State of California

State and Consumer Services Agency

MEDICAL BOARD OF CALIFORNIA

January 28-29, 2010

Panel B	January 28	9:00 a.m. - 12:00 p.m.
Wellness Committee	January 28	1:00 p.m. - 2:00 p.m.
Licensing Committee	January 28	2:00 p.m. - 3:00 p.m.
Physician Supervision Advisory Committee	January 28	3:00 p.m. - 3:30 p.m.
Access to Care Committee	January 28	3:30 p.m. - 4:00 p.m.
Full Board	January 28	4:00 p.m. - 5:00 p.m.
Application Review Committee	January 29	8:30 a.m. - 9:00 a.m.
Full Board	January 29	9:00 a.m. - 4:00 p.m.

MEDICAL BOARD OF CALIFORNIA
BOARD MEETING SCHEDULE

Embassy Suites
San Francisco Airport
150 Anza Blvd.
Burlingame, CA 94010

January 28-29, 2010

Thursday, January 28

- **9:00 a.m. – 12:00 p.m.** — **Panel B – Mendocino / Burlingame Room**
  (Members: Chang, Levine, Low, Moran, Schipske)
- **12:00 p.m. – 1:00 p.m.** — **Lunch**
  (All Members)
- **1:00 p.m. – 2:00 p.m.** — **Wellness Committee – Mendocino / Burlingame Room**
  (Members: Duruisseau, Carreon, Chin, Giang, Gregg, Norcross)
- **2:00 p.m. – 3:00 p.m.** — **Licensing Committee - Mendocino / Burlingame Room**
  (Members: Salomonson, Carreon, Chang, Gitnick, Low, Schipske, Levine)
- **3:00 p.m. – 3:30 p.m.** — **Physician Supervision Advisory Committee – Mendocino / Burlingame Room**
  (Moran, Salomonson, Schipske)
- **3:30 p.m. – 4:00 p.m.** — **Access to Care Committee – Mendocino/ Burlingame Room**
  (Members: Gitnick, Chang, Duruisseau, Schipske, Yaroslavsky, Zerunyan)
- **4:00 p.m. – 5:00 p.m.** — **Full Board (Telemedicine Presentation) - Mendocino / Burlingame Room**
  (All Members)

Friday, January 29

- **8:30 a.m. – 9: 00 a.m.** — **Application Review Committee – Mendocino / Burlingame Room**
  (Gitnick, Low, Schipske)
- **9:00 a.m. – 4:00 p.m.** — **Full Board Meeting – Mendocino / Burlingame Room**
  (All Members)

Notice regarding Quarterly Board Meeting Agenda:

On Thursday, January 28, 2010, the Quarterly Board Meeting will begin upon the conclusion of the Access to Care Committee Meeting, not the Physician Supervision Advisory Committee as stated in error on the Agenda. The Access to Care Committee Meeting is scheduled from 3:30 p.m. to 4:00 p.m.

MEDICAL BOARD OF CALIFORNIA
Executive Office

MEMBERS OF THE BOARD
Barbara Yaroslavsky, President
Frank V. Zerunyan, J.D., Vice President
Hedy Chang, Secretary
Jorge Carreon, M.D.
John Chin, M.D.
Shelton Duruisseau, Ph.D.
Gary Gitnick, M.D.
Sharon Levine, M.D.
Reginald Low, M.D.
Mary Lynn Moran, M.D.
Janet Salomonson, M.D.
Gerrie Schipske, R.N.P., J.D.

QUARTERLY BOARD MEETING

Action may be taken on any item listed on the agenda.

January 28-29, 2010

Embassy Suites – San Francisco Airport
Mendocino/Burlingame Room
150 Anza Blvd.
Burlingame, CA 94010
650-342-4600

AGENDA

Thursday, January 28, 2010
4:00 p.m. to 5:00 p.m.
(or upon conclusion of Physician Supervision Advisory Committee)

Friday, January 29, 2010
9:00 a.m. to 4:00 p.m.
(or upon conclusion of the Application Review Committee)

ORDER OF ITEMS IS SUBJECT TO CHANGE

Thursday, January 28, 2010 4:30 p.m. or upon conclusion of the Physician Supervision Advisory Committee

1. Call to Order / Roll Call

2. Telemedicine Presentation: Delivery Methods and Legal Issues – Ms. French, Dr. Marcin, Dr. Goldyne, Ms. Orlowski and Mr. Guerrero

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Friday, January 29, 2010 9:00 a.m. or upon conclusion of the Application Review Committee

3. Call to Order / Roll Call

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's licensing and regulatory functions.

4. *Executive Director Position*
   A. Resignation of Executive Director - Information
   B. Appointment of Interim Executive Director [**Closed Session:** [Pursuant to Government Code Section 11126(e)(2)(A)]
   C. Search for New Executive Director [**Open Session]**

5. Approval of Minutes from the October 30, 2009 meeting

6. Public Comment on Items not on the Agenda
   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 to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 1125.7(a)]

7. Board Member Communications with Interested Parties – Ms. Yaroslavsky

8. President's Report - Ms. Yaroslavsky

9. Executive Director's Report – Ms. Johnston
   A. Budget Overview and Staffing Update

10. Legislation – Ms. Whitney
    A. Status of Regulatory Action
    B. 2009 Legislation Discussion and Implementation Plans
    C. Consideration of 2010 Proposed Legislation
    D. 2010 Legislation

11. SB 1441 Guidelines and Discussion of Possible Legislative and Regulatory Action the Board May Need to Take for Implementation – Mr. Riches and Ms. Whitney

12. Discussion on Physician Supervision of Nurse Anesthetists – Ms. Whitney

13. Licensing Chief's Report – Ms. Pellegrini
    A. Licensing Program Update
    B. Licensing Consultant's Report – Ms. Hubbert
    C. Midwifery Advisory Council Update – Ms. Gibson

14. Proposed Amendments to Section 1328 of Title 16 CCR (Acceptable Written Examinations)– Ms. Pellegrini

15. Midwifery Advisory Council Nominations and Approval– Ms. Pellegrini

16. Approval of Nizhoni Midwifery Institute – Ms. Pellegrini

17. Enforcement Chief's Report – Ms. Threadgill
    A. Approval of Orders Restoring License Following Satisfactory Completion of Probation, Orders Issuing Public Letter of Reprimand, and Orders for License Surrender During Probation
    B. Expert Utilization Report

C. Enforcement Program Update

D. Request to Establish an Enforcement Committee to Assist Staff with the following issues:

1. Upfront Specialty Reviewer Timelines
2. The Board's current Medical Marijuana Guidelines

18. Vertical Enforcement Program Report – Ms. Threadgill and Mr. Ramirez

19. Licensing Committee Update and Consideration of Committee Recommendations – Dr. Salomonson

20. Special Task Force on International Medical School Recognition – Consideration of Recommendations – Dr. Low

21. Special Faculty Permit Review Committee Recommendations – Dr. Gitnick

22. Access to Care Committee Update and Consideration of Committee Recommendations – Dr. Gitnick

23. Physician Supervision Advisory Committee Update and Consideration of Committee Recommendations – Dr. Moran

24. Wellness Committee Update and Consideration of Committee Recommendations – Dr. Duruisseau

25. Physician Assistant Committee Update – Dr. Low

26. Federation of State Medical Boards Update – Ms. Chang

27. Strategic Plan Update – Ms. Yaroslavsky and Ms. Johnston

28. Agenda Items for April 29-30, 2010 Meeting

29. Adjournment

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 Cheryl Thompson at (916)263-2389 or email cthompson@mbc.ca.gov or send a written request to Ms. Thompson at the Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

Meetings of the Medical Board of California are open to the public except when specifically noticed otherwise in accordance with the Open Meetings Act. The audience will be given appropriate opportunities to comment on any issue presented in open session before the Board, but the President may apportion available time among those who wish to speak.

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For additional information call (916) 263-2389.

STATE AND CONSUMER SERVICES AGENCY - *Department of Consumer Affairs* Arnold Schwarzenegger, *Governor*

MEDICAL BOARD OF CALIFORNIA
Executive Office

Medical Board of California
Marriott Courtyard – Liberty Station
2592 Laning Road
San Diego, CA 92106

October 30, 2009

MINUTES

In order to remain consistent with the record, the agenda items presented in these minutes are listed in the order discussed at the October 30, 2009 meeting.

Agenda Item 1 Call to Order/ Roll Call
Ms. Yaroslavsky called the meeting of the Medical Board of California (Board) to order on October 30, 2009 at 9:10 a.m. A quorum was present and notice had been sent to interested parties.

Members Present:
Barbara Yaroslavsky, President
Jorge Carreon, M.D.
Hedy Chang, Secretary
John Chin, M.D.
Shelton Duruisseau, Ph.D.
Gary Gitnick, M.D.
Sharon Levine, M.D.
Reginald Low, M.D.
Mary Lynn Moran, M.D.
Janet Salomonson, M.D.
Gerrie Schipske, R.N.P., J.D.
Frank V. Zerunyan, J.D., Vice President

Staff Present:
Barb Johnston, Executive Director
Kimberly Kirchmeyer, Deputy Director
Fayne Boyd, Licensing Program Manager
Susan Cady, Enforcement Manager
Candis Cohen, Public Information Officer
Janie Cordray, Research Specialist
Sean Eichelkraut, Information Systems Analyst
Abbie French, Telemedicine Manager

Sean Heaney, Information Systems Student Assistant
Kurt Heppler, Legal Counsel
Teri Hunley, Business Services Manager
Diane Ingram, Information Services Manager
Ross Locke, Business Services Office
Charlaine McKenzie, Senior Investigator
Armando Melendez, Business Services Office
Brian Murray, M.D., Medical Consultant
Kelly Nelson, Legislative Analyst
Kathleen Nicholls, Investigations Area Supervisor
Deborah Pellegrini, Chief of Licensing
Paulette Romero, Associate Analyst
Eric Ryan, Investigator
Kevin Schunke, Regulation Coordinator
Anita Scuri, Department of Consumer Affairs, Supervising Legal Counsel
Brian Stiger, Director, Department of Consumer Affairs
Cheryl Thompson, Executive Assistant
Renee Threadgill, Chief of Enforcement
Linda Whitney, Chief of Legislation
Vicki Williams, Investigator

Members of the Audience:

Bill Barnaby, California Society of Anesthesiologists
Elizabeth Becker, Inner Solutions for Success
Claudia Breglia, California Association of Midwives
Yvonne Choong, California Medical Association
Zennie Coughlin, Kaiser Permanente
Frank Cuny, California Citizens for Health Freedom
Karen Ehrlich, Midwifery Advisory Council
Julie D'Angelo Fellmeth, Center for Public Interest Law
Faith Gibson, Midwifery Advisory Council
Beth Grivett, California Academy of Physician Assistants
Vivien Hara, Deputy Attorney General
James Hay, M.D., California Medical Association
Marla Hicks, Nizhoni Institute
Alfredo Hueso, Member of the public
Terry Jones, Deputy Attorney General
Connie Merritt, Nizhoni Institute
Brett Michelin, California Medical Association
Carlos Ramirez, Senior Assistant Attorney General
Kayti Ricker, Nizhoni Institute
Gerri Ryan, Nizhoni Institute
Amara Sheikh, Member of public
Farzana Sheikh, Member of public
Rehan Sheikh, Member of public

Taryn Smith, Senate Office of Research
John Toth, M.D., California Citizens for Health Freedom
Ellie Vannatim, Cooperative of American Physicians, Inc.
Sandi Villafana, Nizhoni Institute
Jeffrey Vincent, Deputy Attorney General
Brian Warren, Department of Consumer Affairs
Sandra Waters, Federation of State Medical Boards

Agenda Item 3 Pending Litigation
Pursuant to Government Code Section 11126(a), the Board went into closed session at 9:12 a.m. to discuss pending litigation in the matter of case number 34-2008-80000044 and case number RG08374245.

Open Session:
The Board reconvened in open session at 9:44 a.m.

Agenda Item 2 REGULATIONS – PUBLIC HEARING
Ms. Yaroslavsky opened the public hearing on the proposed regulations to amend section 1316 of Title 16 of the California Code of Regulations as described in the notice published in the California Regulatory Notice Register and sent by mail to those on the Board's mailing list. The proposal would amend the regulation which incorporates by reference the disciplinary guidelines entitled *Manual of Disciplinary Guidelines and Disciplinary Orders*. These amendments are being changed to reflect changes in the law, clarify existing language, and make other technical changes to reflect the current probationary environment. For the record, Ms. Yaroslavsky stated the date was October 30, 2009; the hearing began at approximately 9:45 a.m.

Ms. Scuri noted a staff memo regarding comments received from the Office of the Attorney General and two proposed changes to the language of the Disciplinary Guidelines to address these comments are included in the packet. Additional comments from the California Medical Association were distributed to the Members prior to the meeting. Ms. Scuri noted written comments not submitted by the October 26, 2009 deadline could be accepted at today's hearing.

Yvonne Choong, California Medical Association (CMA) presented concerns relating to due process in the proposed regulations, specifically with regard to Section 9 (Controlled Substances – Abstain from Use) and Section 10 (Alcohol – Abstain from Use) and the Board's authority to order the cessation of medical practice in the event of a positive biological fluid test for certain substances. CMA believes licensees under probation should be accorded a pre-deprivation hearing on the issue to determine whether the licensee in fact imposes a danger to patients. If the Board believes the licensee poses a threat to patient care, it can take steps to prevent harm by seeking a temporary restraining order or interim suspension.

Elizabeth Becker, Inner Solutions for Success, provided suggestions for language to address Disciplinary Guideline 18: *Anger Management for Healthcare Professionals Program.* Ms. Becker suggested rewriting the guideline to have physicians participate in a psycho educational training program to address any pattern of disruptive behavior that constitutes unprofessional conduct, adding language that mandates a thorough psychiatric evaluation for physicians who

have an extensive documented history of disruptive behavior, and including a description of an acceptable training program and any required elements. In addition, she suggested using the Public Letter of Reprimand as a preventative resource in response to accusations of disruptive behavior. Ms. Becker suggested the term "anger management" in Guideline 18 is too narrow and should be broadened to include "disruptive behavior" since it more accurately reflects the issue the guideline is trying to address.

Ms. Threadgill indicated her agreement that the guideline should be broadened to include "disruptive behavior."

Dr. Carreon stated disruptive behavior should be addressed in medical school training when it is first identified in an individual, since these individuals frequently continue to have issues after they are licensed.

Julie D'Angelo Fellmeth, Center for Public Interest Law, provided comment on the CMA's concerns with Sections 9 and 10. She noted the regulations deal with terms and conditions of probation and apply to a physician who has already stipulated to discipline or has been found to have committed a violation with full procedural due process. In order for Sections 9 and 10 to apply to a physician, the Board has necessarily found the physician has a substance abuse problem that poses a risk to patients. A positive drug test while on probation is a probation violation and ought to result in an immediate cease practice.

Ms. Yaroslavsky closed the hearing. Ms. Schipske made a motion to adopt the regulations with the changes recommended by the Attorney General's Office related to the no solo practice prohibition and the addition of "in California" to Section 34, to delete proposed term 18 so it can be worked on by staff, and to authorize the Executive Director to adopt the regulation at the expiration of the 15 day comment period if there are no adverse comments. Dr. Salomonson seconded the motion. The motion carried.

Agenda Item 4 Approval of Minutes from the July 23-24, 2009 Meeting
Dr. Gitnick made a motion to approve the minutes from the July 23-24, 2009 meeting. Ms. Schipske seconded the motion; motion carried.

Agenda Item 5 Public Comment on Items Not on the Agenda
Bill Barnaby, California Society of Anesthesiologists (CSA), addressed the Board on the physician supervision of certified registered nurse anesthetists (CRNAs) in the interest of patient protection. He noted the Governor wrote a letter on June 1, 2009 to Medicare opting California out of the long standing physician supervision rule, without notice or explanation to the interested parties. A 2001 Medicare regulation allowed states to opt out of the physician supervision regulation under certain conditions, including the requirement that it be consistent with state law and that there must be consultation with the boards of medicine and nursing in each state on questions of patient access and quality of anesthesia care. CSA and the Legislative Counsel do not believe either of these conditions has been met. CSA asked the Board to include this issue on the next agenda for a substantive exploration, analysis and determination of whether any Board action is necessary.

Sandra Soto–Hueso spoke in support of permitting physicians to offer alternative cancer treatments, including nutritional and vitamin therapies.

Yvonne Choong stated CMA supports the CSA on the issue of physician supervision of nurse anesthetists. She offered CMA's assistance and encouraged the Board to form an advisory committee to study the issue further.

Frank Cuny, California Citizens for Health Freedom (CCHF), stated current law makes it a criminal offense for a licensed physician to offer anything other than radiation, chemotherapy, or surgery to cancer patients. This limits physicians who want to offer integrative treatment of cancer and encourages patients to go into Mexico to receive integrative treatment they cannot receive in California. He noted CCHF has introduced several bills on the legalization of alternative treatments in the Legislature, however the bills have been repeatedly defeated. Mr. Cuny believes the Board is the one body with the ability and authority to successfully put a bill forward in support of alternative medicine. He asked the Board to consider reactivating its committee on alternative medicine or adding it as an agenda item for a future Board meeting.

Dr. John Toth and Alfred Hueso, CCHF, also spoke in support of legalizing alternative cancer treatments and integrative care.

Rehan Sheikh requested that the Board develop a process to review the quality of their decision making before bringing accusations against physicians or would-be physicians. He is concerned there are not enough checks and balances in the process and finds some practices troublesome.

Marla Hicks and Gerri Ryan, Nizhoni Institute, reported their midwifery education program has applied for accreditation with the Board so their students can apply for licensure. They are concerned that the accreditation process is unclear and want to know if there is anything else they are required to submit in order to move the approval process forward. Ms. Yaroslavsky recommended they work with staff.

Agenda Item 6 Board Member Communications with Interested Parties

Ms. Yaroslavsky reported she has spoken with members of the Legislature. She has addressed letters to both the Governor, through his legislative liaison Jennifer Kent, and to legislators in support of legislation the Board supports. She noted she has also appeared before committees of the Legislature, as appropriate, to advocate on behalf of Board-sponsored legislation. Ms. Yaroslavsky provided a list of potential participants and spoke directly to individuals in support of participation in the Executive Committee meeting on October 1, 2009 to address the licensing backlog. She spoke with Don Crane, President and CEO of California Association of Physician Groups during a social occasion where they also discussed the Board's mission and the possibility of future opportunities. Ms. Yaroslavsky reported she had a conversation with CMA to provide a declaration relative to the suit they filed against the Governor and other statewide officials on the furloughs.

Agenda Item 7 President's Report

Ms. Yaroslavsky reported she was invited to participate in a press conference with State Assemblymember Hector De La Torre at the AltaMed Clinic in East Los Angeles. She met with both a former and recent recipient of the Steven Thompson Loan Repayment Program. Ms. Yaroslavsky thanked Assemblymember De La Torre for carrying the Board's legislation to support the $25 fee on doctors' licenses to ensure a more permanent stream of revenue to better meet the growing need and assure access to care in underserved communities. She also recognized Dr. Gitnick for his work to develop the program and for his efforts to promote access to care.

Ms. Yaroslavsky has directed that all non-essential meetings be suspended until the licensing crisis is resolved and encouraged any and all staff available and willing to devote extra time to assist in the elimination of the backlog by the end of 2009. Hence, there will be no Education Committee report this quarter. On behalf of the entire Board, she thanked the staff for their extraordinary efforts in addressing the backlog and for pulling together as a team.

Ms. Yaroslavsky introduced Brian Stiger, Director, Department of Consumer Affairs (DCA).

Mr. Gitnick noted the Steven Thompson Loan Repayment Program was a joint effort with CMA and stated it would not have been realized without their co-sponsorship and hard work.

Agenda Item 8 Executive Directors Report

A. Budget Overview and Staffing Update

Ms. Johnston reported the budget is currently on target. She noted that overtime is at 155% of the budgeted amount due to the commitment to resolve the licensing backlog and the Board's direction to utilize any and all staff. The budget has been approved by both the DCA and the State and Consumer Services Agency (Agency). She noted the line item for rent is at 75% due to the front loading of the contract. Ms. Johnston stated the Board does not anticipate exceeding its budget.

Currently, the Board's vacancy rate is at 8% due to the efforts of staff, specifically Deborah Pellegrini, Renee Threadgill and Kimberly Kirchmeyer. Ms. Johnston reported assorted staff from all program areas have volunteered, been trained, and are working late and on weekends to assist in eliminating the licensing backlog. She thanked staff for their hard work and positive attitude.

Ms. Johnston noted Mr. Stiger chairs the SB1441 Substance Abuse Coordination Committee which is working to formulate uniform and specific standards that healing art boards will be required to use in dealing with substance abusing licensees. Ms. Johnston serves on this committee and Ms. Kirchmeyer serves on one of the workgroups.

B. Update on Board Evaluation

Ms. Johnston reported the contract to conduct an evaluation of the Board has been awarded with a November 1, 2009 start date. The report to the Board is scheduled for the July 2010 Board meeting.

Dr. Gitnick commended staff for undertaking a formal self-assessment of the structure, function, and activities of the Board. He indicated reviews should be required every two years in cooperation with Agency and should utilize the kinds of approaches used by the State Bar of California, encompassing the same level of depth and detail as that which was included in the Enforcement Monitor's report.

Agenda Item 10 Presentation on Federation Credentials Verification Service (FCVS)
Sandra Waters, Consultant with the Federation of State Medical Boards, delivered a presentation on credential verification services available through FSMB. According to the number of verifications that FSMB processes in a year (dating back to 2004), 60% of California license applicants are international medical school graduates and 40% are domestic graduates. Under FCVS, an initial application costs $345 and subsequent applications cost $90; these costs are born by the physician. The average processing time for an international graduate is 96 days with a standard deviation of 26 days; for a domestic graduate the average processing time is 78 days with a standard deviation of 16 days. In 2008, FSMB employed 90 people to create 18,000 verification packages. Ms. Waters reported 63 of the 69 physician licensing boards accept FCVS; 14 of these boards require FCVS. Decisions as to whether or not to license an applicant are left to the individual boards; FCVS merely collects and verifies all of the applicant information.

Dr. Gitnick asked if FSMB had sufficient staff to handle the 6,000 applications that the Board processes each year. Ms. Waters indicated they do not currently have enough staff, but could increase staffing levels.

Agenda Item 9 Legislation

B. 2009 Legislation
Ms. Whitney reported effective October 23, 2009, the California Bureau of Naturopathic Medicine became the Naturopathic Medicine Committee under the Osteopathic Medical Board of California.

Ms. Whitney referred Members to the 2009 Legislative packet and the color-coded tracker listing in the packet that was mailed to members and made available to the public.

AB 120 (Hayashi) Peer Review: 809 Sections
This bill was vetoed. The Governor's message indicated he has encouraged the authors and interested parties to work with DCA on streamlining and improving the peer review process in a way that increases the overall effectiveness.

AB 175 (Galgiani) Telemedicine: Optometrists
This bill was signed into law.

AB 245 (Ma) Disclosure Verification
This bill was vetoed. The Governor stated this bill reduces transparency for consumers who deserve to know if their provider has been convicted of misdemeanors or felonies.

AB 252 (Carter) **Cosmetic surgery: employment of physicians**
This bill was vetoed. The Governor indicated this bill was duplicative of existing law and the Medical Board already has significant legal authority.

AB 356 (Fletcher) **Radiological Technology: physician assistants**
This bill was signed into law. The bill allows physician assistants to taken an examination to become certified and issued a permit. The Board will be working with the Physician Assistant Committee to assist in the implementation.

AB 501 (Emmerson) **Licensing: Limited License, Use of M.D., Fee/Fund**
This Board-sponsored bill was signed into law. The bill addresses a limited license, the use of M.D. by individuals in medical training, and allows the Board to have a four month fund reserve instead of two.

To implement this bill, licensing staff will work with legal counsel to develop many of the requirements on the limited license issue. Budget staff will examine the fee cap. Implementation issues may be brought back to the Board at the January 2010 meeting. Fund condition projections will be revised. Medical schools, hospitals and training programs will be notified regarding changes in the use of M.D.

The following bills were held as two year bills:

AB 526 (Fuentes) **Public Protection and Physician Health Program Act of 2009**
AB 583 (Hayashi) **Disclosure of Education and Office Hours**
AB 646 (Swanson) **Physician employment: district hospital pilot project**
AB 648 (Chesbro) **Rural Hospitals: physician employment**
AB 933 (Fong) **Worker's Compensation: utilization review**
AB 1310 (Hernandez) **Healing Arts: database**

The Board will reconfirm its positions on the various bills in January 2010 if any changes have been made.

