2 Determine whether additional action is necessary or not.	Board Chair and EO	Q3 2017		Q3 2017

2.3 Collaborate with other regulatory entities to increase their awareness of unlicensed practice (i.e., pastoral) and promote increased enforcement efforts to better safeguard the public.

Objective Measurement				
Other healthcare Boards/Bureaus awareness increased.				
Action Item	**Responsible Party**	**Initiation Date**	**Proposed Completion Date**	**Completion Date**
2.3.1 Communicate with other healthcare Boards/healing arts regarding cross-cutting enforcement issues.	EO	Ongoing		Ongoing
2.3.2 Track complaints and outcomes related to cross-cutting enforcement issues.	Enforcement Manager	Q2 2017		Ongoing

2.4 Educate licensees about enforcement issues related to social media in order to mitigate occurrences of these violations.

Objective Measurement				
Documents posted and licensees informed.				
Action Item	**Responsible Party**	**Initiation Date**	**Proposed Completion Date**	**Completion Date**
2.4.1 Create an outreach document that provides information on potential violations resulting from social media activity.	Enforcement Manager and Committee		Q2 2018	
2.4.2 Post outreach document on BCE newsletter, website and social media.	Licensing Manager		Q1 2019 and ongoing	

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

State of California
Edmund G. Brown Jr., Governor

Agenda Item 3
May 31, 2018

Review, Discuss, and Possible Action on Expert Witness Program

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Purpose of the item

The Committee will discuss possible changes to the current expert witness program.

Action(s) requested

The committee will be asked to approve the recommendations as discussed.

Background

The Committee has expressed interest in reviewing the current standards to evaluate expert consultants in an effort to ensure consistency among expert consultant reports.

At the February 8, 2018 Enforcement Committee meeting, members reviewed current expert consultant training materials and discussed existing deficiencies in the materials and the expert referral process. Additionally, the Committee discussed the possibility of a revision in the criteria and standards for expert consultant selection to ensure effectiveness and consistency in the expert consultant selection process.

At the February 8, 2018 meeting, the Committee also decided to continue working with staff to enhance the expert witness selection criteria, standards, process, training materials, and application.

Staff has completed a comprehensive review of DCA Board's Expert Review programs

1. Policy questions for the Committee

a. Should there be a minimum monthly practice hour requirement for SMEs? For example, *"must have an active practice (Defined as at least 80 hours a month in direct patient care, clinical activity, or teaching, at least 40 hours are in direct patient care)?"*
b. Is a ten-year minimum as a licensed professional sufficient to participate?
c. Specific criteria for disqualification?
    i. Disciplinary issues
    ii. Incomplete application
    iii. Does not meet years of practice requirement
    iv. Active employment relationship with an insurance company
    v. Disciplinary action taken against a QME appointment
d. CE hours for participation in SME training? Up to 4 or 6?

Recommendations for discussion

1. Sample expert report and/or statement of qualifications for applicants

2. Committee member review of SME applications
   a. Staff will complete initial screening of applicants
   b. Screened applications and sample expert written exercises will be provided to committee members for review and rating

3. Committee members interview potential candidates for selection
   a. Reviewed and rated applicants meeting established criteria will be chosen for committee interview
   b. If committee commits to this process, discussion of where interviews would take place and with what frequency (For example: Committee Members would interview SME candidates in Northern and Southern California twice a year until the Board has a robust pool of experts for consideration)

4. Committee members required to attend mandatory SME training
   a. Once SMEs are chosen, a training would be convened where Committee members, staff, DAGs and SMEs would receive a comprehensive training

Recommendation(s)

- Creation of a 1-page recruitment document that enumerates the minimum criteria to submit an application for review. Additionally, it would include information such as compensation for services provided, requirements of a subject matter expert, and any other personal or physical characteristics required.
- Update of current SME Training slide show
- Update of current SME guidebook

Next Step
N/A

Attachment(s)

- SME application

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

APPLICATION FOR EXPERT CONSULTANT

BOARD OF CHIROPRACTIC EXAMINERS
901 P Street, Suite 142A
Sacramento, California 95814
916-263-5355

Complete each section and attach your curriculum vitae/resume. If you need additional space you may attach a separate sheet. **PLEASE TYPE OR PRINT LEGIBLY**