AB 1070 (Hill) **Enforcement Enhancements: reporting, public reprimand**
This Board-sponsored bill was signed into law. The bill addresses reporting public reprimands, certified records, and the extension of the vertical enforcement/prosecution model. The Board will work with Discipline Coordination Staff so the Board President may be included in disciplinary panels as of January 1, 2010 if there is not a full complement of Board members. Enforcement staff will address new procedures which must be in place by January 1, 2010 requiring certified medical records. Enforcement staff and administrative law judges will be notified of changes that now allow the recommendation of education and training to be included in public reprimands. Any necessary updates to the Disciplinary Guidelines will also be addressed. Licensing staff will develop the method by which information regarding licensee specialty board certification is obtained upon initial license. The law requires all new license applicants to complete the survey form; on-line application systems and the website will be adjusted accordingly. A facilitator will be contracted to conduct team building among the vertical enforcement/prosecution model parties.

AB 1071 (Emmerson) Sunset Extension
This bill, which extends the Board to 2013, was signed. Some type of evaluation of the Board will be done through the legislative process to make a determination of any areas that require attention. This required sunset evaluation report will be prepared in late 2011 into 2012.

AB 1116 (Carter) Cosmetic Surgery: physical examination prior to surgery
This bill, which is a codification of existing law, was signed and will require little to implement.

SB 132 (Denham) Polysomnographic Technologists
This bill was chaptered on October 23, 2009. The bill requires significant implementation, including the development of regulations relative to the qualifications of various polysomnographic classifications as well the establishment of a registration program for technologists who work in sleep centers. A budget change proposal (BCP) has been submitted to Agency. Licensing staff will need to meet with a variety of interested parties.

The following bills were held as two year bills:
SB 294 (Negrete McLeod) Healing Arts: Enforcement
SB 389 (Negrete McLeod) Fingerprinting
SB 726 (Ashburn) Hospitals: employment of physicians; pilot project revision

SB 470 (Corbett) Prescriptions: labeling
This bill was signed. The Board will stay in close contact with the Pharmacy Board to provide assistance as needed.

SB 674 (Negrete McLeod) Outpatient settings / Advertising
This bill was vetoed. The Governor would like the medical community to work with his Administration to find consistency in oversight of outpatient settings. Ms. Whitney reported Senator Negrete McLeod has asked the Board to implement the section of the bill dealing with the appropriate level of physician availability within clinics and other settings for elective cosmetic procedures under the Board's current authority.

The Board previously discussed this issue at the July 2009 meeting and determined an advisory committee could be established. Ms. Whitney suggested the following associations could nominate a member by December 1, 2009 to sit on the advisory committee: CMA, California Society of Dermatology & Dermatologic Surgery (CalDerm), American Society for Dermatologic Surgery, and plastic surgery societies. An initial meeting could be held at the January 2010 Board meeting to lay out a general scope for the committee.

Dr. Moran made a motion to create an advisory committee to review physician supervision with laser and other cosmetic procedures; Ms. Chang seconded the motion; motion carried.

SB 819 (B&P Committee) Omnibus: provisions from 2008
This bill was signed. The technical changes encompassed in the bill will be implemented.

SB 820 (Negrete McLeod & Aanestad) Peer Review
This bill was vetoed. Staff will work with the DCA to improve or streamline peer review.

SB 821 (B&P Committee) Omnibus: MBC provisions
This bill was signed. The repeal of Section 821.5 of the Business and Profession Code dealing with diversion is significant in that it directs the reporting of the formal investigation of a physician who may have a disabling condition be done through the peer review process, rather than through a diversion program administrator.

C. Consideration of 2010 Proposed Legislation
Ms. Whitney directed Members to the "Proposed Legislation" section of their Legislative Packets. She introduced a proposal to amend the law regarding public disclosure and posting to include court orders to place practice restrictions on an individual when there are criminal proceedings (PC 23s) pending. While the Board currently has the authority to post actions taken against physicians by the Board, this amendment would allow certain court actions to also be posted for consumers. Ms. Whitney reported AB 245, which addressed public disclosure, was vetoed this year; any legislation put forward will heed the Governor's veto message on that bill. Dr. Moran made a motion to pursue the public disclosure legislation; s/Zerunyan; motion carried.

Ms. Whitney introduced a proposal dealing with default decisions which would amend the current law to authorize the Executive Director to adopt stipulations to surrender a license when the law requires a mandatory revocation (such as for aiding and abetting in auto insurance fraud, and being required to register as a sex offender). Dr. Moran made a motion to pursue the default decision legislation; s/Salomonson.

Brian Stiger, Director, DCA, supports this concept as it allows the disciplinary process to be expedited. Ms. Yaroslavsky called for a vote; the motion carried.

With regard to Peer Review legislation, Ms. Whitney noted amends to the 805 Sections of the Business and Professions Code were vetoed in 2009. Rather than sponsoring a bill, the Board will work with the Department, authors, and interested parties on their peer review proposals and will request technical and other amendments as appropriate.

Ms. Whitney introduced a proposal to expedite the complaint process. The recommendation is to remove the need for an upfront specialty expert to review complaints prior to the complaint being sent to the field. This would allow for a general practice medical consultant to review the medical records, statements from the physician, and the standard of care, then to make a recommendation to close or forward to the field for investigation. This would expedite the complaint triage process, reducing the processing time needed to make the decision to close or forward the complaint to the field. SB 294 (Negrete McLeod) contains a number of sections to help the boards expedite complaint and enforcement processes. Administration may also be forwarding ideas to expedite these processes. Hence, the Board's suggestions might be incorporated into either of these other bills. Ms. Schipske made a motion to pursue the proposal; s/Moran.

Dr. Levine voiced her concern that making speed (rather than quality) the priority in the initial review may create problems given the complexity of medical practice. Dr. Salomonson agreed and was not sure if a generalist review really would be faster. Ms. Threadgill reminded the

Members that the upfront review was only triage to determine if the case should proceed on to investigation. If there were any question, further review would be sought. In most cases, Ms. Threadgill stated, the generalist can determine what needs to be done based on the allegations and respondent statements; once referred to the field, the case would still be required to go through a specialty review process. Currently, the upfront specialty reviewer does not have the benefit of all the materials and records available on the case, limiting the quality of any upfront review.

Dr. Low echoed the concerns of Dr. Levine and Dr. Salomonson, expressing his discomfort with a generalist making a determination on a specialty. Mr. Zerunyan asked if a lack of specialty reviewers to conduct initial reviews was increasing enforcement timelines. Ms. Threadgill indicated the delay was due to the Complaint Unit having to gather additional records up front and the complaint first having to be reviewed by a generalist in order to determine what type of specialist must conduct the upfront review. She noted if the complaint is sent to the field, it is reviewed again by a specialist who issues the report and would be called on to testify. This routing of a complaint from an upfront generalist to an upfront specialist to a specialist to conduct the actual review increases enforcement timelines, which the Board has directed staff to reduce.

Ms. Yaroslavsky asked staff to take the comments by Members under advisement and collect information on how much extra time requiring an upfront specialty expert review adds to the process and, conversely, how much time would be saved by allowing a generalist to conduct the upfront review. She asked staff to present this information to the Board at the January Board meeting so they may make an informed decision on the legislative proposal. The motion was withdrawn and tabled until the January meeting.

Ms. Scuri provided clarification on the current law's requirements. Julie D'Angelo Fellmeth, Center for Public Interest Law and former Enforcement Monitor to the Board, noted the specialty reviewer requirement went into effect on January 1, 2003. In her Enforcement Monitor Report, she examined and quantified the impact of this requirement. Ms. Fellmeth suggested staff pull the report and update the data.

Ms. Whitney introduced a proposal that included a variety of changes that would enhance the Licensing Program and expedite licensure. Changes and enhancements may also need to be made to laws related to other licensees and registrations. Due to the current priority assigned to addressing the licensing backlog, these changes have not been fully developed, but will be reviewed and discussed at the January Board meeting. Amendments requested by the Midwifery Advisory Council will also be addressed at the January meeting.

Ms. Whitney reported on October 21, 2009 Dr. Hernandez held a hearing on primary care provider shortages. Strong interest was expressed in developing processes to expedite the licensing of physicians.

Dr. Gitnick made a motion that the Board recommend to the Department and Agency that a joint effort be made to sponsor legislation in 2010 that replicates Business and Professions Code

Section 6145B, but is modified to fit the Medical Board and reflect dates appropriate for the Board's review. This would be a bill requiring a biennial performance audit by the Bureau of State Audits of the Board's core functions: licensure and enforcement. Dr. Low seconded the motion; motion carried.

During public comment, Jim Hay, CMA, reported the Executive Committee of the CMA voted unanimously to take any and all actions necessary to reverse the California Bureau of Naturopathic Medicine becoming the Naturopathic Medicine Committee under the Osteopathic Medical Board of California.

Mr. Hay also provided comment on the proposal to allow generalists, rather than specialists, to conduct the upfront review in deciding whether a case should be sent to the field, reporting CMA currently does not have a policy on where in the review process a generalist review would be acceptable. However, he noted at the most recent CMA House of Delegates meeting, a resolution was referred for study on this issue. A report will be issued by CMA, though probably not in time for 2010 legislation. Mr. Hay offered for CMA to work with the Board on this issue.

Agenda Item 11 Licensing Chief's Report

A. Demonstration of Web Application

Ms. Pellegrini, Chief of Licensing, reported a new tool is being developed that will allow applicants to check the status of their Physician and Surgeons License or Post-graduate Training Authorization Letter (PTAL) application online. The physician's Web Applicant Access System (WAAS) will allow greater responsiveness to applicants and will free up staff time for processing applications. Applicants receive an Applicant Tracking System (ATS) number after they submit their application and processing fee; applicants will access the WAAS through the Board's website using their assigned ATS number and will be able to see if the various required documents have been received and/or reviewed. Sean Eichelkraut and Sean Heaney, both of the Information Services Branch, provided a demonstration of how the WAAS will work. The WAAS is secure and available to applicants 24 hours a day. Beta testing will begin in November and the system will launch on December 1, 2009 with a link to WAAS from the Board's home web page.

B. Licensing Program Update

Ms. Pellegrini directed Members to the Licensing Program Report included in their packets which was presented at the October 1, 2009 Executive Committee Meeting. Ms. Pellegrini reported it is rare for an application to be complete upon its initial review, regardless of how long the application has been at the Board's office. Senior Staff Review cases typically involve recent drug or alcohol convictions or mental health issues in postgraduate training programs resulting in probation. These cases take additional time to collect and research information before a final decision on licensure is made. Ms. Pellegrini reported 42% of applications received at the Board are from international medical school graduates; while only 20% of issued licenses are to international graduates. Many of the international graduates' applications are for PTALs, rather than licensure, with many graduates applying for PTALs from several states and then proceeding to licensure in only one or two of those states. In reviewing the licensing statistics, she noted that

many of the pending applications are for those who have received a PTAL; these applications are held until staff is notified that the applicant is no longer seeking licensure in California or until they are licensed.

As a result of direction received at the Executive Committee meeting, Ms. Pellegrini reported the work on the licensing backlog has been accelerated with the objective to eliminate the backlog by December 30, 2009. Ms. Johnston and the Executive team have evaluated key Board functions and have deployed additional staff required to eliminate the backlog while simultaneously addressing the underlying problems that created the backlog. This aggressive approach will continue until all applications have been reviewed within 60 calendar days by April 2010. Additionally, all pending mail will be reviewed within three weeks of receipt. This will increase the number of applicants receiving PTALs and licenses and will enable staff to handle the annual influx of applications from residents and incoming fellows.

Ms. Pellegrini reported for the past month, staff has focused on hiring and training additional staff, setting individual and group goals and expectations, and integrating the new staff into the licensing unit. Six students plus staff from other functions have been trained to conduct initial US application reviews. Six additional staff have been hired, two to replace recently retired employees, and will begin reviewing International applications in November. With the addition of new staff and assistance from other department staff, there has been a 50% increase in the number of individuals reviewing US applications and a 40% increase in staff assigned to review international applications. Key milestones for the elimination of the backlog are listed on page 113 of the Board packet. Thus far, staff has exceeded all the goals set for the backlog elimination. Since October 1, 39% of the backlog has already been eliminated.

As noted in the report, an outside consultant team was retained in June 2009 to review the licensing program's systems and processes in order to improve efficiencies and ensure a backlog situation does not recur. The consultants are also reviewing the licensing renewal process and the workings of the Call Center for maximum effectiveness and efficiency. In addition, the consultants have conducted an analysis and assessment of FSMB's services, the AMA Profile, the GME Connect, and other state licensing programs. They have also worked with the Information Systems Branch to conduct data analysis and determine which reports can be automated (rather than having to be hand counted each month as is currently the case). Ms. Pellegrini indicated her pleasure with the consultant's work so far.

At the October 1 meeting, Ms. Pellegrini reported the Board asked staff to provide a recommendation on the best way to process applications. Currently, applications are processed in date order received. An automated system that would enable applications to be placed in a different priority order does not currently exist; applications must be manually reviewed in order to determine the reason the individual is seeking a PTAL or license. California residents needing licensure by July 1 to continue their training are identified by the GME Directors to the Board; these applicants have, in the past, been given top priority, with incoming fellow and residents receiving the next highest priority followed by all other applications in the date order they are received. This priority system will continue to be utilized unless directed otherwise by the Board.

C. Report on Graduate Medical Education Administrator's Meeting

To increase communication with GME programs, Ms. Pellegrini noted meetings were held on October 6, 2009 at UC Irvine and on October 8, 2009 at Kaiser Permanente in Oakland. Both meetings were well attended by GME staff and program directors, as well as by a physician recruiter and some applicants. An overview of the licensing backlog and the Board's efforts to address the situation, information on the WAAS, and the Board's outreach program conducting on-site licensing fairs were all provided at the meeting. The meetings concluded with a question and answer session. Several suggestions were given that mirrored existing plans to improve licensing processes, including the development of licensing modules with disciplinary guidelines for the applicants and the need to revise the application and instructions (particularly with regard to conviction expungements and related issues). Ms. Pellegrini reported they have received favorable feedback from the meetings and anticipate conduct GME meetings again in the future.

Dr. Salomonson expressed surprise over the low number of applications submitted that are complete and ready for licensure (only 2%) and over the increase in the number of applications requiring senior review due to problems (from 180 to 408 in the past 2 years). She suggested these numbers indicate either the quality of applicants is decreasing or staff is to be congratulated for ferreting these problem applicants out. Dr. Salomonson saw this as evidence of the Board providing public protection against problem doctors.

With regard to Dr. Salomonson's first comment on the low number of applications ready to proceed to licensure, Ms. Pellegrini noted staff all agree the license application and accompanying instructions need to be updated. The website can also be enhanced with a checklist for the applicants with a date that information or materials have been requested from the various reporting entities. She reported the issues do not always lie with the applicant, but, rather, with other organizations or individuals completing the various forms correctly. As to the number of applications requiring senior review, Ms. Pellegrini noted the criteria for level 2 senior review have not changed. The criteria for level 1 senior review were expanded, perhaps too broadly, and the policy and procedure manual more clearly spell these criteria out making staff more aware of them.

Dr. Salmonson noted FBI and Department of Justice record checks are required for US citizens, but international applicants do not fall under these jurisdictions, perhaps providing an unequal assessment of applicants. Ms. Pellegrini responded this was, in essence, true, but the Board was limited in how much it was able to do.

In addition to interviewing licensing staff for their report, Ms. Yaroslavsky suggested the consultants also speak with those individuals from other departments who are providing assistance in reviewing applications.

Ms. Yaroslavsky appointed a Licensing Committee to continue the Board's oversight of the licensing function. The committee will review policies, procedures, and recommendations that will be forthcoming to the Board on a regular basis. She expressed the importance of the Board having the ability and time to address these important issues by interacting with staff and making suggestions and recommendations on policy. She asked Board Members to volunteer if they would like to serve on this committee by speaking with her later.

D. Midwifery Advisory Council Update

Ms. Pellegrini reported the Midwifery Advisory Council (MAC) was held on August 20, 2009 in Sacramento. Faith Gibson, MAC Chair, reported the Council reviewed information collected on how other state boards deal with midwifery remedial education for quality of care issues. The MAC determined the PACE program would not be a good fit for midwives; however, a continuing education process, which is already in statute, clinical proficiency exams, and a practice monitor program were considered appropriate options. Further consideration of remedial training will continue at the January 2010 MAC meeting with a goal of returning to the Board with a proposal.

The MAC also worked on fine tuning the data collection form used for the 2009 Licensed Midwife Annual Report. Ms. Gibson expressed her regret that the form was not beta tested before distribution since errors were detected in the collected data, particularly with regard to infant deaths. Additional work on the collection process is required to produce accurate and useful data.

Claudia Breglia, California Association of Midwives, noted the report to the Legislature stated there were 9 infant deaths and 5 maternal deaths. The report states the data does not specify whether the death is fetal, intrapartum or neonatal and should not be used in creating policy. She stated the data reporting a maternal death rate of 5 is a misrepresentation of the actual data gathered and is contradicted by other collected data. Ms. Breglia was concerned this misleading data is part of the public record and may negatively affect future policy and skew research. She asked the Board's to replace the line "complications resulting in maternal mortality – 5" with "maternal deaths reported – 0" everywhere this data appears in the public record. In addition, she asked the Board to authorize the MAC to hire an epidemiologist to review the wording of the law that specifies which questions must be asked on the questionnaire and recommend necessary changes, and train volunteers to conduct in-service training for midwives on how to properly complete the form.

Karen Ehrlich, Midwifery Advisory Council member, echoed Ms. Breglia's concerns over the inaccuracies in the collected data with regard to maternal deaths. She requested that a disclaimer be sent to the Legislature citing the report's flaws and cautioning against using the data in making public policy decisions, and that an epidemiology consultant be utilized in developing future questionnaires. The MAC has been in contact with the Office of Statewide Health and Planning and Development (OSHPD) with regard to the report.

Agenda Item 18 Access to Care Committee Update and Consideration of Committee Recommendations

Dr. Gitnick reported the Access to Care Committee met on October 29, 2009 where they received an update on the Board's telemedicine pilot program which was launched in July 2009. The Board is partnering with UC Davis in a 3-year program in response to AB 329 which required the Board to establish a pilot program to expand the practice of telemedicine for patients with chronic illnesses. The UC Davis team is headed by Dr. James Nuovo. The program aims to improve diabetes care management and resources for patients and primary care providers in rural underserved communities in Northern California as a chronic disease model.

The Committee also received an update on the September 2, 2009 Malpractice Insurance Interested Parties meeting where the report on malpractice insurance for physicians providing voluntary unpaid service. All stakeholders were interested in protecting physicians who want to volunteer in medically underserved areas of the state and commended the Board for looking into this issue. Dr. Gitnick reported at least 3000 doctors have applied for a volunteer license.

Based on the Committee's vote, Dr. Gitnick made a motion to establish a special task force to address the issues and recommendations of the Malpractice Insurance Report, assess the need for legislation and possibly develop a placeholder bill by February 28, 2010, and include representatives from the Office of the President of the University of California, the California Medical Association, the American Hospital Association, key insurers, and the Medical Board on the task force. The motion was seconded by Dr. Duruisseau; motion carried.

Agenda Item 12 Presentation on Controlled Substance Utilization Review and Evaluation System (CURES)

John Massoni, Bureau of Narcotic Enforcement within the Department of Justice, provided an overview and demonstration of the Controlled Substance Utilization Review and Evaluation System (CURES). The enhanced prescription drug monitoring program is web based and allows registered health care practitioners, law enforcement, and regulatory bodies to access patient prescription history information at the point of care. This tool assists in identifying drug seeking patients and facilitates treatment for these individuals. Practitioners must first register and provide validating documents before accessing the CURES system. Mr. Massoni noted the state of Nevada mandates that prescribers check the state's prescription drug monitoring system before issuing prescriptions; he believes this requirement has reduced drug seeking activity.

Beth Grivett, California Academy of Physician Assistants, asked if the registration was a one-time process, regardless of one's standing with the licensing board. Mr. Massoni responded the registration was currently a one-time process, though the system would allow a registrant to be removed if there were a loss of licensure.

Agenda Item 13 Enforcement Chief's Report

A. Approval of Orders Restoring License Following Satisfactory Completion of Probation, Orders Issuing Public Letter of Reprimand, and Orders for License Surrender During Probation.

Ms. Threadgill requested approval of 18 Orders Restoring License Following Satisfactory Completion of Probation, 16 Orders Issuing Public Letters of Reprimands, and 6 Orders for License Surrender During Probation. Dr. Levine made the motion; s/Schipske; motion carried.

Ms. Threadgill directed Members to pages 136 and 137 of their packets for a breakdown of the type of violations that result in physician discipline as requested by Ms. Yaroslavsky. She reported the most frequent violation is for incompetence and negligence.

C. Expert Utilization Report

Ms. Threadgill directed members to page 138 of their packets for the Expert Utilization Report which reflects a breakdown of experts by specialty during the past quarter.

Ms. Whitney reported one of the Board's expert reviewers, a board certified orthopedic surgeon, provided the Board with an expert review of the quality of care of another board certified orthopedic surgeon. The expert reviewer opined that certain aspects of the care provided by the physician in question did not meet the standard; an accusation was filed, a hearing held, and the expert testified. The administrative law judge found that the allegations against the accused physician were not supported by clear and convincing evidence, but found some aspects of the care were sufficiently deficient to warrant a public letter of reprimand. The Board panel adopted the recommendation. The accused physician subsequently filed a grievance against the Board's expert with the certification board, alleging the expert had violated the certification board's standards of professionalism for expert witness testimony by its members. This included the allegation that the Board's expert had provided biased and false testimony. The expert sought assistance from the Medical Board and was informed that the Board was unable to assist with this grievance, as it did not create a risk of civil liability. The expert sought assistance from his medical group which was able to provide assistance. The expert is hopeful that the grievance will be rejected, as the administrative law judge did not find that the expert's testimony was either biased or untrue.

Ms. Threadgill noted this is not an isolated case; staff is aware of other instances. She stated there is no law to protect the Board's experts from having a grievance filed when the expert has provided an honest opinion in review of the record and testimony, nor is there an avenue to provide legal counsel from the state, should the expert need legal representation. Physicians who provide expert reviews for the Board do so in service to patients and the medical community, not for the small amount of money paid to them by the state. Should the certification board fail to reject the grievance, the Medical Board will face a growing concern among its current roster of experts and could lose many to concerns that they, too, may become victims of such a grievance. Dr. Duruisseau made a motion to support and sponsor legislation to resolve the issue and to direct Ms. Whitney to work with the interested parties to move this issue forward in the 2010 legislative session; Ms. Chang seconded the motion.

Mr. Zerunyan asked if it were possible to grant the experts immunity from such grievances. Ms. Scuri noted there were existing protections for liability to defend experts, but only in civil matters. The suggestion is to broaden the protection to include non-civil matters.

Dr. Chin asked how individuals are qualified by the Board to be considered experts, such that a specialist who has become outdated would be ineligible. Ms. Threadgill reported the Board adopted criteria for its experts, including a minimum of three years of board certification in their specialty. In addition, the specialist's curriculum vitae is reviewed.

Ms. Yaroslavsky called for the vote; motion carried (yes-10, no-1).

B. Enforcement Program Update

Ms. Threadgill noted the Enforcement Program has maintained an overall vacancy rate of 8%; this does not include vacant positions with identified candidates moving through the selection process. She reported this rate is expected to rise due to pending retirements at the end of 2009.

The DCA has developed an enforcement model which will change how enforcement cases are handled within DCA's boards and bureaus. The new enforcement model's goals are increased accountability, greater efficiency, and putting consumers first. Many process improvements can be implemented through administrative changes, though some changes will require legislative action, such as requiring mandatory reporting for all healing art board licensees and employers. Some improvements require control agency approvals, such as allowing the use of non-sworn investigators. The Department and healing arts boards are working on proposals to obtain the resources to complete enforcement actions within 12 to 18 months, as compared to the current two and a half year timeline under the existing system.

Ms. Threadgill reported the Information Systems Branch has been working diligently on systems requirements for the new CRIMS project (a new Enforcement IT system). The Department is also exploring options for a more comprehensive IT solution to replace the antiquated CAS and ATS systems with a fully integrated licensing and enforcement system. Staff is working with DCA to ensure the new system will meet the needs of the Board.

Operation Safe Medicine (OSM) is progressing as planned. The team will be moving into a new office in San Dimas which will allow them to work together more effectively. The supervising investigator has been training the investigators and working with local law enforcement agencies on the role and mission of OSM. Preliminary discussions with the Health Authority Law Enforcement Team (HALT) in Los Angeles County have occurred to explore the sharing of training and resources to aid OSM in the investigation of unlicensed medical practice. Ms. Threadgill reported the corporate unlicensed practice of medicine continues to be one of the biggest challenges for OSM.

Ms. Threadgill previously reported on her dissatisfaction with the Investigator Pay Study Report; the vendor has provided the Board with further review and concluded that a new investigator classification would not be appropriate. Recommendations were made for providing investigators with additional resources, including creating geographic pay differentials for the more competitive labor markets and for training such as field officer training assignments. Consolidating the investigator and senior investigator class into a 3-deep class is another option that will be considered.

During a 12 working day period in September 2009, the Discipline Coordination Unit (DCU) filed 21 accusations and/or statement of issues, processed 18 final decisions, sent 4 cases to panels for vote, issued 8 reprimands, issued 1 probationary certificate, processed 7 suspension orders, and prepared 38 alerts, all with only 4 analysts working at the time. Ms. Threadgill commended the DCU staff for their extraordinary effort.

Brian Stiger, Director, DCA, indicated media reports on the lengthy enforcement timelines within the Board of Registered Nursing spurred the Department to analyze timelines for the other

healing arts boards where they discovered lengthy timelines were not unusual. The Governor and the Department found these timelines unacceptable and made the development of a new enforcement model the Department's highest priority. The new model will reduce the average enforcement timeline from over 3 years down to 12 to 18 months. This model will require significant changes and, as previously reported by Ms. Threadgill, will focus on increasing accountability, improving efficiency, and putting consumers first.

As an example, Mr. Stiger reported most healing arts boards use outside investigators from the Division of Investigation to investigate their cases. The Department would like to allow the boards to hire their own investigators as the Medical Board does. However, the Department is not convinced the investigators need to be sworn peace officers, particularly due to competition for peace officers from other entities and the amount of time required for background investigations. He believes a blend of peace officers and non-sworn peace officers will provide the best approach. Mr. Stiger supports a geographic pay differential and offered his support in moving this idea forward.

For increased accountability, the Department believes the boards should be able to hire their own paralegals and prosecutors, rather than relying on the Department of Justice. This would focus accountability within DCA, rather than spreading it among multiple agencies. Mr. Stiger reported the Department is hiring an Enforcement Compliance Officer who will be responsible for conducting audits of the DCA board and bureau enforcement programs every three years. Performance measures for the enforcement programs will also be established, with boards, executive officers, and the Director accountable for meeting those measures. In addition, professional development via an "Enforcement Academy" will be made available for enforcement staff beginning in Spring of 2010; the Department will bear the cost of this training.

To improve efficiency, the Department wants to ensure the programs have the authority to gather records without using subpoenas; this will require legislative action. There are plans to implement consequences to individuals who refuse to submit records to the boards. The Department will also seek authority for executive officers to sign off on default decisions. Mr. Stiger noted a proposal is being developed to obtain resources to create a new database to replace the antiquated CAS and ATS systems. The Board's and Department's IT staff are working closely on this project. A Best Practices Committee comprised of individuals from different boards are researching best practices throughout all DCA programs and as well as in other states.

The Department is working on determining the appropriate burden of proof to take action against a license. Currently, the burden of proof is clear and convincing standards, a very high standard. Lowering the standard to a preponderance of evidence will be considered as a possible option in order to ensure consumer protection.

Mr. Stiger reported the Department believes all diversion programs should be eliminated by 2012, placing individuals on probation for close monitoring rather than diversion. Finally, the Department would like to host all enforcement divisions on the web so consumers can clearly choose professionals using provided information.

Mr. Stiger indicated he is working closely with the various executive officers and has found broad support for the described changes. He stated he will keep all boards updated on the Department's progress.

Agenda Item 14 Vertical Enforcement Program Report
Carlos Ramirez, Office of the Attorney General, reported there have not been any important developments in the Vertical Enforcement (VE) Program since the last meeting.

Ms. Threadgill referred Members to the Investigation and Prosecution Timeframes chart on page 142 of their packets and noted there has been an encouraging reduction in the average and median number of days for various enforcement timelines during the third quarter. Nine of the thirteen offices have shown a reduction in the case age average since October 1, 2009.

Staff has been meeting with Mr. Ramirez and the Supervising Deputy Attorney Generals (SDAGs) to arrange joint training for the DAGs and the investigators.

Mr. Zerunyan asked if the data included cases that remain open even though the DAG has advised closing them due to insufficient evidence, since such cases would impact timeline averages. Ms. Threadgill responded that such cases exist due to a disagreement on the viability of particular cases; a dispute resolution protocol has been established to deal with these instances, which are rare.

Dr. Moran congratulated staff on the re-establishment of the Operation Safe Medicine program in Southern California and asked when OSM would be expanded to Northern California. Ms. Threadgill responded that staff will be allowed to request additional positions once all other investigator vacancies are filled; however, since these vacancies continue to exist, she is unsure when the program will be able to expand.

Agenda Item 15 Proposal for Continuing Medical Education Committee
Janie Cordray, Board Research Specialist, reported the Board has expressed interest in reviewing the current Continuing Medical Education (CME) requirements to determine if they are sufficient and useful. California physicians are currently required to complete 50 hours of approved CME every two years as a condition of their license renewal. The *law* only requires that physician demonstrates no less than every 6 years that they have completed their required CME. The law places the authority and responsibility with the Board to determine the specific requirements for physicians and courses.

At present, the regulations are extremely broad, and grant credit for anything accredited "category 1" by approved providers. There is no requirement for external or self assessment or that coursework be specifically relevant to physicians' skill, experience or specialty. Because the law is so broadly written, the Board has tremendous latitude to determine requirements. The Board first adopted regulations in 1977, and there has been little substantive change since.

Staff is suggesting that the Board establish an advisory committee to study the subject. A symposium with appropriate experts, including representatives from the Federation of State

Medical Boards, among others, is proposed to be scheduled at or around the July Board meetings. The following subjects are suggested for discussion:

- Current California law and regulations, including the authority of the Board to set standards in regulation;
- Other states' laws and regulations;
- Other California health care practitioner licensees' laws and regulations;
- Current literature on the value of continuing medical education and best practices;
- The role of external and self-assessment in improving continuing education and continued competence;
- The Federation's work in Maintenance of Licensure and their *Guiding Principles*;
- The role of financial conflicts of interest in the delivery of continuing medical education, and;
- The role of specialty board certification and re-certification in continuing medical education requirements and ensuring continued competence.

The goal of this work would be to ultimately discover what is most effective and most needed to ensure continued competence, improve the knowledge and skill of physicians, and thereby better protect patients. The end of the committee's work should be a regulatory proposal to amend the requirements to incorporate findings, to ensure that they are meaningful and useful for physicians.

Ms. Chang made a motion to appoint an advisory committee to review CME and present a symposium in July. Ms. Schipske suggested moving the proposed function to the Education Committee rather than forming a new committee. Ms. Chang revised her motion to direct the Education Committee to review CME and present a symposium on the subject in July; the motion was seconded and carried.

Agenda Item 16 Executive Committee Update and Consideration of Committee Recommendations

A. Report on October 1, 2009 Licensing Update Meeting

Ms. Yaroslavsky reported the Executive Committee met on October 1, 2009 to publicly address the issues around the licensing backlog. The meeting included reports and discussion on the factors contributing to the backlog, its impact on the ability of the Board's clients to provide services to the public, and the Board's plans to resolve the backlog and prevent its recurrence. The new Licensing Committee will be responsible for overseeing the execution of the plans to revamp the licensing process. Ms. Yaroslavsky asked that the minutes from the October 1, 2009 Executive Committee and the two GME meetings be included with the materials for the January 2010 Board meeting.

Agenda Item 17 Wellness Committee Update and Consideration of Committee Recommendations

Dr. Duruisseau reported the Committee discussed and gave its final approval to gather updated information from health care providers in California on their wellness activities through a program survey developed by staff and the Committee members.

Dr. Duruisseau requested the following be read into the record:

> *At our last Wellness meeting, Dr. Peter Yellowlees, who chairs the UC Davis Well-being Committee, presented a proposal for collaboration between the Medical Board and UC Davis on a project related to physician wellness. The Board's Wellness Committee would like the Board to move forward on this collaborative project, however, we know that the Board must be totally transparent in all of its actions. Dr. Yellowlees is the spouse of our Executive Director, Barbara Johnston. He has, therefore, removed himself from any participation on the UC Davis subcommittee that will be working with the Board on this issue. In addition, he will abstain from discussion or voting on any action item that the subcommittee may bring to the Wellness Committee.*

In an effort to move forward with the collaborative project, the Medical Board staff and UC Davis subcommittee on Well-being are developing a draft partnership plan with program goals, target audience, curriculum planning and development for educational materials for physicians to be made available on the CME websites for use throughout California. The draft plan will include timelines with a projected deadline of June 2010, at which time the project will be presented to the Board for further consideration.

Dr. Duruisseau reported Dr. Laurie Gregg, a member of the Wellness Committee, has agreed to collaborate with key stakeholders, including representatives from CMA, UC Davis, and others, to identify best practices for health care providers of wellness programs in California.

Agenda Item 19 Physician Assistant Committee Update

Dr. Low reported the Physician Assistant Committee (PAC) met in August 2009 in Sacramento where the strategic plan was completed and will likely be voted on and approved at the November 5, 2009 meeting. He noted a regulation amendment was approved by the Office of Administrative Law giving the Committee the authority to require that licensees disclose prior to renewal of their license whether he or she has been convicted of any violation of the law in the U.S. or in any other country.

The PAC still has a diversion program which is administered by a third party and costs approximately $247 per month. Currently the participants pay around $100 per month. Due to budgetary constraints, there will be a proposal to have the required participants pay the entire amount and the voluntary self-referrals pay 75% of the cost. This proposal will be discussed at the November 2009 meeting.

Dr. Low noted an interim approval for licenses previously existed due to the infrequent offering of the licensing exam. Now that the exam occurs more often, the interim approval is no longer necessary and was deleted in the 2009 signed omnibus bill.

Agenda Item 20 Strategic Plan Update
Ms. Yaroslavsky directed that the Strategic Plan Update be held until the January 2010 meeting.

Agenda Item 21 Agenda Items for January 28-29, 2010 Meeting
Ms. Schipske asked for an update on the discussion requiring physicians to post signage indicating they are licensed by the Medical Board.

Ms. Schipske also requested a public update on acceptable practices of physicians with regard to advertising medical marijuana recommendations and referrals.

Dr. Salomonson requested a discussion on the Board's position on the exemption of physician supervision for nurse anesthetists.

Mr. Zerunyan requested a review of the Board's criteria for its medical experts as well as the methods used to obtain their services.

Agenda Item 22 Adjournment
There being no further business, the meeting was adjourned at 4:38 p.m.

_____
Barbara Yaroslavsky, President

_____
Hedy Chang, Secretary

_____
Barb Johnston, Executive Director

Standing Committees, Task Forces & Councils of the Medical Board of California January 2010

Committee	*Members*	*Staff Assigned*	*Minutes*
Executive Committee	**Barbara Yaroslavsky, Chair** Hedy Chang Gary Gitnick, M.D. Janet Salomonson, M.D. Frank Zerunyan, J.D.	Barb Johnston Linda Whitney	Cheryl Thompson
Access to Care Committee ********** **Subcommittee: Malpractice Task Force**	**Gary Gitnick, M.D., Chair** Hedy Chang Shelton Duruisseau, Ph.D. Gerrie Schipske, R.N.P., J.D. Barbara Yaroslavsky Frank V. Zerunyan, J.D. ********** **Frank Zerunyan, Chair** Jorge Carreon, M.D. Yvonne Choong, CMA Wendy Keegan, CHA *Insurance Co. to nominate participant	Kevin Schunke	Kevin Schunke
Cultural & Linguistic Competency Work Group	**Jorge Carreon, M.D., Chair** Shelton Duruisseau, Ph.D. Barbara Yaroslavsky	Deborah Pellegrini	Robin Jones
Physician Recognition Committee	**Mary Lynn Moran, M.D., Chair** Frank V. Zerunyan, J.D.	Candis Cohen	Candis Cohen
Education Committee	**Barbara Yaroslavsky, Chair** Jorge Carreon, M.D. Hedy Chang Sharon Levine, M.D. Mary Lynn Moran, M.D. Janet Salomonson, M.D. Gerrie Schipske, R.N.P., J.D.	Candis Cohen	Candis Cohen
Special Faculty Permit Review Committee	**Gary Gitnick, M.D., Chair** Hedy Chang Neal Cohen, M.D. Daniel Giang, M.D. F. Allan Hubbell, M.D. James Nuovo, M.D. Lawrence Opas, M.D. Neil Parker, M.D. Andrew Ries, M.D. Lawrence Shuer, M.D.	Cindi Oseto	Cindi Oseto
Wellness Committee	**Shelton Duruisseau, Ph.D., Chair** Jorge Carreon, M.D. John Chin, M.D. Daniel Giang, M.D. Laurie C. Gregg, M.D. William Norcross, M.D.	Kevin Schunke	Kevin Schunke
Midwifery Advisory Council	**Faith Gibson, L.M., Chair** Karen Ehrlich, L.M. William Frumovitz, M.D. Ruth Haskins, M.D. Carrie Sparrevohn, L.M. Barbara Yaroslavsky	Robin Jones	Robin Jones

Members of Executive Committee include: President, Vice President, Secretary, Immediate Past President, and one other member appointed by the President. (*note: there should be at least one public member within group of five members)

Revised: 1/10

Special Programs Committee	**John Chin, M.D., Chair** Hedy Chang Shelton Duruisseau, Ph.D.	Cindi Oseto	Cindi Oseto
Enforcement Committee	**To Be Determined**	Laura Sweet / Susan Cady	Paulette Romero
Licensing Committee ********** **Subcommittee: Application Review Committee**	**Janet Salomonson, M.D., Chair** Jorge Carreon, M.D. Hedy Chang Gary Gitnick, M.D. Reginald Low, M.D. Gerrie Schipske, R.N.P., J.D. Sharon Levine, M.D. ********** **Gary Gitnick, M.D., Chair** Reginald Low, M.D. Gerrie Schipske, R.N.P., J.D.	Kathryn Taylor ********* Pat Park	Kathryn Taylor ******** Pat Park
Physician Supervision Advisory Committee	**Mary Lynn Moran, M.D., Chair** Gerrie Schipske, R.N.P., J.D. Janet Salomonson, M.D. *Interested parties will nominate by 12/1/09	Janie Cordray / Linda Whitney	Janie Cordray
Panel A	**Shelton Duruisseau, Ph.D., Chair** Janet Salomonson, M.D., Vice Chair Jorge Carreon, M.D. John Chin, M.D. Barbara Yaroslavsky Frank Zerunyan, J.D.	Susan Cady	Valerie Moore
Panel B	**Hedy Chang, Chair** Mary Lynn Moran, M.D , Vice Chair Sharon Levine, M.D. Reginald Low, M.D. Gerrie Schipske, R.N.P., J.D.	Susan Cady	Arlene Krysinski/ Richard Acosta

Revised: 1/10

0758 - Medical Board
Analysis of Fund Condition

(Dollars in Thousands)

	Actual 2008-09	Governor's Budget CY 2009-10	BY 2010-11	BY+1 2011-12	BY+2 2012-13
BEGINNING BALANCE	$ 23,866	$ 24,363	$ 26,107	$ 22,057	$ 18,555
Prior Year Adjustment	$ 614	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 24,480	$ 24,363	$ 26,107	$ 22,057	$ 18,555
REVENUES AND TRANSFERS					
Revenues:					
125600 Other regulatory fees	$ 371	$ 379	$ 386	$ 386	$ 386
125700 Other regulatory licenses and permits	$ 5,557	$ 5,650	$ 5,633	$ 5,633	$ 5,633
125800 Renewal fees	$ 44,670	$ 43,692	$ 44,037	$ 44,429	$ 44,821
$22 credit to licensees who renewed in 08/09			$ (1,210)		
125900 Delinquent fees	$ 101	$ 101	$ 101	$ 101	$ 101
142500 Miscellaneous services to the public	$ 22	$ 20	$ 20	$ 20	$ 20
150300 Income from surplus money investments	$ 572	$ 492	$ 413	$ 344	$ 257
160400 Sale of fixed assets	$ 1	$ 1	$ 1	$ 1	$ 1
161000 Escheat of unclaimed checks and warrants	$ 19	$ 14	$ 14	$ 14	$ 14
161400 Miscellaneous revenues	$ -	$ -	$ -	$ -	$ -
164300 Penalty assessments - Probation Monitoring	$ -	$ 1,000	$ 1,000	$ 1,000	$ 1,000
Totals, Revenues	$ 51,313	$ 51,349	$ 50,395	$ 51,928	$ 52,233
Transfers:					
GENERAL FUND LOAN	$ (6,000)				
Totals, Revenues and Transfers	$ 45,313	$ 51,349	$ 50,395	$ 51,928	$ 52,233
Totals, Resources	$ 69,793	$ 75,712	$ 76,502	$ 73,985	$ 70,788
EXPENDITURES					
Disbursements:					
0840 State Controller (State Operations)	$ 18	$ 33	$ 81	$ -	$ -
8880 FSCU (State Operations)			$ 31		
Budget Act of 2009					
1110 Program Expenditures (State Operations)	$ 45,412	$ 49,572	$ 54,333	$ 55,420	$ 56,528
2009-10 BCPs:					
Probation Monitoring 1110-19		$ -	$ -	$ -	$ -
Operation Safe Medicine (OSM) 1110-17		$ -	$ -		
2010-11 BCPs:					
License Application Processing			$ -	$ -	$ -
Cal-Licensing System-BCP 1B				$ 11	$ 150
Totals, Disbursements	$ 45,430	$ 49,605	$ 54,445	$ 55,431	$ 56,678
FUND BALANCE					
Reserve for economic uncertainties	$ 24,363	$ 26,107	$ 22,057	$ 18,555	$ 14,110
Months in Reserve	5.9	5.8	4.8	3.9	2.9

NOTES:

A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED FOR 2009-10 AND BEYOND.

B. INTEREST ON FUND ESTIMATED AT 2%.

C. MED BOARD'S PROB MONITORING AND OSM BCPs APPROVED WITH NO FUNDING (Prob Mon = $294,000; OSM = $510,000). CONTINUATION OF OSM BEYOND 2 YEARS MUST BE AUTHORIZED VIA SUBMISSION OF A BCP FOR FY 2011/12.

D. LICENSE APPLICATION PROCESSING BCP APPROVED WITH NO FUNDING BEGINNING JULY 1, 2010 ($579,000).

1/12/2010

Medical Board of California
FY 09/10
Budget Expenditure Report
(As of November 30, 2009)
(41.7% of fiscal year completed)

OBJECT DESCRIPTION	BUDGET ALLOTMENT	EXPENSES/ ENCUMB	PERCENT OF BUDGET EXP/ENCUMB	UNENCUMB BALANCE
PERSONAL SERVICES				
Salary & Wages				
(Staff & Exec Director)	13,305,856	5,155,749	38.7	8,150,107
Board Members	31,500	10,000	31.7	21,500
Phy Fitness Incentive Pay	29,623	8,385	28.3	21,238
Temp Help	1,144,410	694,069	60.6	450,341
Overtime	12,142	111,181	915.7	(99,039)
Staff Benefits	6,004,976	2,560,032	42.6	3,444,944
Salary Savings	(836,251)			(836,251)
TOTALS, PERS SERVICES	19,692,256	8,539,416	43.4	11,152,840
OPERATING EXP & EQUIP				
General Expense	139,208	73,254	52.6	65,954
Fingerprint Reports	361,017	118,117	32.7	242,900
Printing	733,196	432,496	59.0	300,700
Communications	504,566	138,004	27.4	366,562
Postage	496,411	67,137	13.5	429,274
Insurance	41,053	13,039	31.8	28,014
Travel In-State	394,929	64,434	16.3	330,495
Travel Out-of-State	2,031	0	0.0	2,031
Training	66,336	19,776	29.8	46,560
Facilities Operation (Rent)	2,702,140	2,067,083	76.5	635,057
Consult/Prof Services	982,594	1,456,246	148.2	(473,652)
Departmental Prorata	3,886,732	1,797,395	46.2	2,089,337
Consolidated Data Center	646,809	169,514	26.2	477,295
Data Processing	119,492	62,288	52.1	57,204
Central Admin Svcs (Statewide Prorata)	1,699,376	849,688	50.0	849,688
Attorney General Services	13,347,280	5,698,042	42.7	7,649,238
Office of Administrative Hearings	1,862,591	294,454	15.8	1,568,137
Court Reporter Services	175,000	22,953	13.1	152,047
Evidence/Witness	1,893,439	640,618	33.8	1,252,821
Major Equipment	333,000	0	0.0	333,000
Minor Equipment	291,650	505	0.2	291,145
Vehicle Operation/Other Items	262,006	109,777	41.9	152,229
TOTALS, OE&E	30,940,856	14,094,820	45.6	16,846,036
TOTALS, EXPENDITURES	50,633,112	22,634,236	44.7	27,998,876
Scheduled Reimbursements	(384,000)	(146,047)	38.0	(237,953)
Distributed Costs	(677,000)	(327,622)	48.4	(349,378)
NET TOTAL, EXPENDITURES	49,572,112	22,160,567	44.7	27,411,545
Unscheduled Reimbursements		(151,260)		
		22,009,307		

Budget Expenditure Report.xls
Date: December 30, 2009

MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM
BUDGET REPORT
JULY 1, 2009 - NOVEMBER 30, 2009

	FY 09/10 BUDGET	EXPENDITURES/ ENCUMBRANCES YR-TO-DATE	LAG TIME (MONTHS)
PERSONAL SERVICES			
Salaries & Wages	1,806,291	898,048	current
Staff Benefits	838,775	375,830	current
TOTAL PERSONAL SERVICES	2,645,066	1,273,878	
OPERATING EXPENSES & EQUIPMENT			
General Expense	5,000	5,207	1-2
Fingerprint Reports*	356,817	116,628	1
Printing	35,000	19,257	1-2
Communications	55,000	23,326	1-2
Postage	146,890	38,822	1-2
Travel In-State	25,000	4,094	1-2
Training	4,000	15	1-2
Facilities Operation	225,000	214,625	current
Consult/Professional Services	506,873	499,176	1-2
Departmental Services	334,648	154,400	current
Data Processing	1,000	6,403	1-2
Central Administrative Services	146,316	73,158	current
Attorney General	190,000	42,318	current
Evidence/Witness Fees	7,500	5,400	1-2
Major Equipment	12,000	0	1-2
Minor Equipment	0	22	1-2
TOTAL OPERATING EXPENSES & EQUIPMENT	2,051,044	1,202,851	
SCHEDULED REIMBURSEMENTS	(384,000)	(146,047)	
DISTRIBUTED COSTS	(43,723)	(10,930)	
TOTAL BUDGET/EXPENDITURES	**4,268,387**	**2,319,752**	

*Department of Justice invoices for fingerprint reports, name checks, and subsequent arrest reports

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1/4/2010

MEDICAL BOARD OF CALIFORNIA
ENFORCEMENT PROGRAM
BUDGET REPORT
JULY 1, 2009 - NOVEMBER 30, 2009

	FY 09/10 BUDGET	EXPENDITURES/ ENCUMBRANCES YR-TO-DATE	LAG TIME (MONTHS)
PERSONAL SERVICES			
Salaries & Wages	8,610,439	3,584,490	current
Staff Benefits	3,637,392	1,511,065	current
TOTAL PERSONAL SERVICES	12,247,831	5,095,555	
OPERATING EXPENSE & EQUIPMENT			
General Expense/Fingerprint Reports	48,406	26,617	1-2
Printing	326,734	335,578	1-2
Communications	278,000	81,715	1-2
Postage	105,338	27,779	1-2
Insurance	38,378	8,866	current
Travel In-State	183,139	33,888	1-2
Training	24,188	17,761	1-2
Facililties Operations	2,007,140	1,536,378	current
Consultant/Professional Services	300,000	396,248	1-2
Departmental Services	2,868,797	1,319,100	current
Data Processing	8,994	9,955	1-2
Central Administrative Services	1,254,309	627,154	current
Attorney General 1/	13,157,280	5,655,724	current
OAH	1,862,591	294,454	current
Evidence/Witness Fees	1,820,939	618,465	1-2
Court Reporter Services	175,000	22,953	1-2
Major Equipment	220,000	0	1-2
Other Items of Expense (Law Enf. Materials/Lab, etc.)	81	14,742	1-2
Vehicle Operations	204,425	83,214	1-2
Minor Equipment	92,000	0	1-2
TOTAL OPERATING EXPENSES & EQUIPMENT	24,975,739	11,110,591	
DISTRIBUTED COSTS	(629,942)	(315,859)	
TOTAL BUDGET/EXPENDITURES	**36,593,628**	**15,890,287**	
Unscheduled Reimbursements		(6,521)	
		15,883,766	