SECTION 1 –APPLICANT INFORMATION

NAME: **(Last, First, Middle)**	**CHIROPRACTIC LICENSE NO.:**
BUSINESS ADDRESS:	
CITY: **STATE:**	**ZIP Code:**
TELEPHONE NUMBERS (include area code) **Office:** **Mobile:**	**EMAIL ADDRESS:** **WEBSITE ADDRESS(ES):**

CURRENT EMPLOYMENT INFORMATION

EMPLOYER:	
ADDRESS:	
CITY **STATE**	**ZIP Code**
TELEPHONE NUMBERS (include area code) **Office:** **Fax:**	**EMAIL ADDRESS:**
POSITION: **START DATE:**	**PRACTICE SETTING:**

EDUCATION INFORMATION

Name & Location of Institution	Attendance		Course of Study	Date of Graduation	Degree Received
	From	To			

SPECIALIZATIONS

Diplomate of (Organization)	Date Attained	Specialty

SECTION 2 –PROFESSIONAL QUALIFICATIONS

Year of Initial Licensure:

Current Status of License (i.e., active; inactive):

Are you actively treating patients? YES ☐ NO ☐

What percentage of time, per month?

Have you ever been employed by or provided services to the Board? YES ☐ NO ☐
If so, when and what services did you provide?

Have you, at any time in the past two years, worked for an insurance carrier, self-insured plan, third party administrator, or chiropractic claims review company? YES ☐ NO ☐

If yes, attach a description of the services you provided and your employment relationship with the above-mentioned entities.

Are you a State of California Qualified Medical Evaluator?
YES ☐ -QME Cert No.: _____ NO ☐
If yes, attach a copy of the certificate.

Had disciplinary action against QME Appointment?
YES ☐ NO ☐

SECTION 3 –COURT EXPERT WITNESS EXPERIENCE and KNOWLEDGE

Have you testified in court as an Expert witness as a Doctor of Chiropractic?
YES ☐ I have this experience No ☐ I do NOT have this experience

If yes, how many total years have you testified as a Chiropractic Expert witness? _____

Within the last 3 years:
How many times have you testified as a Chiropractic Expert witness? _____ How often? _____

What was the approximate date of your last Chiropractic Expert court testimony: _____

You may describe your court experience on a separate attachment if necessary.

Do you have knowledge and experience with presenting testimony in court or arbitrations as an expert in medical and legal proceedings?

- ☐ I have extensive knowledge and experience *
- ☐ I have some knowledge and experience
- ☐ I have minimal knowledge and experience
- ☐ I have no knowledge and experience

***If you have checked the boxes indicating extensive knowledge and experience, provide explanation on a separate sheet**

Do you have knowledge of and ability to interpret current laws and regulations in Expert testimony?

- ☐ I have extensive knowledge and experience *
- ☐ I have some knowledge and experience
- ☐ I have minimal knowledge and experience
- ☐ I have no knowledge and experience

***If you have checked the boxes indicating extensive knowledge and experience, provide explanation on a separate sheet**

SECTION 4 –KNOWLEDGE AND EXPERIENCE

For each phrase listed below, please mark the statement that most accurately represents the depth of your knowledge and experience in the field of Chiropractic:

A. Knowledge and skill in case review of medical records (including x-rays) for the purpose of medical and legal proceedings.

- ☐ I have extensive knowledge and experience *
- ☐ I have some knowledge and experience
- ☐ I have minimal knowledge and experience
- ☐ I have no knowledge and experience

B. Knowledge of and ability to interpret current chiropractic laws and regulations, including standard of care.

- ☐ I have extensive knowledge and ability *
- ☐ I have some knowledge and ability
- ☐ I have minimal knowledge and ability
- ☐ I have no knowledge and ability

C. Knowledge and experience rendering opinion or summary of findings regarding treatment utilization or questionable billing issues.

- ☐ I have extensive knowledge and experience *
- ☐ I have some knowledge and experience
- ☐ I have minimal knowledge and experience
- ☐ I have no knowledge and experience

D. Knowledge and experience in performing case management / peer review evaluations regarding the professional conduct of licensees as required by chiropractic related law.