1/See next page for monthly billing detail

1/4/2010
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MEDICAL BOARD OF CALIFORNIA
ATTORNEY GENERAL EXPENDITURES - FY 09/10
DOJ AGENCY CODE 003573 - ENFORCEMENT (6303)

		Number of Hours	Rate	Amount
July	Attorney Services	6,642.00	170.00	1,129,140.00
	Paralegal Services	303.00	120.00	36,360.00
	Auditor/Analyst Services	110.00	99.00	10,890.00
	Cost of Suit			
				1,176,390.00
August	Attorney Services	6,660.00	170.00	1,132,200.00
	Paralegal Services	324.50	120.00	38,940.00
	Auditor/Analyst Services	92.50	99.00	9,157.50
	Cost of Suit			
				1,180,297.50
September	Attorney Services	6,498.75	170.00	1,104,787.50
	Paralegal Services	267.25	120.00	32,070.00
	Auditor/Analyst Services	93.00	99.00	9,207.00
	Cost of Suit			
				1,146,064.50
October	Attorney Services	6,615.50	170.00	1,124,635.00
	Paralegal Services	439.50	120.00	52,740.00
	Auditor/Analyst Services	99.00	99.00	9,801.00
	Cost of Suit			1,501.30
				1,188,677.30
November	Attorney Services	5,441.25	170.00	925,012.50
	Paralegal Services	279.50	120.00	33,540.00
	Auditor/Analyst	58.00	99.00	5,742.00
	Cost of Suit			
				964,294.50
December	Attorney Services		170.00	0.00
	Paralegal Services		120.00	0.00
	Auditor/Analyst		99.00	0.00
	Cost of Suit			
				0.00
			July - Nov Total =	**5,655,723.80**
			09/10 FY Budget =	**13,157,280.00**

Revised 12/9/09

ENFORCEMENT/PROBATION RECEIPTS
MONTHLY PROFILE: JULY 2007 - NOVEMBER 2009

	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	FYTD Total
Invest Cost Recovery	15,074	12,725	13,851	10,837	7,104	6,432	14,100	15,947	3,307	15,221	6,086	13,493	134,177
Criminal Cost Recovery	0	0	0	0	0	2,975	0	0	50,000	0	0	12	52,987
Probation Monitoring	31,949	49,534	24,134	32,231	119,692	140,590	247,147	220,081	27,151	62,498	39,786	46,564	1,041,357
Exam	3,545	4,227	1,248	1,820	1,209	300	905	2,055	2,265	6,530	1,080	325	25,509
Cite/Fine	1,200	9,100	6,250	4,800	13,440	1,850	1,700	3,500	14,900	5,731	6,200	3,150	71,821
MONTHLY TOTAL	51,768	75,586	45,483	49,688	141,445	152,147	263,852	241,583	97,623	89,980	53,152	63,544	1,325,851
FYTD TOTAL	51,768	127,354	172,837	222,525	363,970	516,117	779,969	1,021,552	1,119,175	1,209,155	1,262,307	1,325,851	

	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	FYTD Total
Invest Cost Recovery	18,069	1,850	2,935	6,569	3,616	4,564	8,445	14,535	2,716	5,585	3,650	5,200	77,734
Criminal Cost Recovery	0	5,694	0	0	0	0	3,500	0	0	0	0	0	9,194
Probation Monitoring	56,999	17,107	28,739	109,603	53,626	75,517	218,781	232,169	82,153	52,220	44,309	40,703	1,011,926
Exam	825	75	50	3,495	50	2,150	125	5,740	100	75	75	50	12,810
Cite/Fine	3,050	3,200	9,050	2,400	1,500	5,650	4,300	10,400	9,415	5,375	5,700	8,300	68,340
MONTHLY TOTAL	78,943	27,926	40,774	122,067	58,792	87,881	235,151	262,844	94,384	63,255	53,734	54,253	1,180,004
FYTD TOTAL	78,943	106,869	147,643	269,710	328,502	416,383	651,534	914,378	1,008,762	1,072,017	1,125,751	1,180,004	

	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	FYTD Total
Invest Cost Recovery	4,486	1,050	1,250	740	67								7,593
Criminal Cost Recovery	0	0	0	0	0								0
Probation Monitoring	46,225	21,354	22,836	34,983	22,419								147,817
Exam	150	250	105	330	3,480								4,315
Cite/Fine	3,500	3,025	2,425	3,225	3,055								15,230
MONTHLY TOTAL	54,361	25,679	26,616	39,278	29,021	0	0	0	0	0	0	0	174,955
FYTD TOTAL	54,361	80,040	106,656	145,934	174,955	174,955	174,955	174,955	174,955	174,955	174,955	174,955	

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Medical Board of California
Board Members' Expense Report
July 1, 2009 - November 30, 2009

	*Per Diem**				*Travel Expenses**	*Total Sept-Nov*	***Total FYTD***
	SEPT	OCT	NOV	TOTAL			
Dr. Carreon	500	800	0	1,300	306.25	1,606.25	2,306.25
Ms. Chang	300	600	0	900	0.00	900.00	1,900.00
Dr. Chin	0	0	0	0	0.00	0.00	0.00
Dr. Duruisseau	1,100	700	300	2,100	753.05	2,853.05	2,853.05
Dr. Gitnick	0	0	0	0	448.05	448.05	448.05
Ms. Levine	0	400	0	400	260.94	660.94	660.94
Dr. Low	0	0	0	0	0.00	0.00	0.00
Dr. Moran	0	0	0	0	0.00	0.00	0.00
Dr. Salomonson	0	0	0	0	0.00	0.00	0.00
Ms. Schipske	200	700	0	900	438.60	1,338.60	1,338.60
Ms. Yaroslavsky	1,900	1,800	1,100	4,800	339.07	5,139.07	5,139.07
Mr. Zerunyan	800	1,000	800	2,600	528.20	3,128.20	3,128.20
BOARD TOTAL	4,800	6,000	2,200	13,000	3,074.16	16,074.16	**17,774.16**

*includes claims paid/submitted through January 4, 2010

Board Members Expense Report.xls
Date: January 6, 2010

MEDICAL BOARD OF CALIFORNIA BUDGET OVERVIEW BY BOARD COMPONENT

	EXEC	ENFORCE	OPERATION SAFE MEDICINE	LICENSING	ADMIN SERVICES	DIVERSION	INFO SYSTEMS	PROBATION MONITORING	BOARD TOTAL
FY 06/07									
$ Budgeted	1,534,000	34,693,000		3,949,000	3,089,000	1,747,000	2,857,000	2,591,000	50,460,000
$ Spent *	1,555,000	30,572,000		3,517,000	2,756,000	1,683,000	2,393,000	1,495,000	43,971,000 *
Positions Authorized	8.8	141.6		40.5	19.4	14.0	16.0	25.0	265.3
FY 07/08									
$ Budgeted	1,896,000	35,696,000		4,334,000	2,855,000	1,397,000	3,078,000	2,750,000	52,006,000
$ Spent *	1,796,000	33,478,000		4,077,000	2,113,000	1,037,000	2,696,000	1,647,000	46,844,000 *
Positions Authorized	8.8	147.6		44.5	15.0	14.0	16.0	19.0	264.9
FY 08/09									
$ Budgeted	2,158,000	36,659,000		4,599,000	2,048,000		3,370,000	1,914,000	50,748,000
$ Spent *	1,875,000	34,026,000		4,522,000	1,697,000		2,668,000	625,000	45,413,000 *
Positions Authorized	8.8	146.6		45.5	15.0		16.0	20.0	251.9
FY 09/10									
$ Budgeted	2,033,000	36,594,000	568,000	4,268,000	1,560,000		2,958,000	1,591,000	49,572,000
$ Spent thru 11/30 *	1,237,000	15,884,000	199,000	2,320,000	716,000		1,111,000	542,000	22,009,000 *
Positions Authorized	8.8	146.6	6.0	45.5	15.0		16.0	25.0	262.9

* net expenditures (includes unscheduled reimbursements)

1/6/2010
Budget Overview by Program.xls

MEDICAL BOARD OF CALIFORNIA
Status of Pending Regulations

Subject	Current Status	Date Approved by Board	Date Notice Published by OAL	Date of Public Hearing	Date of Final Adoption	Date to DCA (and other control agencies) for Review *	Date to OAL for Review **	Date to Sec. of State***
CME Audits	Took effect 1/2/10	1/30/09	3/13/09	5/8/09	5/8/09	9/1/09	11/3/09	12/2/09
Re-review of International Medical Schools	Took effect 1/8/10	5/8/09	6/5/09	7/24/09	7/24/09	9/1/09	11/3/09	12/9/09
Notice to Consumers by Physicians	Pending review at DOF since 10/24/09	5/8/09	6/5/09	7/24/09	7/24/09	To DCA 9/1/09; approved by DCA 9/24/09; approved by Agency 10/23/09; forwarded to DOF 10/24/09		
Disciplinary Guidelines	Public comment period for modified text ended 11/30/09; staff working to finalize file	7/24/09	9/11/09	10/30/09	10/30/09			
Non-substantive changes from all units (Section 100 changes)	Next review of MBC regulations pending Spring 2010							

* - DCA is allowed 30 calendar days for review
** - OAL is allowed 30 working days for review
*** - Regs take effect 30 days after filing with Sec. of State

Prepared by Kevin A. Schunke
Updated Dec 24, 2009
For questions, call (916) 263-2368

LEGISLATIVE PACKET

Agenda Item 10B
2009 Legislation Discussion and Implementation Plans

AND

Agenda Item 10C
Consideration of 2010 Proposed Legislation

AND

Agenda Item 10D
2010 Legislation

Will be forwarded under separate cover

LEGISLATIVE PACKET

MEDICAL BOARD MEETING

JANUARY 29, 2010
SAN FRANCISCO, CA

2009 Implementation Plans

AB 501

IMPLEMENTATION of AB 501 – Use of M.D., Limited License, Fee/Fund

Implementation Item	Completed By	Date to be Completed
Use of M.D.		
Notify hospitals and teaching schools of change.	Licensing	1/15/10
Determine if there needs to be anything added to the website.	Licensing	1/31/10
Limited License		
Develop new forms or amend the existing application forms to allow for requesting a Limited License.	Licensing	2/1/10
Determine if regulations will be needed.	Licensing	2/1/10
Determine if a new designation will be needed to identify the Limited Licenses.	Licensing	2/1/10
Changes to sections of law?	Licensing	2/1/10
Determine how a Limited License will be noticed to the public.	Licensing/Legal	2/1/10
Reconvene to follow up on implementation items.	Legislative Unit	2/1/10
Fee/Fund		
Work with budget staff on the analysis of the reserve fund to determine any needed decrease or increase with regard to the initial and renewal license fees.	Budget Analyst and Legislative Unit	In progress.
Revise fund condition projections using the four-month reserve for 2010 and ongoing.	Budget Analyst	1/31/10

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 501
Author: Emmerson
Chapter: #400
Subject: Licensing: Limited, Use of M.D., Fee/Fund
Sponsor: Medical Board of California
Board Position: Sponsor/Support

DESCRIPTION OF LEGISLATION:

This bill would allow a graduate of an approved medical school, who is enrolled in post graduate training in California, to use the initials M.D. only while that post graduate trainee is under the supervision of a licensed physician from that program. It will allow others who hold an unrestricted license to use these initials as long as they are not representing themselves as physicians who are allowed to practice in California.

This bill would allow the Medical Board (Board) to issue an initial limited license to an applicant for licensure who is otherwise eligible for a medical license in California but is unable to practice all aspects of medicine safely due to a disability.

This bill would establish a cap on the licensing fee imposed by the Medical Board. The cap would be fixed by the Board at a fee equal to or less than seven hundred ninety dollars ($790). This bill would increase the amount of reserve allowed in the Contingent Fund of the Board.

Amendments to this bill further clarify the use of the initials M.D. In addition to graduates of an approved medical school while enrolled in post graduate training in California, a graduate of an approved medical school who has not had their license revoked or suspended may use the initials M.D. as long as they do not represent themselves as a physician who is entitled to practice medicine, do not engage in any of the acts prohibited by Section 2060. All medical schools are in support of this provision.

This bill was amended July 13, 2009 to direct the Office of State Audits and Evaluations within the Department of Finance to perform a review of the Board's financial status instead of the Bureau of State Audits (BSA). The Office of State Audits and Evaluations must make the results of its review available by June 1, 2012. The funding for the review will come from the existing resources of the Office of State Audits and Evaluations within the Department of Finance.

IMPLEMENTATION:

- Newsletter Article
- Notify Board Staff
- Licensing staff to develop requirements, policies and procedures with legal staff, to be in effect by January 1, 2010, for the issuance of limited licenses.
- Notify MBC budget staff of changes to the fee cap in order to evaluate the need and timing for any changes in fees.
- Fund condition projections to be revised using the four-month reserve maximum for January 2010 and ongoing.
- Notify medical schools, hospitals, and training programs of changes to the use of the initials M.D. by January 1, 2010.
- Update Board's website as necessary.

Assembly Bill No. 501

CHAPTER 400

An act to amend Sections 2054 and 2435 of, and to add Section 2088 to, the Business and Professions Code, relating to medicine.

[Approved by Governor October 11, 2009. Filed with Secretary of State October 11, 2009.]

LEGISLATIVE COUNSEL'S DIGEST

AB 501, Emmerson. Physicians and surgeons.

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Existing law makes it a misdemeanor for a person who is not licensed as a physician and surgeon under the act to use certain words, letters, and phrases or any other terms that imply that he or she is authorized to practice medicine as a physician and surgeon.

This bill would authorize certain persons who are not licensed as physicians and surgeons under the act to use the words "doctor" or "physician," the letters or prefix "Dr.," or the initials "M.D.," as specified.

Existing law authorizes the board to issue a probationary license subject to specified terms and conditions, including restrictions against engaging in certain types of medical practice. Existing law authorizes a licensee who demonstrates that he or she is unable to practice medicine due to a disability to request a waiver of the license renewal fee. Under existing law, a licensee granted that waiver is prohibited from practicing medicine until he or she establishes that the disability no longer exists or signs an agreement, under penalty of perjury, agreeing to limit his or her practice in the manner prescribed by the reviewing physician. Existing law authorizes the board to commence disciplinary actions relating to physicians and surgeons including, but not limited to, unprofessional conduct, as defined, and to issue letters of reprimand, and suspend and revoke licenses.

This bill would authorize an applicant for a license who is otherwise eligible for a license but is unable to practice some aspects of medicine safely due to a disability to receive a limited license if the applicant pays the license fee and signs an agreement agreeing to limit his or her practice in the manner prescribed by the reviewing physician and agreed to by the board. The bill would make any person who knowingly provides false information in this agreement subject to any sanctions available to the board. The bill would authorize the board to require the applicant to obtain an independent clinical evaluation of his or her ability to practice medicine safely as a condition of receiving the limited license.

Under existing law, licensees of the board are required to pay licensure fees, including an initial licensing fee of $790 and a biennial renewal fee

of $790. Existing law authorizes the board to increase those fees in certain circumstances and states the intent of the Legislature that, in setting these fees, the board seek to maintain a reserve in the Contingent Fund of the Medical Board equal to 2 months' operating expenditures.

This bill would require those fees to be fixed by the board at a maximum of $790, while retaining the authority of the board to raise those fees in certain circumstances. The bill would state the intent of the Legislature that, in setting those fees, the board seek to maintain a reserve in the Contingent Fund of the Medical Board in an amount not less than 2 nor more than 4 months' operating expenditures. The bill would also require the Office of State Audits and Evaluations within the Department of Finance to commence a preliminary review of the board's financial status by January 1, 2012, and to make the results of that review available upon request by June 1, 2012, as specified.

The people of the State of California do enact as follows:

SECTION 1. Section 2054 of the Business and Professions Code is amended to read:

2054. (a) Any person who uses in any sign, business card, or letterhead, or, in an advertisement, the words "doctor" or "physician," the letters or prefix "Dr.," the initials "M.D.," or any other terms or letters indicating or implying that he or she is a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, or that he or she is entitled to practice hereunder, or who represents or holds himself or herself out as a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, without having at the time of so doing a valid, unrevoked, and unsuspended certificate as a physician and surgeon under this chapter, is guilty of a misdemeanor.

(b) A holder of a valid, unrevoked, and unsuspended certificate to practice podiatric medicine may use the phrases "doctor of podiatric medicine," "doctor of podiatry," and "podiatric doctor," or the initials "D.P.M.," and shall not be in violation of subdivision (a).

(c) Notwithstanding subdivision (a), any of the following persons may use the words "doctor" or "physician," the letters or prefix "Dr.," or the initials "M.D.":

(1) A graduate of a medical school approved or recognized by the board while enrolled in a postgraduate training program approved by the board.

(2) A graduate of a medical school who does not have a certificate as a physician and surgeon under this chapter if he or she meets all of the following requirements:

(A) If issued a license to practice medicine in another jurisdiction, has not had that license revoked or suspended by any jurisdiction.

(B) Does not otherwise hold himself or herself out as a physician and surgeon entitled to practice medicine in this state except to the extent authorized by this chapter.

(C) Does not engage in any of the acts prohibited by Section 2060.

(3) A person authorized to practice medicine under Section 2111 or 2113 subject to the limitations set forth in those sections.

SEC. 2. Section 2088 is added to the Business and Professions Code, to read:

2088. (a) An applicant for a physician's and surgeon's license who is otherwise eligible for that license but is unable to practice some aspects of medicine safely due to a disability may receive a limited license if he or she does both of the following:

(1) Pays the initial license fee.

(2) Signs an agreement on a form prescribed by the board in which the applicant agrees to limit his or her practice in the manner prescribed by the reviewing physician and agreed to by the board.

(b) The board may require the applicant described in subdivision (a) to obtain an independent clinical evaluation of his or her ability to practice medicine safely as a condition of receiving a limited license under this section.

(c) Any person who knowingly provides false information in the agreement submitted pursuant to subdivision (a) shall be subject to any sanctions available to the board.

SEC. 3. Section 2435 of the Business and Professions Code is amended to read:

2435. The following fees apply to the licensure of physicians and surgeons:

(a) Each applicant for a certificate based upon a national board diplomate certificate, each applicant for a certificate based on reciprocity, and each applicant for a certificate based upon written examination, shall pay a nonrefundable application and processing fee, as set forth in subdivision (b), at the time the application is filed.

(b) The application and processing fee shall be fixed by the board by May 1 of each year, to become effective on July 1 of that year. The fee shall be fixed at an amount necessary to recover the actual costs of the licensing program as projected for the fiscal year commencing on the date the fees become effective.

(c) Each applicant who qualifies for a certificate, as a condition precedent to its issuance, in addition to other fees required herein, shall pay an initial license fee, if any, in an amount fixed by the board consistent with this section. The initial license fee shall not exceed seven hundred ninety dollars ($790). An applicant enrolled in an approved postgraduate training program shall be required to pay only 50 percent of the initial license fee.

(d) The biennial renewal fee shall be fixed by the board consistent with this section and shall not exceed seven hundred ninety dollars ($790).

(e) Notwithstanding subdivisions (c) and (d), and to ensure that subdivision (k) of Section 125.3 is revenue neutral with regard to the board, the board may, by regulation, increase the amount of the initial license fee and the biennial renewal fee by an amount required to recover both of the following:

(1) The average amount received by the board during the three fiscal years immediately preceding July 1, 2006, as reimbursement for the reasonable costs of investigation and enforcement proceedings pursuant to Section 125.3.

(2) Any increase in the amount of investigation and enforcement costs incurred by the board after January 1, 2006, that exceeds the average costs expended for investigation and enforcement costs during the three fiscal years immediately preceding July 1, 2006. When calculating the amount of costs for services for which the board paid an hourly rate, the board shall use the average number of hours for which the board paid for those costs over these prior three fiscal years, multiplied by the hourly rate paid by the board for those costs as of July 1, 2005. Beginning January 1, 2009, the board shall instead use the average number of hours for which it paid for those costs over the three-year period of fiscal years 2005–06, 2006–07, and 2007–08, multiplied by the hourly rate paid by the board for those costs as of July 1, 2005. In calculating the increase in the amount of investigation and enforcement costs, the board shall include only those costs for which it was eligible to obtain reimbursement under Section 125.3 and shall not include probation monitoring costs and disciplinary costs, including those associated with the citation and fine process and those required to implement subdivision (b) of Section 12529 of the Government Code.

(f) Notwithstanding Section 163.5, the delinquency fee shall be 10 percent of the biennial renewal fee.

(g) The duplicate certificate and endorsement fees shall each be fifty dollars ($50), and the certification and letter of good standing fees shall each be ten dollars ($10).

(h) It is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Contingent Fund of the Medical Board of California in an amount not less than two nor more than four months' operating expenditures.

(i) Not later than January 1, 2012, the Office of State Audits and Evaluations within the Department of Finance shall commence a preliminary review of the board's financial status, including, but not limited to, its projections related to expenses, revenues, and reserves, and the impact of the loan from the Contingent Fund of the Medical Board of California to the General Fund made pursuant to the Budget Act of 2008. The office shall make the results of this review available upon request by June 1, 2012. This review shall be funded from the existing resources of the office during the 2011–12 fiscal year.

O

AB 1070

IMPLEMENTATION of AB 1070 – Enforcement Enhancements

Implementation Item	Completed By	Date to be Completed
Business and Professions Code Sections		
801.01 – Finds and declares the importance of the required reporting and clarifies the filing requirements for self insured entities (UC system, Kaiser, county hospitals, sheriff departments).	Enforcement	1/31/10
	Enforcement	1/1/10
	Enforcement	1/15/10
804.5 – Recognizes that various entities are implementing risk management programs in the interest of early intervention to address known complications and other unanticipated events. Prohibits these programs from including provisions that prohibit patients from contacting or cooperating with the Board or from filing or withdrawing a complaint.	Enforcement to inform investigators via supervisor meeting on 1/20/10.	1/20/10
2006 – Extends the sunset date of the vertical enforcement and prosecution model to June 1, 2013.	Enforcement	No action needed
2008 – Allows the Board president to sit on a disciplinary panel when the Board does not have a full complement of members.	Enforcement	1/1/10
2225.5 – Requires all medical records requested by the Board to be certified.	Enforcement	No action needed
2227 – Allows an administrative law judge to recommend that a licensee be issued a public reprimand that includes additional requirements	Enforcement	No action needed

for education and training.		
2425.3 – Requires licensees to report to the Board information regarding any specialty board certifications held and his or her practice status, both upon renewal and initial licensure.	Enforcement	No action needed
Government Code Sections		
12925, 12925.5, 12529.6, 12529.7 – Extends the sunset date of the vertical enforcement and prosecution model to January 1, 2013.		
- Adds to the provisions relating to the vertical enforcement and prosecution model, a requirement that the Board establish and implement a plan to assist in team building between the Board's staff and the Health Quality Enforcement Section of the Department of Justice. This was a recommendation of the 2009 evaluation report. Requires a new evaluation report by March 1, 2012.	OST to develop contract.	4/1/10
	Enforcement	7/1/11

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 1070
Author: Hill
Chapter: #505
Subject: Enforcement Enhancements: reporting, public reprimand
Sponsor: Medical Board of California
Board Position: Sponsor/Support

DESCRIPTION OF LEGISLATION:

This bill is the vehicle carrying enforcement enhancements for the Medical Board (Board). This bill finds and declares the importance of the required reporting under Business and Professions Code section 801.01 and makes various technical changes to this section to enhance the Board's ability to effectively protect consumers.

This bill would allow the Board President to sit on a disciplinary panel when the Board does not have a full complement of members. This bill would require all medical records requested by the Board to be certified.

This bill would allow an administrative law judge to recommend that a licensee be issued a public reprimand that includes additional requirements for education and training.

This bill would require all licensees to report to the Board information regarding any specialty board certifications held and his or her practice status. Licensees would be allowed to report his or her cultural background and foreign language proficiencies. Reporting would occur both at the time of renewal or upon initial licensure.

This bill extends the sunset date of the vertical enforcement and prosecution model from July 1, 2010 to July 1, 2012. This bill also requires the Board to establish and implement a plan to assist in team building between the Board's staff and the Health Quality Enforcement Section of the Department of Justice.

IMPLEMENTATION:

- Newsletter Article
- Notify Board Staff
- Notify Discipline Coordination Staff within the Enforcement division to include the Board President, effective January 1, 2010, in disciplinary panels as needed.
- Work with Enforcement staff on new procedures, to be in place by January 1, 2010, for requiring certified medical records.

- Notify Enforcement staff and Administrative Law Judges of changes to the allowable recommendations for education and training to be included in public reprimands.
- Work with Enforcement staff on any necessary updates to the Disciplinary Guidelines, to be complete by January 1, 2010.
- Work with Licensing Staff to develop the method by which the information regarding licensees' specialty board certifications and practice status will be requested upon license issuance.
- Work with ISB staff to update website and online licensing survey system to reflect new reporting requirements.
- Work with Enforcement Staff to contract with a facilitator to assist in developing a team building plan between the Board's Investigative staff and Deputy Attorney Generals in the Health Quality Enforcement Section of the Department of Justice.

Assembly Bill No. 1070

CHAPTER 505

An act to amend Sections 801.01, 2006, 2008, 2225.5, 2227, and 2425.3 of, and to add Section 804.5 to, the Business and Professions Code, and to amend Sections 12529, 12529.5, 12529.6, and 12529.7 of the Government Code, relating to healing arts.

[Approved by Governor October 11, 2009. Filed with Secretary of State October 11, 2009.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1070, Hill. Healing arts.

(1) Existing law provides for the licensure and regulation of osteopathic physicians and surgeons by the Osteopathic Medical Board of California, physicians and surgeons by the Medical Board of California (Medical Board), and podiatrists by the California Board of Podiatric Medicine. Existing law requires those licensees, insurers providing professional liability insurance to those licensees, and governmental agencies that self-insure those licensees to report specified settlements, arbitration awards, or civil judgments to the licensee's board if based on the licensee's alleged negligence, error, or omission in practice or his or her rendering of unauthorized professional services.

This bill would specify that the reporting requirements apply to the University of California, as specified. With respect to a governmental agency required to submit a report, including a local governmental agency, the bill would require the agency to, prior to submitting a report, provide written notice of its intention to file a report to the affected licensee and provide the licensee with an opportunity to respond to the agency, as specified. By imposing new duties on local agencies, the bill would impose a state-mandated local program.

Existing law requires licensees and insurers required to make these reports to send a copy of the report to the claimant or his or her counsel and requires a claimant or his or her counsel who does not receive a copy of the report within a specified time period to make the report to the appropriate board. Existing law makes a failure of a licensee, claimant, or counsel to comply with these requirements a public offense punishable by a specified fine.

This bill would require any entity or person required to make a report to notify the claimant or his or her counsel that the report has been sent to the appropriate board and would require the claimant or his or her counsel to make the report if the notice is not received within a specified time.

The bill would also make a failure to substantially comply with any of the reporting requirements an infraction punishable by a specified fine. By

expanding the scope of a crime, the bill would impose a state-mandated local program.

Existing law requires these reports to include certain information, including a brief description of the facts of each claim, charge, or allegation, and the amount of the judgment or award and the date of its entry or service.

This bill would eliminate the requirement that this description be brief and would require the description to also include the role of each physician and surgeon or podiatrist in the care or professional services provided to the patient, as specified. The bill would also require the report to include a copy of the judgment or award.

(2) The Medical Practice Act provides for the regulation of physicians and surgeons by the Medical Board, and provides that the protection of the public is the highest priority for the board in exercising its licensing, regulatory, and disciplinary functions.

This bill would prohibit any entity that provides early intervention, patient safety, or risk management programs to patients, or contracts for those programs for patients, from requiring that a patient waive his or her rights to contact or cooperate with the board, or to file a complaint with the board.

(3) Existing law authorizes the Medical Board to appoint panels from its members for the purposes of fulfilling specified obligations and prohibits the president of the board from serving as a member of a panel.

This bill would allow the president of the board to serve as a member of a panel if there is a vacancy in the membership of the board.

(4) Under existing law, a physician and surgeon or podiatrist who fails to comply with a patient's medical record request, as specified, within 15 days, or who fails or refuses to comply with a court order mandating release of records, is required to pay a civil penalty of $1,000 per day, as specified.

This bill would place a limit of $10,000 on those civil penalties and would make other related changes, including providing a definition of "certified medical records," as specified.

(5) Existing law prescribes the disciplinary action that may be taken against a physician and surgeon or podiatrist. Among other things, existing law authorizes the licensee to be publicly reprimanded.

This bill would authorize the public reprimand to include a requirement that the licensee complete educational courses approved by the board.

(6) Existing law requires the Medical Board to request a licensed physician and surgeon to report, at the time of license renewal, any specialty board certification he or she holds, as specified. Existing law also authorizes a licensed physician and surgeon to report to the board, at the time of license renewal, information regarding his or her cultural background and foreign language proficiency.

This bill would instead require licensees to provide that information at the time of license renewal and immediately upon issuance of an initial license, except as specified.

Existing law requires a licensed physician and surgeon to also report, at the time of license renewal, his or her practice status, as specified.

This bill would also require that this information be provided immediately upon issuance of an initial license.

(7) Existing law creates the Health Quality Enforcement Section within the Department of Justice with the primary responsibility of investigating and prosecuting proceedings against licensees and applicants within the jurisdiction of the Medical Board and various other boards. Existing law simultaneously assigns a complaint received by the Medical Board to an investigator and a deputy attorney general, as specified. Existing law makes these provisions inoperative on July 1, 2010. Existing law also requires the Medical Board, in consultation with specified agencies, to report and make recommendations to the Governor and the Legislature on this prosecution model by July 1, 2009.

This bill would extend the operation of those provisions until January 1, 2013. The bill would require the Medical Board to establish and implement a plan to assist in team building between its enforcement staff and the staff of the Health Quality Enforcement Section in order to ensure a common and consistent knowledge base. The bill would also require the Medical Board to, in consultation with specified agencies, report and make recommendations to the Governor and the Legislature on this enforcement and prosecution model by March 1, 2012. The bill would make other related changes.

(8) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

The people of the State of California do enact as follows:

SECTION 1. Section 801.01 of the Business and Professions Code is amended to read:

801.01. The Legislature finds and declares that the filing of reports with the applicable state agencies required under this section is essential for the protection of the public. It is the intent of the Legislature that the reporting requirements set forth in this section be interpreted broadly in order to expand reporting obligations.

(a) A complete report shall be sent to the Medical Board of California, the Osteopathic Medical Board of California, or the California Board of Podiatric Medicine, with respect to a licensee of the board as to the following:

(1) A settlement over thirty thousand dollars ($30,000) or arbitration award of any amount or a civil judgment of any amount, whether or not

vacated by a settlement after entry of the judgment, that was not reversed on appeal, of a claim or action for damages for death or personal injury caused by the licensee's alleged negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services.

(2) A settlement over thirty thousand dollars ($30,000), if the settlement is based on the licensee's alleged negligence, error, or omission in practice, or on the licensee's rendering of unauthorized professional services, and a party to the settlement is a corporation, medical group, partnership, or other corporate entity in which the licensee has an ownership interest or that employs or contracts with the licensee.

(b) The report shall be sent by the following:

(1) The insurer providing professional liability insurance to the licensee.

(2) The licensee, or his or her counsel, if the licensee does not possess professional liability insurance.

(3) A state or local governmental agency that self-insures the licensee. For purposes of this section "state governmental agency" includes, but is not limited to, the University of California.

(c) The entity, person, or licensee obligated to report pursuant to subdivision (b) shall send the complete report if the judgment, settlement agreement, or arbitration award is entered against or paid by the employer of the licensee and not entered against or paid by the licensee. "Employer," as used in this paragraph, means a professional corporation, a group practice, a health care facility or clinic licensed or exempt from licensure under the Health and Safety Code, a licensed health care service plan, a medical care foundation, an educational institution, a professional institution, a professional school or college, a general law corporation, a public entity, or a nonprofit organization that employs, retains, or contracts with a licensee referred to in this section. Nothing in this paragraph shall be construed to authorize the employment of, or contracting with, any licensee in violation of Section 2400.

(d) The report shall be sent to the Medical Board of California, the Osteopathic Medical Board of California, or the California Board of Podiatric Medicine, as appropriate, within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto, within 30 days after service of the arbitration award on the parties, or within 30 days after the date of entry of the civil judgment.

(e) The entity, person, or licensee required to report under subdivision (b) shall notify the claimant or his or her counsel, if he or she is represented by counsel, that the report has been sent to the Medical Board of California, the Osteopathic Medical Board of California, or the California Board of Podiatric Medicine. If the claimant or his or her counsel has not received this notice within 45 days after the settlement was reduced to writing and signed by all of the parties or the arbitration award was served on the parties or the date of entry of the civil judgment, the claimant or the claimant's counsel shall make the report to the appropriate board.

(f) Failure to substantially comply with this section is a public offense punishable by a fine of not less than five hundred dollars ($500) and not more than five thousand dollars ($5,000).

(g) (1) The Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine may develop a prescribed form for the report.

(2) The report shall be deemed complete only if it includes the following information:

(A) The name and last known business and residential addresses of every plaintiff or claimant involved in the matter, whether or not the person received an award under the settlement, arbitration, or judgment.

(B) The name and last known business and residential address of every licensee who was alleged to have acted improperly, whether or not that person was a named defendant in the action and whether or not that person was required to pay any damages pursuant to the settlement, arbitration award, or judgment.

(C) The name, address, and principal place of business of every insurer providing professional liability insurance to any person described in subparagraph (B), and the insured's policy number.

(D) The name of the court in which the action or any part of the action was filed, and the date of filing and case number of each action.

(E) A description or summary of the facts of each claim, charge, or allegation, including the date of occurrence and the licensee's role in the care or professional services provided to the patient with respect to those services at issue in the claim or action.

(F) The name and last known business address of each attorney who represented a party in the settlement, arbitration, or civil action, including the name of the client he or she represented.

(G) The amount of the judgment, the date of its entry, and a copy of the judgment; the amount of the arbitration award, the date of its service on the parties, and a copy of the award document; or the amount of the settlement and the date it was reduced to writing and signed by all parties. If an otherwise reportable settlement is entered into after a reportable judgment or arbitration award is issued, the report shall include both the settlement and a copy of the judgment or award.

(H) The specialty or subspecialty of the licensee who was the subject of the claim or action.

(I) Any other information the Medical Board of California, the Osteopathic Medical Board of California, or the California Board of Podiatric Medicine may, by regulation, require.

(3) Every professional liability insurer, self-insured governmental agency, or licensee or his or her counsel that makes a report under this section and has received a copy of any written or electronic patient medical or hospital records prepared by the treating physician and surgeon or podiatrist, or the staff of the treating physician and surgeon, podiatrist, or hospital, describing the medical condition, history, care, or treatment of the person whose death or injury is the subject of the report, or a copy of any deposition in the matter

that discusses the care, treatment, or medical condition of the person, shall include with the report, copies of the records and depositions, subject to reasonable costs to be paid by the Medical Board of California, the Osteopathic Medical Board of California, or the California Board of Podiatric Medicine. If confidentiality is required by court order and, as a result, the reporter is unable to provide the records and depositions, documentation to that effect shall accompany the original report. The applicable board may, upon prior notification of the parties to the action, petition the appropriate court for modification of any protective order to permit disclosure to the board. A professional liability insurer, self-insured governmental agency, or licensee or his or her counsel shall maintain the records and depositions referred to in this paragraph for at least one year from the date of filing of the report required by this section.

(h) If the board, within 60 days of its receipt of a report filed under this section, notifies a person named in the report, that person shall maintain for the period of three years from the date of filing of the report any records he or she has as to the matter in question and shall make those records available upon request to the board to which the report was sent.

(i) Notwithstanding any other provision of law, no insurer shall enter into a settlement without the written consent of the insured, except that this prohibition shall not void any settlement entered into without that written consent. The requirement of written consent shall only be waived by both the insured and the insurer.

(j) (1) A state or local governmental agency that self-insures licensees shall, prior to sending a report pursuant to this section, do all of the following with respect to each licensee who will be identified in the report:

(A) Before deciding that a licensee will be identified, provide written notice to the licensee that the agency intends to submit a report in which the licensee may be identified, based on his or her role in the care or professional services provided to the patient that were at issue in the claim or action. This notice shall describe the reasons for notifying the licensee. The agency shall include with this notice a reasonable opportunity for the licensee to review a copy of records to be used by the agency in deciding whether to identify the licensee in the report.

(B) Provide the licensee with a reasonable opportunity to provide a written response to the agency and written materials in support of the licensee's position. If the licensee is identified in the report, the agency shall include this response and materials in the report submitted to a board under this section if requested by the licensee.

(C) At least 10 days prior to the expiration of the 30-day reporting requirement under subdivision (d), provide the licensee with the opportunity to present arguments to the body that will make the final decision or to that body's designee. The body shall review the care or professional services provided to the patient with respect to those services at issue in the claim or action and determine the licensee or licensees to be identified in the report and the amount of the settlement to be apportioned to the licensee.

(2) Nothing in this subdivision shall be construed to modify either the content of a report required under this section or the timeframe for filing that report.

(k) For purposes of this section, "licensee" means a licensee of the Medical Board of California, the Osteopathic Medical Board of California, or the California Board of Podiatric Medicine.

SEC. 2. Section 804.5 is added to the Business and Professions Code, to read:

804.5. The Legislature recognizes that various types of entities are creating, implementing, and maintaining patient safety and risk management programs that encourage early intervention in order to address known complications and other unanticipated events requiring medical care. The Legislature recognizes that some entities even provide financial assistance to individual patients to help them address these unforeseen health care concerns. It is the intent of the Legislature, however, that such financial assistance not limit a patient's interaction with, or his or her rights before, the Medical Board of California.

Any entity that provides early intervention, patient safety, or risk management programs to patients, or contracts for those programs for patients, shall not include, as part of any of those programs or contracts, any of the following:

(a) A provision that prohibits a patient or patients from contacting or cooperating with the board.

(b) A provision that prohibits a patient or patients from filing a complaint with the board.

(c) A provision that requires a patient or patients to withdraw a complaint that has been filed with the board.

SEC. 3. Section 2006 of the Business and Professions Code is amended to read:

2006. (a) Any reference in this chapter to an investigation by the board shall be deemed to refer to a joint investigation conducted by employees of the Department of Justice and the board under the vertical enforcement and prosecution model, as specified in Section 12529.6 of the Government Code.

(b) This section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

SEC. 4. Section 2008 of the Business and Professions Code is amended to read:

2008. The board may appoint panels from its members for the purpose of fulfilling the obligations established in subdivision (c) of Section 2004. Any panel appointed under this section shall at no time be comprised of less than four members and the number of public members assigned to the panel shall not exceed the number of licensed physician and surgeon members assigned to the panel. The president of the board shall not be a member of any panel unless there is a vacancy in the membership of the board. Each panel shall annually elect a chair and a vice chair.

SEC. 5. Section 2225.5 of the Business and Professions Code is amended to read:

2225.5. (a) (1) A licensee who fails or refuses to comply with a request for the certified medical records of a patient, that is accompanied by that patient's written authorization for release of records to the board, within 15 days of receiving the request and authorization, shall pay to the board a civil penalty of one thousand dollars ($1,000) per day for each day that the documents have not been produced after the 15th day, up to ten thousand dollars ($10,000), unless the licensee is unable to provide the documents within this time period for good cause.

(2) A health care facility shall comply with a request for the certified medical records of a patient that is accompanied by that patient's written authorization for release of records to the board together with a notice citing this section and describing the penalties for failure to comply with this section. Failure to provide the authorizing patient's certified medical records to the board within 30 days of receiving the request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to one thousand dollars ($1,000) per day for each day that the documents have not been produced after the 30th day, up to ten thousand dollars ($10,000), unless the health care facility is unable to provide the documents within this time period for good cause. This paragraph shall not require health care facilities to assist the board in obtaining the patient's authorization. The board shall pay the reasonable costs of copying the certified medical records.

(b) (1) A licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board shall pay to the board a civil penalty of one thousand dollars ($1,000) per day for each day that the documents have not been produced after the date by which the court order requires the documents to be produced, up to ten thousand dollars ($10,000), unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(2) Any licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars ($5,000). The fine shall be added to the licensee's renewal fee if it is not paid by the next succeeding renewal date. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(3) A health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of patient records to the board, that is accompanied by a notice citing this section and describing the penalties for failure to comply with this section, shall pay to the board a civil penalty of up to one thousand dollars ($1,000) per day for

each day that the documents have not been produced, up to ten thousand dollars ($10,000), after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(4) Any health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars ($5,000). Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(c) Multiple acts by a licensee in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars ($5,000) or by imprisonment in a county jail not exceeding six months, or by both that fine and imprisonment. Multiple acts by a health care facility in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars ($5,000) and shall be reported to the State Department of Public Health and shall be considered as grounds for disciplinary action with respect to licensure, including suspension or revocation of the license or certificate.

(d) A failure or refusal of a licensee to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board constitutes unprofessional conduct and is grounds for suspension or revocation of his or her license.

(e) Imposition of the civil penalties authorized by this section shall be in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Division 3 of Title 2 of the Government Code).

(f) For purposes of this section, "certified medical records" means a copy of the patient's medical records authenticated by the licensee or health care facility, as appropriate, on a form prescribed by the board.

(g) For purposes of this section, a "health care facility" means a clinic or health facility licensed or exempt from licensure pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

SEC. 6. Section 2227 of the Business and Professions Code is amended to read:

2227. (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

SEC. 7. Section 2425.3 of the Business and Professions Code is amended to read:

2425.3. (a) A licensed physician and surgeon shall report to the board, immediately upon issuance of an initial license and at the time of license renewal, any specialty board certification he or she holds that is issued by a member board of the American Board of Medical Specialties or approved by the Medical Board of California.

(b) A licensed physician and surgeon shall also report to the board, immediately upon issuance of an initial license and at the time of license renewal, his or her practice status, designated as one of the following:

(1) Full-time practice in California.

(2) Full-time practice outside of California.

(3) Part-time practice in California.

(4) Medical administrative employment that does not include direct patient care.

(5) Retired.

(6) Other practice status, as may be further defined by the board.

(c) (1) A licensed physician and surgeon shall report to the board, immediately upon issuance of an initial license and at the time of license renewal, and the board shall collect, information regarding his or her cultural background and foreign language proficiency. The board shall provide an option for a licensed physician and surgeon to decline to state in the report his or her cultural background and foreign language proficiency.

(2) Information collected pursuant to this subdivision shall be aggregated on an annual basis based on categories utilized by the board in the collection of the data, and shall be aggregated into both statewide totals and ZIP code of primary practice location totals.

(3) Aggregated information under this subdivision shall be compiled annually and reported on the board's Internet Web site on or before October 1 of each year.

(d) The information collected pursuant to subdivisions (a) and (b) may also be placed on the board's Internet Web site.

SEC. 8. Section 12529 of the Government Code, as amended by Section 19 of Chapter 33 of the Statutes of 2008, is amended to read:

12529. (a) There is in the Department of Justice the Health Quality Enforcement Section. The primary responsibility of the section is to investigate and prosecute proceedings against licensees and applicants within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, or any committee under the jurisdiction of the Medical Board of California.

(b) The Attorney General shall appoint a Senior Assistant Attorney General of the Health Quality Enforcement Section. The Senior Assistant Attorney General of the Health Quality Enforcement Section shall be an attorney in good standing licensed to practice in the State of California, experienced in prosecutorial or administrative disciplinary proceedings and competent in the management and supervision of attorneys performing those functions.

(c) The Attorney General shall ensure that the Health Quality Enforcement Section is staffed with a sufficient number of experienced and able employees that are capable of handling the most complex and varied types of disciplinary actions against the licensees of the board.

(d) Funding for the Health Quality Enforcement Section shall be budgeted in consultation with the Attorney General from the special funds financing the operations of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, and the committees under the jurisdiction of the Medical Board of California, with the intent that the expenses be proportionally shared as to services rendered.

(e) This section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

SEC. 9. Section 12529 of the Government Code, as amended by Section 20 of Chapter 33 of the Statutes of 2008, is amended to read:

12529. (a) There is in the Department of Justice the Health Quality Enforcement Section. The primary responsibility of the section is to prosecute proceedings against licensees and applicants within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, or any committee under the jurisdiction of the Medical Board of California, and to provide ongoing review of the investigative activities conducted in support of those prosecutions, as provided in subdivision (b) of Section 12529.5.

(b) The Attorney General shall appoint a Senior Assistant Attorney General of the Health Quality Enforcement Section. The Senior Assistant Attorney General of the Health Quality Enforcement Section shall be an attorney in good standing licensed to practice in the State of California, experienced in prosecutorial or administrative disciplinary proceedings and competent in the management and supervision of attorneys performing those functions.

(c) The Attorney General shall ensure that the Health Quality Enforcement Section is staffed with a sufficient number of experienced and able

employees that are capable of handling the most complex and varied types of disciplinary actions against the licensees of the board.

(d) Funding for the Health Quality Enforcement Section shall be budgeted in consultation with the Attorney General from the special funds financing the operations of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, and the committees under the jurisdiction of the Medical Board of California, with the intent that the expenses be proportionally shared as to services rendered.

(e) This section shall become operative January 1, 2013.

SEC. 10. Section 12529.5 of the Government Code, as amended by Section 21 of Chapter 33 of the Statutes of 2008, is amended to read:

12529.5. (a) All complaints or relevant information concerning licensees that are within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, or the Board of Psychology shall be made available to the Health Quality Enforcement Section.

(b) The Senior Assistant Attorney General of the Health Quality Enforcement Section shall assign attorneys to work on location at the intake unit of the boards described in subdivision (d) of Section 12529 to assist in evaluating and screening complaints and to assist in developing uniform standards and procedures for processing complaints.

(c) The Senior Assistant Attorney General or his or her deputy attorneys general shall assist the boards or committees in designing and providing initial and in-service training programs for staff of the boards or committees, including, but not limited to, information collection and investigation.

(d) The determination to bring a disciplinary proceeding against a licensee of the boards shall be made by the executive officer of the boards or committees as appropriate in consultation with the senior assistant.

(e) This section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

SEC. 11. Section 12529.5 of the Government Code, as amended by Section 22 of Chapter 33 of the Statutes of 2008, is amended to read:

12529.5. (a) All complaints or relevant information concerning licensees that are within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, or the Board of Psychology shall be made available to the Health Quality Enforcement Section.

(b) The Senior Assistant Attorney General of the Health Quality Enforcement Section shall assign attorneys to assist the boards in intake and investigations and to direct discipline-related prosecutions. Attorneys shall be assigned to work closely with each major intake and investigatory unit of the boards, to assist in the evaluation and screening of complaints from receipt through disposition and to assist in developing uniform standards and procedures for the handling of complaints and investigations.

A deputy attorney general of the Health Quality Enforcement Section shall frequently be available on location at each of the working offices at the major investigation centers of the boards, to provide consultation and related services and engage in case review with the boards' investigative,

medical advisory, and intake staff. The Senior Assistant Attorney General and deputy attorneys general working at his or her direction shall consult as appropriate with the investigators of the boards, medical advisors, and executive staff in the investigation and prosecution of disciplinary cases.

(c) The Senior Assistant Attorney General or his or her deputy attorneys general shall assist the boards or committees in designing and providing initial and in-service training programs for staff of the boards or committees, including, but not limited to, information collection and investigation.

(d) The determination to bring a disciplinary proceeding against a licensee of the boards shall be made by the executive officer of the boards or committees as appropriate in consultation with the senior assistant.

(e) This section shall become operative January 1, 2013.

SEC. 12. Section 12529.6 of the Government Code is amended to read:

12529.6. (a) The Legislature finds and declares that the Medical Board of California, by ensuring the quality and safety of medical care, performs one of the most critical functions of state government. Because of the critical importance of the board's public health and safety function, the complexity of cases involving alleged misconduct by physicians and surgeons, and the evidentiary burden in the board's disciplinary cases, the Legislature finds and declares that using a vertical enforcement and prosecution model for those investigations is in the best interests of the people of California.

(b) Notwithstanding any other provision of law, as of January 1, 2006, each complaint that is referred to a district office of the board for investigation shall be simultaneously and jointly assigned to an investigator and to the deputy attorney general in the Health Quality Enforcement Section responsible for prosecuting the case if the investigation results in the filing of an accusation. The joint assignment of the investigator and the deputy attorney general shall exist for the duration of the disciplinary matter. During the assignment, the investigator so assigned shall, under the direction but not the supervision of the deputy attorney general, be responsible for obtaining the evidence required to permit the Attorney General to advise the board on legal matters such as whether the board should file a formal accusation, dismiss the complaint for a lack of evidence required to meet the applicable burden of proof, or take other appropriate legal action.

(c) The Medical Board of California, the Department of Consumer Affairs, and the Office of the Attorney General shall, if necessary, enter into an interagency agreement to implement this section.

(d) This section does not affect the requirements of Section 12529.5 as applied to the Medical Board of California where complaints that have not been assigned to a field office for investigation are concerned.