- ☐ I have extensive knowledge and experience *
- ☐ I have some knowledge and experience
- ☐ I have minimal knowledge and experience
- ☐ I have no knowledge and experience

E. Knowledge and experience in reviewing chiropractic laws and regulations and rendering written opinions relating to the review of chiropractic related laws and regulations.

- ☐ I have extensive knowledge and experience *
- ☐ I have some knowledge and experience
- ☐ I have minimal knowledge and experience
- ☐ I have no knowledge and experience

***If you have checked the boxes indicating extensive knowledge and experience, provide explanation on a separate sheet.**

SECTION 5 –ACADEMIC APPOINTMENTS

Have you ever held any academic appointments at any college or university? YES ☐ NO ☐

If yes, attach a description of each appointment and your job duties.

SECTION 6 –PUBLICATIONS

Please list all published articles and texts which you have written:

_____

_____

_____

_____

Have you developed or assisted in the development of chiropractic statutes, regulations, and/or guidelines?
YES ☐ NO ☐ If yes, attach a description of each experience.

SECTION 7 –DISCIPLINARY INFORMATION

Have you ever been involved in a malpractice lawsuit or arbitration proceeding related to your treatment of a patient? YES ☐ NO ☐
If yes, attach an explanation on a separate attachment, for each lawsuit or arbitration complaint.

Are there currently any medical malpractice lawsuits or arbitration claims pending against you?
YES ☐ NO ☐
If yes, attach an explanation on a separate attachment, for each lawsuit or arbitration complaint.

Has your professional liability insurance coverage ever been denied, limited, or cancelled by the action of any insurance company? YES ☐ NO ☐
If yes, attach an explanation on a separate attachment, for each occurrence.

Be sure to answer all questions. If you answer "yes" to any of the following, attach an explanation on a separate piece of paper.

(A) Has your chiropractic license (in this state or another state) or any health related professional licensing or disciplinary body in any state, territory or foreign jurisdiction, or any branch of the military, denied, limited, placed on probation, restricted, suspended, cancelled or revoked any professional license, certificate, or registration granted to you, or imposed a fine, reprimand, or taken any other action against you?
YES ☐ NO ☐

(B) Has your participation in any private, state, or federal health insurance program ever been the subject of disciplinary action? YES ☐ NO ☐

(C) Has any other type of professional sanction, discipline, or other adverse action ever been taken against you? YES ☐ NO ☐

(D) Have you ever been the subject of an investigation by any private, state, or federal health insurance program? YES ☐ NO ☐

(E) Have you ever been convicted of a misdemeanor or felony or are you currently under indictment for any alleged criminal activities? YES ☐ NO ☐

(F) Have you ever been the subject of an administrative, civil, or criminal complaint or investigation regarding sexual misconduct? YES ☐ NO ☐

(G) Have you ever voluntarily surrendered a professional license, staff privileges or consented to a limitation of the same pending a review or investigation? YES ☐ NO ☐

(H) Are there any other issues that should be disclosed that may have an adverse impact on your ability to deliver effective and objective professional services? YES ☐ NO ☐

SECTION 8 –PERSONAL SUMMARY/WRITING SAMPLE

Attach a 1-page typed document, answering the following question (include an overview of your qualifications, including experience and training)**:**

Why do you want to be an expert witness for the California Board of Chiropractic Examiners?

If available, provide a sample copy of your most recent Med/Legal or Expert Consultant report written by you. Be sure to redact all personal and confidential information. ☐ - A sample report is unavailable

SECTION 9 –REFERENCES

List two professional references who can verify your knowledge and ability to perform the necessary functions of an Expert for the Board:

Name: (Last, First)		Relationship:
Company		Telephone No.:
Address:		
City:	State:	ZIP Code:
Name: (Last, First)		Relationship:
Company		Telephone No.:
Address:		
City:	State:	ZIP Code:

SECTION 10 –AFFIDAVIT

Please Read and Initial each Paragraph

I hereby certify that I have not knowingly withheld any information that might adversely affect my appointment as an expert reviewer and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. _____

I hereby authorize the Board to thoroughly investigate all of the information I have provided on this application, including attachments, as well as my references, work record, education and other matters related to my suitability for appointment as an expert and, further, authorize the references I have listed to disclose to the Board any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Board, my current and former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. _____

I hereby certify that the information provided is true, correct and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____