(e) It is the intent of the Legislature to enhance the vertical enforcement and prosecution model as set forth in subdivision (a). The Medical Board of California shall do all of the following:

(1) Increase its computer capabilities and compatibilities with the Health Quality Enforcement Section in order to share case information.

(2) Establish and implement a plan to locate its enforcement staff and the staff of the Health Quality Enforcement Section in the same offices, as

SB 132

IMPLEMENTATION of SB 132 POLYSOMNOGRAPHIC TECHNOLOGISTS

Implementation Item	Completed By	Date to be Completed
Within 1-3 months		
Advertise AGPA position to implement program.	Licensing	11/24/09
Hire AGPA to begin implementing program.	Licensing	1/15/2010
Identify the national organizations currently certifying this staff.	AGPA	2/15/2010
Identify scope of practice for each registrant category.	AGPA	3/1/2010
Identify applicable experience in lieu of passage of a national certifying examination.	AGPA	3/1/2010
Identify projected number of applicants for each registrant category.	AGPA	3/1/2010
Identify modifications needed to ATS system to accommodate the three new registrant categories.	ISB to work with DCA on database.	2/1/2010
Reconvene meeting with staff regarding discussion of policies and procedures.	Legislative Analyst	2/1/2010
Create certificates and wallet cards for the three categories.	AGPA/ISB	6/1/2010
Expand DOJ contracted background check data to include further detail reflecting if a person is free on bail or on his own recognizance pending trial or appeal.	AGPA	6/1/2010

Create a new account code with budget staff.	Budget Analyst	3/1/2010
Work with ISB on CAS and ATS modifications.	ISB	3/1/2010
Establish criteria for educational certification (within three years).	AGPA	3/1/2010
Hold meetings with interested parties.	AGPA	4/1/2010
Prepare regulatory package for approval by the Board.	AGPA	7/15/2010
Prepare language for pamphlets.	AGPA	9/1/2010
Lay groundwork for outreach activities including adding new categories to the Board website and links from the website to the application.	AGPA	7/1/2010
Draft new forms and application.	AGPA/ISB	7/1/2010
Board website and links from the website to the application.	AGPA/ISB	7/1/1020
Within 9-12 months		
Ensure DOJ is aware of new registrant category.	AGPA	8/1/2010
Ensure contract is in place with GLOBAL for registrant certificates and wallet cards.	AGPA	8/1/2010
Test ATS system for new registrant categories.	AGPA/ISB	8/1/2010

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 132
Author: Denham
Chapter: #635
Subject: Polysomnographic Technologists (urgent)
Sponsor: California Sleep Society
Board Position: Support

DESCRIPTION OF LEGISLATION:

This bill requires registration for individuals assisting physicians in the practice of sleep medicine. This bill further requires such individuals to meet certain qualifications including educational requirements, background checks, and other consumer protections.

IMPLEMENTATION:

- Newsletter article
- Notify staff
- Budget/personnel draft BCP, duty statement, and submit as appropriate to initiate program.
- Work with Licensing staff on the following timeline:
  - Within 1-3 months:
    1. Advertise and hire AGPA to implement program.
    2. Identify the national organizations currently certifying this staff.
    3. Identify scope of practice for each registrant category.
    4. Identify applicable experience in lieu of passage of a national certifying examination.
    5. Identify projected number of applicants for each registrant category.
    6. Identify modifications needed to ATS system to accommodate the three new registrant categories.
  - Within 3-6 months:
    1. Augment EDD contract services to create certificates and wallet cards for the three categories.
    2. Expand DOJ contracted background check data to include further detail reflecting if a person is free on bail or on his own recognizance pending trial or appeal.
    3. Create a new account code with budget staff.
    4. Work with ISB on CAS and ATS modifications.
    5. Establish criteria for educational certification (within three years).
    6. Hold meetings with interested parties.

- Within 6-9 months:
  1. Prepare regulatory package for approval by the Board.
  2. Prepare language for pamphlets.
  3. Lay groundwork for outreach activities including adding new categories to the Board website and links from the website to the application.
- Within 9-12 months:
  1. Ensure DOJ is aware of new registrant category.
  2. Ensure contract is in place with EDD for registrant certificates and wallet cards.
  3. Test ATS system for new registrant categories.

Senate Bill No. 132

CHAPTER 635

An act to add Chapter 7.8 (commencing with Section 3575) to Division 2 of the Business and Professions Code, relating to healing arts, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor October 23, 2009. Filed with Secretary of State October 23, 2009.]

LEGISLATIVE COUNSEL'S DIGEST

SB 132, Denham. Polysomnographic technologists: sleep and wake disorders.

Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Committee of the Medical Board of California. Existing law prescribes the medical services that may be performed by a physician assistant under the supervision of a licensed physician and surgeon.

Existing law, the Respiratory Care Practice Act, provides for the licensure and regulation of respiratory professionals by the Respiratory Care Board of California. Existing law defines the practice of respiratory therapy and prohibits its practice without a license issued by the board, subject to certain exceptions.

This bill would require the Medical Board of California to adopt regulations within one year after the effective date of this act relative to the qualifications for certified polysomnographic technologists, including requiring those technologists to be credentialed by a board-approved national accrediting agency, to have graduated from a board-approved educational program, and to have passed a board-approved national certifying examination, with a specified exception for that examination requirement for a 3-year period. The bill would prohibit a person from using the title "certified polysomnographic technologist" or engaging in the practice of polysomnography unless he or she undergoes a Department of Justice background check, as specified, is registered as a certified polysomnographic technologist, is supervised and directed by a licensed physician and surgeon, and meets certain other requirements. The bill would define polysomnography to mean the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders, as specified. The bill would further require the board, within one year after the effective date of this act, to adopt regulations related to the employment of polysomnographic technicians and trainees.

This bill would require polysomnographic technologists to apply to and register with the Medical Board of California for fees to be fixed by the

board at no more than $100 each, and to renew their registration biennially for a fee of no more than $150. The bill would require the deposit of those fees in the Contingent Fund of the Medical Board of California, a continuously appropriated fund, thereby making an appropriation. The bill would further set forth specified disciplinary standards and procedures.

The bill would specify that these provisions do not apply to diagnostic electroencephalograms conducted in accordance with the guidelines of the American Clinical Neurophysiology Society.

This bill would declare that it is to take effect immediately as an urgency statute.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. Chapter 7.8 (commencing with Section 3575) is added to Division 2 of the Business and Professions Code, to read:

CHAPTER 7.8. POLYSOMNOGRAPHIC TECHNOLOGISTS

3575. (a) For the purposes of this chapter, the following definitions shall apply:

(1) "Board" means the Medical Board of California.

(2) "Polysomnography" means the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders. Polysomnography shall include, but not be limited to, the process of analysis, monitoring, and recording of physiologic data during sleep and wakefulness to assist in the treatment of disorders, syndromes, and dysfunctions that are sleep-related, manifest during sleep, or disrupt normal sleep activities. Polysomnography shall also include, but not be limited to, the therapeutic and diagnostic use of oxygen, the use of positive airway pressure including continuous positive airway pressure (CPAP) and bilevel modalities, adaptive servo-ventilation, and maintenance of nasal and oral airways that do not extend into the trachea.

(3) "Supervision" means that the supervising physician and surgeon shall remain available, either in person or through telephonic or electronic means, at the time that the polysomnographic services are provided.

(b) Within one year after the effective date of this chapter, the board shall promulgate regulations relative to the qualifications for the registration of individuals as certified polysomnographic technologists, polysomnographic technicians, and polysomnographic trainees. The qualifications for a certified polysomnographic technologist shall include all of the following:

(1) He or she shall have valid, current credentials as a polysomnographic technologist issued by a national accrediting agency approved by the board.

(2) He or she shall have graduated from a polysomnographic educational program that has been approved by the board.

(3) He or she shall have passed a national certifying examination that has been approved by the board, or in the alternative, may submit proof to the board that he or she has been practicing polysomnography for at least five years in a manner that is acceptable to the board. However, beginning three years after the effective date of this chapter, all individuals seeking to obtain certification as a polysomnographic technologist shall have passed a national certifying examination that has been approved by the board.

(c) In accordance with Section 144, any person seeking registration from the board as a certified polysomnographic technologist, a polysomnographic technician, or a polysomnographic trainee shall be subject to a state and federal level criminal offender record information search conducted through the Department of Justice as specified in paragraphs (1) to (5), inclusive, of this subdivision.

(1) The board shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all polysomnographic technologist, technician, or trainee certification candidates for the purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and also information as to the existence and content of a record of state or federal arrests for which the Department of Justice establishes that the person is free on bail or on his or her recognizance pending trial or appeal.

(2) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information received pursuant to this subdivision. The Department of Justice shall review the information returned from the Federal Bureau of Investigation and compile and disseminate a response to the board.

(3) The Department of Justice shall provide state and federal responses to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(4) The board shall request from the Department of Justice subsequent arrest notification service, pursuant to Section 11105.2 of the Penal Code, for persons described in this subdivision.

(5) The Department of Justice shall charge a fee sufficient to cover the cost of processing the request described in this subdivision. The individual seeking registration shall be responsible for this cost.

(d) An individual may use the title "certified polysomnographic technologist" and may engage in the practice of polysomnography only under the following circumstances:

(1) He or she is registered with the board and has successfully undergone a state and federal level criminal offender record information search pursuant to subdivision (c).

(2) He or she works under the supervision and direction of a licensed physician and surgeon.

(3) He or she meets the requirements of this chapter.

(e) Within one year after the effective date of this chapter, the board shall adopt regulations that establish the means and circumstances in which a licensed physician and surgeon may employ polysomnographic technicians

and polysomnographic trainees. The board may also adopt regulations specifying the scope of services that may be provided by a polysomnographic technician or polysomnographic trainee. Any regulation adopted pursuant to this section may specify the level of supervision that polysomnographic technicians and trainees are required to have when working under the supervision of a certified polysomnographic technologist or licensed health care professional.

(f) This section shall not apply to California licensed allied health professionals, including, but not limited to, respiratory care practitioners, working within the scope of practice of their license.

(g) Nothing in this chapter shall be interpreted to authorize a polysomnographic technologist, technician, or trainee to treat, manage, control, educate, or care for patients other than those with sleep disorders or to provide diagnostic testing for patients other than those with suspected sleep disorders.

3576. (a) A registration under this chapter may be denied, suspended, revoked, or otherwise subjected to discipline for any of the following by the holder:

(1) Incompetence, gross negligence, or repeated similar negligent acts performed by the registrant.

(2) An act of dishonesty or fraud.

(3) Committing any act or being convicted of a crime constituting grounds for denial of licensure or registration under Section 480.

(4) Violating or attempting to violate any provision of this chapter or any regulation adopted under this chapter.

(b) Proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all powers granted therein.

3577. (a) Each person who applies for registration under this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the board at a sum not in excess of one hundred dollars ($100).

(b) Each person to whom registration is granted under this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the board at a sum not in excess of one hundred dollars ($100).

(c) The registration shall expire after two years. The registration may be renewed biennially at a fee which shall be paid into the Contingent Fund of the Medical Board of California to be fixed by the board at a sum not in excess of one hundred fifty dollars ($150).

(d) The money in the Contingent Fund of the Medical Board of California that is collected pursuant to this section shall be used for the administration of this chapter.

3578. Nothing in this chapter shall prohibit a clinic or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code from employing a certified polysomnographic technologist.

3579. Nothing in this chapter shall apply to diagnostic electroencephalograms conducted in accordance with the guidelines of the American Clinical Neurophysiology Society.

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to protect the health and safety of the general public by providing needed qualifications for, and oversight of, the practice of polysomnography at the earliest possible time, it is necessary that this act take effect immediately.

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Other Tracker from 2009

Other Trackers from 2009

AB 175 **(Galgiani, Chapter 419) Medical telemedicine: optometrists**
This bill allows optometrists to perform telemedicine within their scope of practice. This bill specifies that in the case that a reviewing optometrist identifies a disease or condition requiring consultation or referral, that consultation or referral must be with an appropriate physician or ophthalmologist.
Implementation by Board Staff:

- *Newsletter Article*

AB 356 **(Fletcher, Chapter 434) Radiologic technology: fluoroscopy**
This bill allows physician assistants to take the appropriate licensing exams for fluoroscopy licentiate permits issued by the Radiologic Health Branch of the California Department of Public Health (DPH). Physician Assistants thus are authorized to perform these functions as long as they pass the required exam, but are not required to obtain an RT certification.
Implementation by Board Staff: None

AB 1071 **(Emmerson, Chapter 270) Medical Board of California: Disciplinary Actions**
This bill extends the sunset dates of the Medical Board to January 1, 2013.
Implementation by Board Staff:

- *Newsletter Article*

AB 1116 **(Carter, Chapter 509) Medical Board of California: Disciplinary procedures: Applicants**
This bill enacts the Donda West Law. This bill requires that physicians or dentists conduct a physical examination on patients prior to performing elective cosmetic surgery, including liposuction. The physical examination may be performed by a licensed physician, nurse practitioner, physician assistant, or dentists (who holds a surgical permit) and the exam must include a complete medical history. It may be performed in advance of surgery but by no more than 30 days.
Implementation by Board Staff:

- *Newsletter Article*

SB 470 **(Corbett, Chapter 590) Prescriptions**
This bill requires every prescription to include on the label, the purpose for which the drug is prescribed, if it is requested by the patient, thus physicians should include this information, upon request, on prescriptions written for patients.
Implementation by Board Staff:

- *Newsletter Article*

SB 819 **(B&P Comm., Chapter 308) Omnibus**

This bill is the vehicle by which omnibus legislation has been carried by the Senate Business and Professions Committee. The provisions relating to the Medical Board are as follows:

- 2089.5 – Specifying the type of residency programs; and technical changes.
- 2096 – Specifying the type of residency programs; and technical changes.
- 2102 – Since the Federation of State Medical Boards (FSMB) will not test anyone without a state license, this eliminates this option and makes technical changes.
- 2107 – Technical changes.
- 2135 – Technical changes as follows:
  - *Subdivision (a)(1)* – Specifying degree of Medical Doctor to clarify and ensure understanding.
  - *Subdivision (d)* – Maintaining consistency among all licensing pathways.
- 2168.4 & 2169 – Making the renewal requirements for the special faculty permit the same as those for the physician's certificate renewal.
- 2172 – Repeal; board no longer administers examinations.
- 2173 – Repeal; board no longer administers examinations.
- 2174 – Repeal; board no longer administers examinations.
- 2175 – Requiring the Board to maintain examination records until June 1, 2070.
- 2221 – Making the process by which an applicant's probationary certificate can be modified or terminated consistent with the process that a licensee on probation must follow to modify or terminate probation.
- 2307 – Specify that recommendations for reinstatement can come from physicians licensed in any state; and technical changes.
- 2335 – Re-amending section from AB 253 (2007), the Board's restructuring bill, due to subsequent section amendments in a bill that was signed afterward. This section was included in a bill that was

signed after ours, which did not include the amendments we were requesting. Our amendments add 10 days to the 90-day period by which provisions and proposed decisions must be issued by the Board. This provision will make the requirements consistent with the Administrative Procedures Act.

Implementation by Board Staff:

- *Newsletter Article*
- *Work with Licensing and Enforcement staff on technical changes.*

SB 821 **(B&P Comm., Chapter 307) Omnibus**

This bill is the vehicle by which omnibus legislation has been carried by the Senate Business and Professions Committee. The provisions relating to the Medical Board are as follows:

- **805(a)(2)** – Add the category of Special Faculty Permit holders to the definition of "Licentiate" so that they are subject to the same reporting requirements as all other licensees.

- **821.5** – Repeal, board no longer needs the reporting coming to the diversion program administrator due to the sunset of the program. All reports now come to the Board under B&P Code section 805.

- **821.6** – Repeal, board no longer needs the reporting coming to the diversion program administrator due to the sunset of the program.

Implementation by Board Staff:

- *Newsletter Article*
- *Work with Licensing staff on new licentiate category*

2010 Legislative Proposals

2010 Legislative Proposals

Medical Board Sponsored:

Enforcement:

1. Representation of Board obtained Expert Witness for enforcement cases
2. Up front Specialty Reviews - Enforcement Committee
3. Default Decisions - DCA Enforcement Bill
4. Posting PC 23 Orders - possible DCA or Omnibus
5. Omnibus - various sections

Licensing:

1. Licensing Committee Proposal (see Licensing Committee materials)
2. Midwifery Advisory Council Proposal (technical clean up of reporting language)
3. Licensing Enhancements - staff work during 2010, proposals for 2011
4. Omnibus - various sections

Overall:

1. Malpractice Coverage for Volunteer Physicians - Access to Care Committee
2. Biennial Program Audit of Board - Discussions w/Senate B&P related to Sunset Review (page 1 contains language from State Bar law, B&P Code 6145(b))

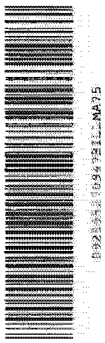
Other Concepts from Other Sources (Information or Action)

1. Physician Assistant Statue of Limitations (pages 2-3)
2. Physician Assistant Sign and Attest per Delegation of Services Agreement (pages 4-5)
3. Letter of Request from Assembly Member Carter to Sponsor New version of AB 252 (pages 6-13)
4. SB 1441 Task Force Recommendations - see agenda item #11
5. DCA sponsored Enforcement Enhancements (pages 14-19)
6. Peer Review - DCA to convene stakeholders (page 20)
7. Radiologist Assistant Practice Act under the Medical Board (page 21)
8. Other

Business & Professions Code 6145 related to the California State Bar
6145 (b) relates to performance audits

6145. (a) The board shall engage the services of an independent national or regional public accounting firm with at least five years of experience in governmental auditing for an audit of its financial statement for each fiscal year. The financial statement shall be promptly certified under oath by the Treasurer of the State Bar, and a copy of the audit and financial statement shall be submitted within 120 days of the close of the fiscal year to the board, to the Chief Justice of the Supreme Court, and to the Assembly and Senate Committees on Judiciary. The audit shall examine the receipts and expenditures of the State Bar and the State Bar sections to ensure that the receipts of the sections are being applied, and their expenditures are being made, in compliance with subdivision (a) of Section 6031.5, and that the receipts of the sections are applied only to the work of the sections. The audit also shall examine the receipts and expenditures of the State Bar to ensure that the funds collected on behalf of the Conference of Delegates of California Bar Associations as the independent successor entity to the former Conference of Delegates of the State Bar are conveyed to that entity, that the State Bar has been paid or reimbursed for the full cost of any administrative and support services provided to the successor entity, including the collection of fees or donations on its behalf, and that no mandatory dues are being used to fund the activities of the successor entity. In selecting the accounting firm, the board shall consider the value of continuity, along with the risk that continued long-term engagements of an accounting firm may affect the independence of that firm.

(b) The board shall contract with the Bureau of State Audits to conduct a performance audit of the State Bar's operations from July 1, 2000, to December 31, 2000, inclusive. A copy of the performance audit shall be submitted by May 1, 2001, to the board, to the Chief Justice of the Supreme Court, and to the Assembly and Senate Committees on Judiciary. Every two years thereafter, the board shall contract with the Bureau of State Audits to conduct a performance audit of the State Bar's operations for the respective fiscal year, commencing with January 1, 2002, to December 31, 2002, inclusive. A copy of the performance audit shall be submitted within 120 days of the close of the fiscal year for which the audit was performed to the board, to the Chief Justice of the Supreme Court, and to the Assembly and Senate Committees on Judiciary. For the purposes of this subdivision, the Bureau of State Audits may contract with a third party to conduct the performance audit. This subdivision is not intended to reduce the number of audits the Bureau of State Audits may otherwise be able to conduct.



LEGISLATIVE COUNSEL'S DIGEST

Bill No.

as introduced, _____.

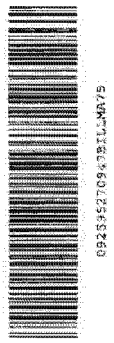
General Subject: Healing arts: physician assistants.

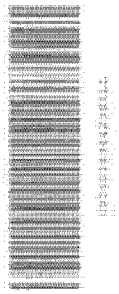
Under existing law regarding administrative adjudication, a hearing to determine whether a license granted to a physician assistant shall be revoked, suspended, limited, or conditioned is initiated by filing an accusation. An accusation is a written statement of charges that sets forth in ordinary and concise language the acts or omissions with which a licensee is charged. The Physician Assistant Committee of the Medical Board of California enforces provisions relating to physician assistant licensure.

This bill would require an accusation against a physician assistant to be filed against the physician assistant within 3 years after the committee discovers the act or omission alleged as the ground for disciplinary action, or within 7 years after the act or omission alleged as the ground for disciplinary action occurs, whichever occurs first. This statute of limitation would not apply to an accusation based on the procurement of a license by fraud or misrepresentation, or upon an allegation of

unprofessional conduct based on incompetence, gross negligence, or repeated negligent acts of the licensee upon proof of specified facts. The bill would toll the limitations period in certain circumstances and would also establish a different time limit for an accusation alleging sexual misconduct by a licensee.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.





LEGISLATIVE COUNSEL'S DIGEST

Bill No.

as introduced, _____.

General Subject: Physician assistants.

Existing law, the Physician Assistant Practice Act, is administered by the Physician Assistant Committee of the Medical Board of California and provides for the licensure and regulation of physician assistants. Existing law provides that a physician assistant may perform the medical services that are set forth by the regulations of the board when the services are rendered under the supervision of a licensed physician and surgeon. Existing law requires a physician assistant and his or her supervising physician and surgeon to establish written guidelines for the adequate supervision of the physician assistant. Existing law provides that those requirements may be satisfied by adopting protocols for some or all of the tasks performed by the physician assistant, as specified.

This bill would provide that a physician assistant may sign and attest to any certificate, card, form, or other required documentation that the physician assistant's

supervising physician or medical group may sign, provided that it is within the physician assistant's scope of practice and is consistent with the terms of the physician assistant's delegation of services agreement, as defined. The bill would require a state agency or department to accept those attestations in lieu of the supervising physician's attestation. The bill would further provide that a delegation of services agreement may authorize a physician assistant to order durable medical equipment, certify disability, as specified, and make arrangements with regard to home health services or personal care services. The bill would make conforming changes to related provisions and would make a statement of legislative intent.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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Assembly
California Legislature

WILMER AMINA CARTER
ASSEMBLYMEMBER, SIXTY-SECOND DISTRICT
CHAIR, ASSEMBLY SUBCOMMITTEE NO. 2 ON EDUCATION FINANCE

COMMITTEES
BUDGET
EDUCATION
HEALTH
INSURANCE
UTILITIES AND COMMERCE

SELECT COMMITTEES
CHAIR, INLAND EMPIRE TRANSPORTATION ISSUES
CENSUS
DOMESTIC VIOLENCE
RENEWABLE ENERGY
SCHOOLS AND COMMUNITY

SUBCOMMITTEES
JOINT LEGISLATIVE BUDGET

COMMISSIONS
CALIFORNIA WORKFORCE INVESTMENT BOARD
EDUCATION COMMISSION OF THE STATES
CURRICULUM COMMISSION

14 January 2010

VIA FACSIMILE (916) 263-2387
FOLLOWED BY MAIL

Ms. Barbara Yaroslavsky, President
Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

RE: Request for Medical Board of California Sponsorship for New Version of AB 252 (Carter) - Patient Safety in Cosmetic Medical Procedures

Dear Ms. Yaroslavsky and Members of the Medical Board:

The Medical Board of California has been steadfast in its support of AB 252 (and its predecessor, AB 2398) to help deter the casual offering of elective cosmetic medical procedures in California, and to stiffen penalties for the unlawful corporate practice of medicine common to settings offering and rendering medical procedures characterized as "cosmetic" in nature. Elective cosmetic medical procedures or treatments are those performed solely to alter or reshape normal structures of the body solely in order to improve appearance.

I intend to author a new version of the bill, a draft copy of which is enclosed for your review, as a complementary and necessary enforcement match to my AB 1116, which was signed into law this year by the Governor with the support of the Medical Board. I write to request support from the Board, matching its earlier positions, and also write to respectfully request that the Board adopt a position of "sponsorship" of the measure.

Both AB 252 and the earlier AB 2398 - with Board support - received overwhelming votes of bipartisan support in both houses of the Legislature. I believe the same will be true, this year, and will be working to ensure enactment of this bill focusing exclusively on the unlawful business violations of the Medical Practice Act.

The New Bill

Corporate entities unlawfully engaged in the practice of medicine in California in violation of existing law, will be the exclusive focus of the new bill's enforcement tools. The new bill will help achieve the Board's goal of strengthening enforcement of current laws by targeting the most frequent and pernicious offenders -- unlawful, corporate-owned, chain med-spa operators -- who want to practice medicine without proper licensure or ownership structure. My new measure will help support the commitment of enforcement resources to these kinds of cases by the Board, and other consumer protection agencies. It signals tougher deterrents to violation of the Medical Practice Act to would be scofflaws.

The findings of the joint Medical Board of California and Board of Registered Nursing hearings into cosmetic medical procedures in California, in no small part, centered around strategies to improve enforcement in the face of always-limited resources and competing priorities for the Boards' investigation and enforcement actions ranging from "cite-and-fine" actions, to full-on criminal prosecutions.

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Medi-Spa Practices in California Warrant Legislative Action

I remain alarmed at the "commodity" mentality that has developed in California regarding the performance of medical procedures that happen to be "cosmetic," and the false sense of security generated by pleasant surroundings and unqualified or poorly supervised personnel dressed in medical-style white coats. Most alarming to me as a policymaker, and as a consumer, is the disregard in these phony settings for basic patient evaluation and the need for a medical determination that treatment is appropriate simply because certain medical procedures that are cosmetic in nature are asserted to be "minor" or "noninvasive," or may be regarded by some as the less-than-serious rendering of medical care.

Public guidance from the MBC in its January 2008 on-line article, *Medical Spas – What You Need to Know* surely captures the problem targeted by my the new bill:

> "***Medical spas are marketing vehicles for medical procedures. If they are offering medical procedures, they must be owned by physicians. The use of the term 'medical spa' is for advertising purposes to make the procedures seem more appealing. In reality, however, it is the practice of medicine.***
>
> *The Medical Board, however, is concerned when medicine is being marketed like a pedicure, and consumers are led to believe that being injected, lasered, and resurfaced requires no more thought than changing hair color.*
>
> Medical treatments should be performed by medical professionals only. There is risk to any procedure, however minor, and consumers should be aware of those risks. While it is illegal for unlicensed personnel to provide these types of treatments, consumers should be aware that some persons and firms are operating illegally. Cosmetologists, while licensed professionals and highly qualified in superficial treatments such as facials and microdermabrasion, may never inject the skin, use lasers, or perform medical-level dermabrasion or skin peels. Those types of treatments must be performed by qualified medical personnel. In California, that means a physician, or a registered nurse or physician assistant under the supervision of a physician." (Emphases added.)

In the spirit of the Board's statements, I write to respectfully request that the Medical Board renew its full advocacy partnership with me in this effort, and vote both to support the new bill, and become a sponsor of the measure.

If you should have any questions as it relates to my request, please do not hesitate to contact my office.

Sincerely,

Wilmer Amina Carter
Assembly Member – District 62

Encl.

cc: Ms. Linda Whitney
Chief of Legislation
Medical Board of California

Ms. Barbara Johnston, Executive Officer
Medical Board of California

BILL NUMBER: AB XXXX

BILL TEXT

INTRODUCED BY Assembly Member Carter

_____, 2010

An act to add Section 2417.5 to the Business and Professions Code, relating to the practice of medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB XXXX, Carter. Practice of medicine: cosmetic surgery: employment of physicians and surgeons.
Existing law, the Medical Practice Act, establishes the Medical Board of California under the Department of Consumer Affairs, which licenses physicians and surgeons and regulates their practice.
The Medical Practice Act restricts the employment of licensed physicians and surgeons and podiatrists by a corporation or other artificial legal entity, subject to specified exemptions. Existing law makes it unlawful to knowingly make, or cause to be made, any false or fraudulent claim for payment of a health care benefit, or to aid, abet, solicit, or conspire with any person to do so, and makes a violation of this prohibition a public offense.

The bill would make a business organization that provides outpatient elective cosmetic medical procedures or treatments, that is owned and operated in violation of the prohibition, and that contracts with or employs a physician and surgeon to facilitate the offer or provision of those procedures or treatments that may only be provided by a licensed physician and surgeon, guilty of a violation of the prohibition against knowingly making or causing to be made any false or fraudulent claim for payment of a health care benefit. Because the bill would expand a public offense, it would impose a state-mandated local program.
This bill would state that its provisions are declaratory of existing law.
The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.
This bill would provide that no reimbursement is required by this act for a specified reason.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares that the Medical Practice Act restricts the employment of physicians and surgeons by a corporation or other artificial legal entity, as described in Article 18 (commencing with Section 2400) of Chapter 5 of Division 2 of the Business and Professions Code, and that the prohibited conduct described in subdivisions (a) of Section 2417.5 of the Business and Professions Code, as added by this act, is declaratory of existing law.

SEC. 2. Section 2417.5 is added to the Business and Professions Code, to read:

2417.5. (a) A business organization that offers to provide, or provides, outpatient elective cosmetic medical procedures or treatments, that is owned or operated in violation of Section 2400, and that contracts with, or otherwise employs, a physician and surgeon to facilitate its offers to provide, or the provision of, outpatient elective cosmetic medical procedures or treatments that may only be provided by the holder of a valid physician's and surgeon's certificate is guilty of violating paragraph (6) of subdivision (a) of Section 550 of the Penal Code.

(b) For purposes of this section, "outpatient elective cosmetic medical procedures or treatments" means a medical procedure or treatment that is performed to alter or reshape normal structures of the body solely in order to improve appearance.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

BILL NUMBER: AB 252
VETOED DATE: 08/05/2009

To the Members of the California State Assembly:

I am returning Assembly Bill 252 without my signature.

This bill is duplicative of existing law and unnecessary. The Medical Board of California already has significant legal authority to take action against physicians that violate the Medical Practice Act.

For this reason, I am unable to sign this bill.

Sincerely,

Arnold Schwarzenegger

CHAPTER _____

An act to add Section 2417.5 to the Business and Professions Code, relating to the practice of medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 252, Carter. Practice of medicine: cosmetic surgery: employment of physicians and surgeons.

Existing law, the Medical Practice Act, establishes the Medical Board of California under the Department of Consumer Affairs, which licenses physicians and surgeons and regulates their practice.

The Medical Practice Act restricts the employment of licensed physicians and surgeons and podiatrists by a corporation or other artificial legal entity, subject to specified exemptions. Existing law makes it unlawful to knowingly make, or cause to be made, any false or fraudulent claim for payment of a health care benefit, or to aid, abet, solicit, or conspire with any person to do so, and makes a violation of this prohibition a public offense.

This bill would authorize the revocation of the license of a physician and surgeon who practices medicine with, or serves or is employed as the medical director of, a business organization that provides outpatient elective cosmetic medical procedures or treatments, as defined, knowing that the organization is owned or operated in violation of the prohibition against employment of licensed physicians and surgeons and podiatrists. The bill would also make a business organization that provides outpatient elective cosmetic medical procedures or treatments, that is owned and operated in violation of the prohibition, and that contracts with or employs a physician and surgeon to facilitate the offer or provision of those procedures or treatments that may only be provided by a licensed physician and surgeon, guilty of a violation of the prohibition against knowingly making or causing to be made any false or fraudulent claim for payment of a health care benefit. Because the bill would expand a public offense, it would impose a state-mandated local program.

This bill would state that its provisions are declaratory of existing law.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares that the Medical Practice Act restricts the employment of physicians and surgeons by a corporation or other artificial legal entity, as described in Article 18 (commencing with Section 2400) of Chapter 5 of Division 2 of the Business and Professions Code, and that the prohibited conduct described in subdivisions (a) and (b) of Section 2417.5 of the Business and Professions Code, as added by this act, is declaratory of existing law.

SEC. 2. Section 2417.5 is added to the Business and Professions Code, to read:

2417.5. (a) In addition to any other remedies for a violation of Section 2400 involving any other types of medical procedures, a physician and surgeon who practices medicine with a business organization that offers to provide, or provides, outpatient elective cosmetic medical procedures or treatments, knowing that the organization is owned or operated in violation of Section 2400, may have his or her license to practice revoked. A physician and surgeon who contracts to serve as, or otherwise allows himself or herself to be employed as, the medical director of a business organization that he or she does not own and that offers to provide or provides outpatient elective cosmetic medical procedures or treatments that may only be provided by the holder of a valid physician's and surgeon's certificate under this chapter shall be deemed to have knowledge that the business organization is in violation of Section 2400.

(b) A business organization that offers to provide, or provides, outpatient elective cosmetic medical procedures or treatments, that is owned or operated in violation of Section 2400, and that contracts with, or otherwise employs, a physician and surgeon to facilitate its offers to provide, or the provision of, outpatient elective cosmetic medical procedures or treatments that may only

be provided by the holder of a valid physician's and surgeon's certificate is guilty of violating paragraph (6) of subdivision (a) of Section 550 of the Penal Code.

(c) For purposes of this section, "outpatient elective cosmetic medical procedures or treatments" means a medical procedure or treatment that is performed to alter or reshape normal structures of the body solely in order to improve appearance.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

CONSUMER PROTECTION ENFORCEMENT INITIATIVE

"A Systematic Solution to a Systemic Problem"

The Department of Consumer Affairs (DCA) is the umbrella agency that oversees 19 healing arts boards that protect and serve California consumers. The healing arts boards regulate a variety of professions from doctors and nurses to physical therapists and optometrists. These licensees are some of the best in the country and provide excellent care to Californians on a daily basis. However, when a licensee violates the laws that govern his or her profession, enforcement action must be taken to protect the public.

In recent years some of DCA's healing arts boards have been unable to investigate and prosecute consumer complaints in a timely manner. In fact, some boards take an average of three years to investigate and prosecute these cases; this is an unacceptable timeframe that could put consumers' safety at risk.

DCA reviewed the existing enforcement process and found systemic problems that limit the boards' abilities to investigate and act on these cases in a timely manner. These problems range from legal and procedural challenges to inadequate resources. In response, DCA launched the Consumer Protection Enforcement Initiative (CPEI) to overhaul the enforcement process at the healing arts boards. The CPEI is a systematic approach designed to address three specific areas:

- Administrative Improvements
- Staffing and IT Resources
- Legislative Changes

Once fully implemented, DCA expects the healing arts boards to reduce the average enforcement completion timeline from 36 months to between 12 and 18 months.

I. Administrative Improvements

During the review of the enforcement process, DCA worked with the boards to identify areas that could be improved administratively to better coordinate broad enforcement objectives, improve the services provided to the healing arts boards, and establish streamlined enforcement processes and procedures that can be used by all boards. The following are some of the efforts that emerged from those discussions:

"365 Project"
DCA's Division of Investigation (DOI) embarked on a project in 2009 to strategically focus on cases that were one year or older. DOI worked closely with boards to identify the cases upon which they should focus their resources. This project has produced impressive results, and in 2009 the DOI closed 50% more cases than the comparable period in 2008.

Delegation of Subpoena Authority
One of the initial administrative changes implemented by DCA was delegating subpoena authority to each executive officer as a tool to gather evidence and interview witnesses. DCA's Legal Office conducted subpoena training for board staff, and this authority has started being exercised by boards. We expect to see increased use of subpoenas as a result of this change, and boards will be able to pursue cases that they otherwise would not have pursued.

Process Improvement
DCA and the boards are working to identify best practices for a number of enforcement processes and procedures, such as complaint intake, handling of anonymous complaints, vote by email protocols, and adjudication procedures. This effort will take advantage of the most effective practices utilized by the various boards, and entities in other states, and will ultimately shave time off all aspects of the enforcement process.

Enforcement Academy
DCA's Strategic Organization, Leadership, & Individual Development Division is developing enhanced training programs for enforcement staff. The enforcement academy will teach investigators and other enforcement staff key skills used in complaint intake, investigation procedures, case management, database use, and other areas. Never before has DCA offered such a comprehensive enforcement training program. An initial training was offered in November 2009, and the full enforcement academy will begin its regular cycle in April 2010.

Deputy Director for Enforcement and Compliance
DCA established an executive level position that reports to the Director and is responsible for regularly examining each board's enforcement program to monitor enforcement performance and compliance with all applicable requirements. This position monitors performance measures so that boards' enforcement programs can be continuously assessed for improvement.

Performance Expectations with Other Agencies
DCA has been working with the Attorney General's Office and the Office of Administrative Hearings (OAH) to establish performance agreements that will expedite the prosecution of cases. DCA and the AG's Office are developing expectations for filing accusations, setting settlement conferences, and filing continuance requests. Further, DCA is working with OAH to establish timelines for setting cases for hearings, which, once implemented, could reduce a case timeline by months.

II. Enhancing Enforcement Resources

There are 36 licensing entities under the DCA (of which are 19 healing arts boards) and, with a few exceptions, all of these programs share the resources of the Department, from Division of Investigations (DOI), to Personnel to IT Support. While the healing arts boards fall under the umbrella of DCA they are separate semi-autonomous groups overseen by board members appointed by the Governor and the Legislature. Additionally, all of the licensing entities under DCA are special fund agencies funded exclusively through fees collected through licensees with no general fund support.

Enforcement Staff
DCA's review of the enforcement process identified a need for more focused staff resources in the areas of investigations and complaint intake. The majority of DCA's licensing entities share the resources of DCA's overburdened DOI. Annually, DOI's 48 investigative staff members receive over 1,300 cases, in topics ranging from nurses to repossessors to smog check stations. Having so many investigations performed by DOI has resulted in a number of problems, including loss of control over the investigation by the boards, a lack of investigators with expertise in specific licensing areas, and excessive caseloads. These problems have led to excessive turn-around times and growing backlogs. Through the 365 Project, the DOI has worked with boards to reduce the case backlog, but the current structure has revealed a need for more significant changes.

In order to increase accountability in the investigative process, DCA is working to provide boards with the authority to hire non-sworn investigators to be housed within each board. This will enhance boards' control over investigations, allow for more appropriate workload distribution, and enable investigators to develop expertise. Additionally, to coincide with process improvement efforts, some boards will increase complaint intake staff. DCA is seeking a total of approximately 140 new enforcement positions (full year equivalent) across all healing arts boards. The vast majority of these positions are investigators and investigative supervisors, and the remainder is mostly complaint intake staff. In addition to increasing staffing, DCA will ensure that staff are properly trained, monitored, and assessed so that cases are expedited as quickly as possible.

Because DCA's boards are special fund agencies, new positions will not place a drain on the General Fund and boards will pay for new staff with existing resources or with fee increases where necessary. The number of positions requested is a result of an individual assessment of each board, and assumes workload savings associated with DCA's current process improvement efforts. The Governor's Budget includes the initial phase-in of these positions beginning July 2010.

Create a New Licensing and Enforcement Database
DCA's current licensing and enforcement database systems are antiquated and impede the boards' ability to meet their program goals and objectives. Over the past 25 years, these systems have been updated and expanded, but system design and documentation have deteriorated to such an extent that it has left the systems unstable and difficult to maintain. These systems have inadequate performance measurement, data quality errors, an inability to quickly adapt to changing laws and regulations, and a lack of available public self-service options. The CPEI relies on advanced workflow capabilities and cross-entity external system communications that the aging system's technology cannot provide.

The implementation of a replacement system is needed to support enforcement monitoring, automate manual processes, streamline processes, and integrate information about licensees. DCA intends to procure a Modifiable Commercial Off-The-Shelf (or "MOTS") enterprise licensing and

enforcement case management system. DCA's research has shown various MOTS licensing and enforcement systems exist that can provide intelligent case management to reduce enforcement and licensing turnaround times, detailed performance measurements, increased data quality, advanced configurability, and robust web presences for public self-service.

The Governor's Budget authorizes DCA to redirect existing funds to begin implementation of this system in FY 2010-11.

III. Statutory Changes: Putting Consumers First

Each board within DCA has a statutory mandate to hold consumer protection as its paramount objective. Over the years, boards' enforcement authorities have been slow to keep up with legal trends and changes in the professions regulated, and due process protections have grown to protect licensees above consumers. DCA believes that now is the time to re-align consumer protection laws so that they place public protection first. In 2010, the DCA will pursue legislation to help boards carry out their critical missions of protecting consumers.

Increased Suspension Authority

One of the most important roles that professional licensing boards do to protect consumers is preventing potentially dangerous individuals from practicing. The CPEI would strengthen the boards' ability to do this in a number of ways, including authorizing the DCA Director to issue an order for a licensee to cease practice or restrict practice, upon the request of a board executive officer. This authority is necessary in the most egregious cases because the standard enforcement process can take a year to complete, at best, and even the expedited process in existing law (interim suspension order) can take months to complete. This proposal would also seek the statutory authority to revoke or deny a license to an individual for acts of sexual misconduct with a patient or conviction as a felony sex offender.

DCA is also seeking automatic suspension authority for licensees who test positive for drugs or alcohol when they are already in a diversion program or on probation for drug or alcohol related practice violations. In such instances, a board has already made a determination that a licensee presents a threat to the public; allowing the licensee to continue practicing would unacceptably place consumers in harm's way. Similarly, DCA believes that practicing under the influence of drugs or alcohol is as much a threat to public safety as driving under the influence. This proposal would make such activity a crime, and would allow law enforcement to quickly intervene when a patient's safety is at risk.

Additionally, the CPEI would provide for the automatic suspension of convicted felons for the duration of their sentence.

Increased Access to Critical Information

The CPEI would make improvements to the information that boards receive, so they can investigate possible violations of law. Specifically, it would prohibit the use of a gag clause in a civil settlement that would prohibit consumers or their legal counsel from filing a complaint with the appropriate board. Regulatory gag clauses are explicitly prohibited in legal malpractice settlements and there have been numerous court decisions that describe a compelling public interest in voiding regulatory gag clauses in other professions. The Center for Public Interest Law notes that the inclusion of gag clauses is an alarmingly pervasive practice that thwarts the ability of boards to carry out their consumer protection mission. The CPEI would also require court officials to report to the healing arts boards convictions and felony charges filed against the boards' licensees, and expand reporting by employers and supervisors regarding individuals who were suspended or terminated for cause.

Adequate access to medical records can shave months off the process to investigate a licensee. Medical records are used by healing arts boards' to determine whether a licensee caused harmed to a patient. Any delay in an investigation of a licensee may result in a potentially dangerous licensee continuing to practice. Thus, it is essential that healing arts boards have quick access to medical records. The CPEI gives all of the healing arts boards the authority to inspect and copy, as applicable, any documents and records relevant to an investigation. In cases where a licensee fails

to cooperate with an investigation, the CPEI provides boards with additional authorities to ensure compliance.

Enforcement Process Efficiencies
DCA proposes to remove unnecessary workload and costs from the enforcement process. This can be done by streamlining the appeal process for citations, permitting boards to contract with collection agencies to retrieve unpaid fines and fees, authorizing executive officers to sign default decisions and certain stipulated settlements, and allowing licensees to agree to stipulated settlements before a formal accusation is filed. These are relatively small changes that could result in significant workload savings.

Efficiency and accountability will also be improved by tightening deadlines on boards and establishing deadlines on other state agencies. This proposal would reduce the time allotted for a board to act on the proposed decision from an Administrative Law Judge from 100 days to 45 days. DCA also believes that establishing a deadline for the Department of Justice to notify healing arts boards of arrests and convictions of licensees would greatly improve the board's ability to pursue cases in a timely manner.

Licensing Fees
Lastly, DCA is seeking to tie the maximum licensing fee amounts to the Consumer Price Index to keep up with inflation and ensure the boards have the resources to adequately run their enforcement programs.

BILL NUMBER: SB 820
VETOED DATE: 10/12/2009

To the Members of the California State Senate:

I am returning Senate Bill 820 without my signature.

Peer review is an extremely important part of assuring the integrity and quality of care provided in our California hospitals. Unfortunately, the peer review process has also been criticized over the years because it increases litigious behavior, and lacks transparency and responsiveness. While perhaps well-intentioned, this bill does not provide a solution to the problem, but rather, jeopardizes the entire process by narrowing the reporting element to "serious" cases of incompetence involving only patients. How is this good policy? For example, what about a physician that engages in egregious behavior against hospital staff or even other physicians ? how does this serve the public by keeping these reports from the Medical Board?

This bill also fails to align with recent Joint Commission requirements that hospitals adopt a "zero tolerance" policy towards physicians engaging in disruptive behavior in their interactions with nurses and other hospital staff. A peer review body should not be limited from acting on this type of behavior and in fact, should be encouraged to act more swiftly.

I believe the peer review process is worth preserving. It does however, deserve to be thoroughly reviewed and reworked to ensure that inappropriate behavior of any kind is immediately acted upon. I would ask that the author and interested stakeholders work with my Department of Consumer Affairs to streamline and improve the peer review process in order to increase its effectiveness in taking action against providers that jeopardize quality or safety measures.

For this reason, I am unable to sign this bill.

Sincerely,

Arnold Schwarzenegger

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 3550 is added to the Business and Professions Code, to read: 3550. In its concern with the growing shortage and geographic maldistribution of medical imaging health care services in California, the Legislature intends to establish in this chapter a framework for development of a new category of health manpower--the radiologist assistant.

The purpose of this chapter is to encourage the more effective utilization of the skills of radiologists by enabling them to delegate health care tasks to qualified radiologist assistants where this delegation is consistent with the patient's health and welfare and with the laws and regulations relating to radiologist assistants.

This chapter is established to encourage the utilization of radiologist assistants by radiologists and to provide that existing legal constraints should not be an unnecessary hindrance to the more effective use of medical imaging health care services. It is also the purpose of this chapter to allow for innovative development of programs for the education, training, and utilization of radiologist assistants.

3550.5. This chapter shall be known and cited as the Radiologist Assistant Practice Act.

SECTION 2. Section 3551 is added to the Business and Professions Code, to read: 3551. As used in this chapter:

(a) "Board" means the Medical Board of California.

(b) "Approved program" means a program for the education of radiologist assistants that has been formally approved by the committee.

(c) "Medical imaging" means any procedure intended for use in the diagnosis or treatment of disease or other medical conditions and that includes, but is not limited to, x-rays, nuclear medicine and other procedures, and that excludes echocardiography and diagnostic sonography.

(d) "Radiologist Assistant-Student" means a person who is currently enrolled in an approved program.

(e) " Radiologist Assistant" means a person who meets the requirements of this chapter and is licensed by the committee.

(f) "Supervising radiologist " means a physician licensed by the board or by the Osteopathic Medical Board of California and certified by or board-eligible for the American Board of Radiology, who supervises one or more radiologist assistants, who possesses a current valid license to practice medicine, and who is not currently on disciplinary probation for improper use of a radiologist assistant.

(g) "Direct supervision" means the physician is physically present on the premises.

(h) "Radiologist" means a physician licensed by the board or by the Osteopathic Medical Board of California and is certified by or board-eligible for the American Board of Radiology.

(i) "Supervision" means that a licensed physician who is a certified radiologist oversees the activities of, and accepts responsibility for, the medical services rendered by a radiologist assistant.

(j) "Committee" or "examining committee" means the Radiologist Assistant Committee.

(k) "Regulations" means the rules and regulations as contained in the California Code of Regulations.

2010 Tracker

Medical Board of California
Tracker - Legislative Bill File
1/20/2010

BILL	AUTHOR	TITLE	STATUS	POSITION	AMENDED
AB 526	Fuentes	Public Protection and Physician Health Program Act of 2009	Sen. Approps.	Oppose	8/19/2009
AB 583	Hayashi	Disclosure of Education and Office Hours	Sen. Inactive	Support	7/8/2009
AB 646	Swanson	Physician employment: district hospital pilot project	Sen. Health	Support in Concept	5/5/2009
AB 648	Chesbro	Rural Hospitals: physician employment	Sen. B&P	Support in Concept	5/28/2009
AB 933	Fong	Workers' Compensation: utilization review	Sen. L. & I.R.	Support	
AB 977	Skinner	Pharmacists: Imunization protocols with physicians	Asm. Approps.	Rec:	1/6/2010
AB 1310	Hernandez	Healing Arts: database	Sen. Approps.	Support	6/29/2009
SB 294	Negrete McLeod	Healing Arts: Enforcement	Asm. B&P	Rec: None	9/4/2009
SB 389	Negrete McLeod	Fingerprinting	Asm. Pub. S.	Support	6/1/2009
SB 726	Ashburn	Hospitals: employment of physician; pilot project revision	Asm. Inact.	Support	8/20/2009

AB 977

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 977
Author: Skinner
Bill Date: January 13, 2010, amended
Subject: Pharmacists: immunization protocols with physicians
Sponsor: Author

STATUS OF BILL:

This bill is in the Assembly Appropriations Committee.

DESCRIPTION OF CURRENT LEGISLATION:

This bill would allow a pharmacist, in consultation with a physician, to administer influenza immunizations to any person 18 years of age or older.

ANALYSIS:

Current law does not allow pharmacists to administer medications. With the growing need for an increased availability of health care providers who can administer influenza immunizations, it would provide better access to care if the public could utilize their pharmacists when searching for an influenza vaccine.

This bill would require a pharmacist to complete a pharmacy-based immunization delivery training program prior to initiating or administering any immunizations. These pharmacists would also be required to complete 3 hours of immunization related continuing education coursework annually and be certified in basic life support.

A pharmacist would be required to provide patients with a Vaccine Information Statement and provide the patient and the patient's physician with documentation of having administered the immunization.

The Medical Board (Board) would be required to develop standardized protocols for the initiation and administration of influenza immunizations by pharmacists and the board may consult the Board of Pharmacy for collaboration in developing those protocols.

FISCAL: Minor and absorbable

POSITION: Support

January 20, 2010

AMENDED IN ASSEMBLY JANUARY 13, 2010

AMENDED IN ASSEMBLY JANUARY 6, 2010

AMENDED IN ASSEMBLY JANUARY 4, 2010

AMENDED IN ASSEMBLY APRIL 23, 2009

AMENDED IN ASSEMBLY APRIL 13, 2009

CALIFORNIA LEGISLATURE—2009–10 REGULAR SESSION

ASSEMBLY BILL No. 977

Introduced by Assembly Member Skinner

February 26, 2009

An act to add and repeal Section 4052.8 of the Business and Professions Code, relating to pharmacy.

LEGISLATIVE COUNSEL'S DIGEST

AB 977, as amended, Skinner. Pharmacists: immunization protocols with physicians.

Existing law, the Pharmacy Law, provides for the licensing and regulation of pharmacists by the California State Board of Pharmacy. A violation of the Pharmacy Law is a crime. Existing law, among other things, authorizes a pharmacist to administer immunizations pursuant to a protocol with a prescriber.

This bill, until January 1, 2015, would additionally authorize a pharmacist, *in consultation with a physician and surgeon,* to initiate and administer influenza immunizations to any person 18 years of age or older pursuant to standardized protocols developed and approved by ~~both the board and~~ the Medical Board of California *in consultation with public health officers. The bill would, with respect to the development*

and approval of those standardized protocols, authorize the Medical Board of California to consult with the board. The bill would require a pharmacist, prior to initiating and administering those immunizations, to complete a specified pharmacy-based immunization delivery training program. The bill would also require a pharmacist initiating and administering those immunizations to complete 3 hours of immunization-related continuing education coursework annually and to be certified in basic life support. The bill would require a pharmacist, at the time of administration of that immunization, to provide the patient with a Vaccine Information Statement and to provide the patient and the patient's physician with documentation of administration of the immunization. The bill would also require a pharmacist administering that immunization to maintain a specified immunization record, provide documentation of administration to the appropriate immunization registry, report any adverse event and ensure proper storage and handling of vaccines. The bill would authorize a pharmacist initiating and administering vaccines under these provisions to initiate and administer epinephrine for severe allergic reactions.

This bill would require the board and the Medical Board of California to complete an evaluation of influenza immunizations initiated and administered under the standardized protocols authorized by the bill, and *would require the board* to report to the appropriate policy committees of the Legislature by January 1, 2014.

Because this bill would create new requirements under the Pharmacy Law, the violation of which would be a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

(a) Vaccines are a safe, effective, and efficient means to prevent sickness and death from infectious diseases as reported by the United States Department of Health and Human Services (HHS).

(b) The federal Centers for Disease Control and Prevention report that 220,000,000 persons should get the influenza vaccination annually, however, fewer than 100,000,000 do.

(c) According to the California Health Care Foundation, 6,600,000 Californians are uninsured and may not have access to immunizations.

(d) Pharmacists represent the third largest health professional group in the United States and are on the front line of preventative care.

(e) Pharmacists are trained to screen, administer, and properly deal with any adverse events that may arise from vaccines.

(f) Primary care physicians play an integral role in preventative health care for Californians. This act will provide an adjunct to that preventative health care.

(g) Therefore, in order to achieve greater access to immunization and to protect Californians, it is the intent of the Legislature to provide greater access to lifesaving vaccinations and to ensure that pharmacists may administer influenza vaccinations.

SEC. 2. Section 4052.8 is added to the Business and Professions Code, to read:

4052.8. (a) A pharmacist may, *in consultation with a physician and surgeon,* initiate and administer influenza immunizations, pursuant to standardized protocols developed and approved by ~~both the board and~~ the Medical Board of California in consultation with public health officers, to any person 18 years of age or older. *With respect to the development and approval of those standardized protocols, the Medical Board of California may consult with the board.* The standardized protocols shall be consistent with protocols developed by the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention.

(b) Prior to initiating and administering immunizations, a pharmacist shall complete the American Pharmacists Association's Pharmacy-Based Immunization Delivery Certificate Training Program or another pharmacy-based immunization training certificate program endorsed by the federal Centers for Disease Control and Prevention or the Accreditation Council for Pharmaceutical Education.

(c) (1) A pharmacist initiating and administering any immunization pursuant to this section shall also complete three hours of immunization-related continuing education coursework annually.

(2) If a pharmacist fails to satisfy this requirement, he or she shall, in addition to any other applicable disciplinary action, retake the training identified in subdivision (b) and also complete the three hours of immunization-related continuing education coursework described in paragraph (1) prior to initiating and administering any further immunizations.

(3) The three hours of immunization-related continuing education may be applied toward the continuing education requirement described in Section 4231.

(d) A pharmacist initiating and administering any immunization pursuant to this section shall at all times be certified in basic life support.

(e) At the time of administration of an immunization, the pharmacist shall do all of the following:

(1) Provide the patient or the patient's agent with the appropriate Vaccine Information Statement, produced by the federal Centers for Disease Control and Prevention, for each immunization administered.

(2) Provide documentation of administration of the immunization to the patient and the patient's physician or primary care provider, if one can be identified.

(3) Provide documentation of administration of the immunization to the appropriate immunization registry.

(f) The pharmacist shall maintain an immunization administration record, which shall include, but not be limited to, the name of the vaccine, the expiration date, the date of administration, the manufacturer and lot number, the administration site and route, the Vaccine Information Statement date, and the name and title of the person administering, for

10 years from the date of administration.

(g) Any pharmacist initiating and administering vaccines may initiate and administer epinephrine by injection for severe allergic reactions.

(h) Any adverse event shall be reported to the Vaccine Adverse Event Reporting System within the United States Department of Health and Human Services.

(i) Upon receipt of a vaccine as authorized by this section, a pharmacist is responsible for ensuring that proper vaccine temperatures are maintained during subsequent storage and handling to preserve the potency of the vaccine.

(j) The board and the Medical Board of California shall evaluate the effectiveness of the initiation and administration of immunizations pursuant to this section, and *the board shall* report to the appropriate policy committees of the Legislature by January 1, 2014.

(k) This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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2010 Tracker II

Medical Board of California
2009 Tracker II - Legislative Bills
1/20/2010

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 52	Portantino	Unbilical Cord Blood Collection Program	Sen. Health	06/24/09
AB 159	Nava	Perinatal Mood and Anxiety Disorders: task force	Asm. Approps - susp.	03/25/09
AB 259	Skinner	Health Care Coverage: certified nurse-midwives: direct access	Asm. Health	01/04/10
AB 417	Beall	Medi-Cal Drug Treatment Program: buprenorphine	Sen. Approps. - susp	07/23/09
AB 445	Salas	Use of X-ray Equipment: prohibition: exemptions	Asm. Health	
AB 452	Yamada	In-home Supportive Services: CA Independence Act of 2009	Asm, Hum. S.	
AB 456	Emmerson	State Agencies: period review	Sen. B&P	05/28/09
AB 497	Block	Vehicles: HOV lanes: used by physicians	Sen. T&H	05/14/09
AB 520	Carter	Public Records: limiting requests	Asm. Jud.	
AB 542	Feuer	Adverse Medical Events: expanding reporting	Sen. Health	06/18/09
AB 718	Emmerson	Electronic Prescribing Pilot Program	Sen. Rules	09/01/09
AB 721	Nava	Physical Therapists: scope of practice	2-year bill	04/13/09
AB 832	Jones	Ambulatory surgical clinics: workgroup	Asm. Approps.	05/05/09
AB 834	Solorio	Health Care Practitioners: peer review	Asm. B&P	04/14/09
AB 867	Nava	California State University: Doctor of Nursing Practice Degree	Sen. Approps. - susp	07/23/09
AB 877	Emmerson	Healing Arts: DCA Director to appoint committee	Asm. Approps.	04/14/09
AB 950	Hernandez	Hospice Providers: licensed hospice facilities	Sen. Health	06/02/09
AB 1140	Niello	Healing Arts (spot)	Sen. Health	04/14/09
AB 1152	Anderson	Professional Corporations: licensed physical therapists	Sen. B&P	07/08/09

Medical Board of California
2009 Tracker II - Legislative Bills
1/20/2010

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 1162	Carter	Health Facilities: licensure	Introduced	
AB 1168	Carter	Professions and Vocations (spot)	Introduced	
AB 1194	Strickland	State Agency Internet Web Sites: information	Asm. B&P	
AB 1458	Davis	Drugs: adverse effects: reporting	Asm. Approps.	05/05/09
AB 1478	Ammiano	Written Acknowledgment: medical nutrition therapy	Asm. B&P	
AB 1518	Anderson	State Government: Boards, Commissions, Committees, repeal	Asm. Approps.	01/13/10
AB 1542	Health Comm.	Medical Records: centralized location	Sen. Health	07/01/09
SB 26	Simitian	Home-generated Pharmaceutical Waste	Sen. Approps.	04/15/09
SB 58	Aanestad	Physicians and Surgeons: peer review	Sen. Approps.	05/19/09
SB 92	Aanestad	Health care reform	Sen. Health	03/11/09
SB 238	Calderon	Medical Information: prescription refil requirements	Sen. Health	04/23/09
SB 341	DeSaulnier	Pharmaceuticals: adverse drug reactions	Sen. Approps.	05/14/09
SB 368	Maldonado	Confidential Medical Information: unlawful disclsure	Sen. Health	12/15/09
SB 374	Calderon	Health Care Providers: resonable disclosure: reproductive choices	Asm. Approps. - susp	06/24/09
SB 395	Wyland	Medical Practice	Sen Rules	
SB 442	Ducheny	Clinic Corporation: licensing	Sen. Approps.	01/12/10
SB 482	Padilla	Healing Arts: Medical Practice	Sen. Jud.	04/14/09
SB 484	Wright	Ephedrine and Pseudoephedrine: classification as Schedule V	Asm. Approps.	05/12/09

Medical Board of California
2009 Tracker II - Legislative Bills
1/20/2010

BILL	AUTHOR	TITLE	STATUS	AMENDED
SB 502	Walters	State Agency Web Sites: information posting: expenditures	Sen. G.O.	
SB 638	Negrete McLeod	Regulatory boards: operations	Sen. Rules	
SB 700	Negrete McLeod	Healing Arts: peer review	Sen. Inactive	05/20/09
SB 719	Huff	State Agency Internet Web Sites: information searchability	Sen. Approps.	
SB 761	Aanestad	Health Manpower Pilot Projects	Asm. Health	05/06/09
SB 810	Leno	Single-Payer Health Care Coverage	Sen. Approps.	01/13/10
SJR 14	Leno	Medical Marijuana	Asm. Health	
SJR 15	Leno	Public Health Laboratories	Asm. Health	08/17/09

Uniform Standards Regarding Substance-Abusing Healing Arts Licensees

Senate Bill 1441 (Ridley-Thomas)

Implementation by
Department of Consumer Affairs,
Substance Abuse Coordination Committee

Brian J. Stiger, Director
December 2009

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Substance Abuse Coordination Committee

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Virginia Herold
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Elberta Portman
Physician Assistant Committee

Jim Rathlesberger
Board of Podiatric Medicine

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#1 SENATE BILL 1441 REQUIREMENT

Specific requirements for a clinical diagnostic evaluation of the licensee, including, but not limited to, required qualifications for the providers evaluating the licensee.

#1 Uniform Standard

Any licensee in a board diversion program or whose license is on probation, who the board has reasonable suspicion has a substance abuse problem shall be required to undergo a clinical diagnostic evaluation at the licensee's expense. The following standards apply to the clinical diagnostic evaluation.

1. The clinical diagnostic evaluation shall be conducted by a licensed practitioner who:

    - holds a valid, unrestricted license to conduct a clinical diagnostic evaluation;
    - has three (3) years experience in providing evaluations of health professionals with substance abuse disorders; and,
    - is approved by the board.

2. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.

3. The clinical diagnostic evaluation report shall:

    - set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem;
    - set forth, in the evaluator's opinion, whether the licensee is a threat to himself/herself or others; and,
    - set forth, in the evaluator's opinion, recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.

The evaluator shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

If the evaluator determines during the evaluation process that a licensee is a threat to himself/herself or others, the evaluator shall notify the board within 24 hours of such a determination.

For all evaluations, a final written report shall be provided to the board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed 30 days.

#2 SENATE BILL 1441 REQUIREMENT

Specific requirements for the temporary removal of the licensee from practice, in order to enable the licensee to undergo the clinical diagnostic evaluation described in subdivision (a) and any treatment recommended by the evaluator described in subdivision (a) and approved by the board, and specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis.

#2 Uniform Standard

The following practice restrictions apply to each licensee who undergoes a clinical diagnostic evaluation:

1. His or her license shall be placed on inactive status during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the diversion program/board staff.

2. While awaiting the results of the clinical diagnostic evaluation required in Uniform Standard #1, the licensee shall be randomly drug tested at least two (2) times per week.

   After reviewing the results of the clinical diagnostic evaluation, and the criteria below, a diversion or probation manager shall determine, whether or not the licensee is safe to return to either part-time or fulltime practice. However, no licensee shall be returned to practice until he or she has at least one (1) month of negative drug tests.

   - the license type;
   - the licensee's history;
   - the documented length of sobriety/time that has elapsed since substance use;
   - the scope and pattern of use;
   - the treatment history;
   - the licensee's medical history and current medical condition;
   - the nature, duration and severity of substance abuse, and
   - whether the licensee is a threat to himself/herself or the public.

#3 SENATE BILL 1441 REQUIREMENT

Specific requirements that govern the ability of the licensing board to communicate with the licensee's employer about the licensee's status or condition.

#3 Uniform Standard

If the licensee who is either in a board diversion program or whose license is on probation has an employer, the licensee shall provide to the board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors and shall give specific, written consent that the licensee authorizes the board and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring.

#4 SENATE BILL 1441 REQUIREMENT

Standards governing all aspects of required testing, including, but not limited to, frequency of testing, randomnicity, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test.

#4 Uniform Standard

The following drug testing standards shall apply to each licensee subject to drug testing:

1. Licensees shall be randomly drug tested at least 104 times per year for the first year and at any time as directed by the board. After the first year, licensees, who are practicing, shall be randomly drug tested at least 50 times per year, and at any time as directed by the board.

2. Drug testing may be required on any day, including weekends and holidays.

3. The scheduling of drug tests shall be done on a random basis, preferably by a computer program.

4. Licensees shall be required to make daily contact to determine if drug testing is required.

5. Licensees shall be drug tested on the date of notification as directed by the board.

6. Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.

7. Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.

8. Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.

9. Collection of specimens shall be observed.

10. Prior to vacation or absence, alternative drug testing location(s) must be approved by the board.

11. Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within seven (7) days of receipt of the specimen. The appropriate board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.

#5 SENATE BILL 1441 REQUIREMENT

Standards governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees.

#5 Uniform Standard

If a board requires a licensee to participate in group support meetings, the following shall apply:

When determining the frequency of required group meeting attendance, the board shall give consideration to the following:

- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use;
- the recommendation of the clinical evaluator;
- the scope and pattern of use;
- the licensee's treatment history; and,
- the nature, duration, and severity of substance abuse.

Group Meeting Facilitator Qualifications and Requirements:

1. The meeting facilitator must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.

2. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee in the last five (5) years.

3. The group meeting facilitator shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.

4. The facilitator shall report any unexcused absence within 24 hours.

#6 SENATE BILL 1441 REQUIREMENT

Standards used in determining whether inpatient, outpatient, or other type of treatment is necessary.

#6 Uniform Standard

In determining whether inpatient, outpatient, or other type of treatment is necessary, the board shall consider the following criteria:

- recommendation of the clinical diagnostic evaluation pursuant to Uniform Standard #1;
- license type;
- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- scope and pattern of substance use;
- licensee's treatment history;
- licensee's medical history and current medical condition;
- nature, duration, and severity of substance abuse, and
- threat to himself/herself or the public.

#7 SENATE BILL 1441 REQUIREMENT

Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors.

#7 Uniform Standard

A board may require the use of worksite monitors. If a board determines that a worksite monitor is necessary for a particular licensee, the worksite monitor shall meet the following requirements to be considered for approval by the board.

1. The worksite monitor shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.

2. The worksite monitor's license scope of practice shall include the scope of practice of the licensee that is being monitored or be another health care professional if no monitor with like practice is available.

3. The worksite monitor shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

4. The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.

5. The worksite monitor must adhere to the following required methods of monitoring the licensee:

    a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.

    b) Interview other staff in the office regarding the licensee's behavior, if applicable.

    c) Review the licensee's work attendance.

Reporting by the worksite monitor to the board shall be as follows:

1. Any suspected substance abuse must be verbally reported to the board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.

2. The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include:

    - the licensee's name;
    - license number;
    - worksite monitor's name and signature;
    - worksite monitor's license number;
    - worksite location(s);
    - dates licensee had face-to-face contact with monitor;
    - staff interviewed, if applicable;
    - attendance report;
    - any change in behavior and/or personal habits;
    - any indicators that can lead to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the board to allow the board to communicate with the worksite monitor.

#8 SENATE BILL 1441 REQUIREMENT

Procedures to be followed when a licensee tests positive for a banned substance.

#8 Uniform Standard

When a licensee tests positive for a banned substance, the board shall:

1. Place the licensee's license on inactive status; and
2. Immediately contact the licensee and instruct the licensee to leave work; and
3. Notify the licensee's employer, if any, and worksite monitor, if any, that the licensee may not work.

Thereafter, the board should determine whether the positive drug test is in fact evidence of prohibited use. If so, proceed to Standard #9. If not, the board should reactivate the license.

In determining whether the positive test is evidence of prohibited use, the board should, as applicable:

1. Consult the specimen collector and the laboratory;
2. Communicate with the licensee and/or any physician who is treating the licensee; and
3. Communicate with any treatment provider, including group facilitator/s.

#9 SENATE BILL 1441 REQUIREMENT

Procedures to be followed when a licensee is confirmed to have ingested a banned substance.

#9 Uniform Standard

When a board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation, as defined in Uniform Standard #10 and the board shall impose the consequences set forth in Uniform Standard #10.

#10 SENATE BILL 1441 REQUIREMENT

Specific consequences for major and minor violations. In particular, the committee shall consider the use of a "deferred prosecution" stipulation described in Section 1000 of the Penal Code, in which the licensee admits to self-abuse of drugs or alcohol and surrenders his or her license. That agreement is deferred by the agency until or unless licensee commits a major violation, in which case it is revived and license is surrendered.

#10 Uniform Standard

Major Violations include, but are not limited to:

1. Failure to complete a board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Multiple minor violations;
4. Treating patients while under the influence of drugs/alcohol;
5. Any drug/alcohol related act which would constitute a violation of the practice act or state/federal laws;
6. Failure to obtain biological testing for substance abuse;
7. Testing positive and confirmation for substance abuse pursuant to Uniform Standard #9;
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

Consequences for a major violation include, but are not limited to:

1. Inactivation of the license.
   a) the license is put on inactive status, and
   b) the licensee must undergo a new clinical diagnostic evaluation, and
   c) the licensee must test clean for at least a month of continuous drug testing before being allowed to go back to work. ~~(, and)~~

2. Termination of a contract/agreement.

3. Referral for disciplinary action, such as suspension, revocation, or other action as determined by the board.

Minor Violations include, but are not limited to:

1. Untimely receipt of required documentation;
2. Unexcused non-attendance at group meetings;
3. Failure to contact a monitor when required;
4. Any other violations that do not present an immediate threat to the violator or to the public.

Consequences for minor violations include, but are not limited to:

1. Removal from practice;
2. Practice limitations;
3. Required supervision;
4. Increased documentation;
5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation/testing;
7. Other action as determined by the board.

#11 SENATE BILL 1441 REQUIREMENT

Criteria that a licensee must meet in order to petition for return to practice on a full time basis.

#11 Uniform Standard

"Petition" as used in this standard is an informal request as opposed to a "Petition for Modification" under the Administrative Procedure Act.

The licensee shall meet the following criteria before submitting a request (petition) to return to full time practice:

1. Demonstrated sustained compliance with current recovery program.

2. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee's substance abuse.

3. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

#12 SENATE BILL 1441 REQUIREMENT

Criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license.

#12 Uniform Standard

"Petition for Reinstatement" as used in this standard is an informal request (petition) as opposed to a "Petition for Reinstatement" under the Administrative Procedure Act.

The licensee must meet the following criteria to request (petition) for a full and unrestricted license.

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.

2. Demonstrated successful completion of recovery program, if required.

3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.

4. Demonstrated that he or she is able to practice safely.

5. Continuous sobriety for three (3) to five (5) year.

#13 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, (1) standards for immediate reporting by the vendor to the board of any and all noncompliance with process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors; (3) standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and (4) standards for a licensee's termination from the program and referral to enforcement.

#13 Uniform Standard

1. A vendor must report to the board any major violation, as defined in Uniform Standard #10, within one (1) business day. A vendor must report to the board any minor violation, as defined in Uniform Standard #10, within five (5) business days.

2. A vendor's approval process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors is as follows:

   Specimen Collectors:

   a) The provider or subcontractor shall possess all the materials, equipment, and technical expertise necessary in order to test every licensee for which he or she is responsible on any day of the week.

   b) The provider or subcontractor shall be able to scientifically test for urine, blood, and hair specimens for the detection of alcohol, illegal, and controlled substances.

   c) The provider or subcontractor must provide collection sites that are located in areas throughout California.

   d) The provider or subcontractor must have an automated 24-hour toll-free telephone system and/or a secure on-line computer database that allows the participant to check in daily for drug testing.

   e) The provider or subcontractor must have or be subcontracted with operating collection sites that are engaged in the business of collecting urine, blood, and hair follicle specimens for the testing of drugs and alcohol within the State of California.

   f) The provider or subcontractor must have a secure, HIPAA compliant, website or computer system to allow staff access to drug test results and compliance reporting information that is available 24 hours a day.

g) The provider or subcontractor shall employ or contract with toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory drug test results, medical histories, and any other information relevant to biomedical information.

h) A toxicology screen will not be considered negative if a positive result is obtained while practicing, even if the practitioner holds a valid prescription for the substance.

i) Must undergo training as specified in Uniform Standard #4 (6).

Group Meeting Facilitators:

A group meeting facilitator for any support group meeting:

a) must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse;

b) must be licensed or certified by the state or other nationally certified organization;

c) must not have a financial relationship, personal relationship, or business relationship with the licensee in the last five (5) years;

d) shall report any unexcused absence within 24 hours to the board, and,

e) shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.

Work Site Monitors:

1. The worksite monitor must meet the following qualifications:

   a) Shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.

   b) The monitor's licensure scope of practice shall include the scope of practice of the licensee that is being monitored or be another health care professional, if no monitor with like practice is available.

   c) Shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

d) Shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.

2. The worksite monitor must adhere to the following required methods of monitoring the licensee:

   a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.

   b) Interview other staff in the office regarding the licensee's behavior, if applicable.

   c) Review the licensee's work attendance.

3. Any suspected substance abuse must be verbally reported to the contractor, the board, and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.

4. The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include:

   - the licensee's name;
   - license number;
   - worksite monitor's name and signature;
   - worksite monitor's license number;
   - worksite location(s);
   - dates licensee had face-to-face contact with monitor;
   - staff interviewed, if applicable;
   - attendance report;
   - any change in behavior and/or personal habits;
   - any indicators that can lead to suspected substance abuse.

<u>Treatment Providers</u>

1. Treatment facility staff and services must have:

   a) Licensure and/or accreditation by appropriate regulatory agencies;

   b) Sufficient resources available to adequately evaluate the physical and mental needs of the client, provide for safe detoxification, and manage any medical emergency;

   c) Professional staff who are competent and experienced members of the clinical staff;

d) Treatment planning involving a multidisciplinary approach and specific aftercare plans;

e) Means to provide treatment/progress documentation to the provider.

2. The vendor shall disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services as follows:

   a) The vendor is fully responsible for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them. No subcontract shall relieve the vendor of its responsibilities and obligations All state policies, guidelines, and requirements apply to all subcontractors.

   b) If a subcontractor fails to provide effective or timely services as listed above, but not limited to any other subcontracted services, the vendor will terminate services of said contractor within 30 business days of notification of failure to provide adequate services.

   c) The vendor shall notify the appropriate board within five (5) business days of termination of said subcontractor.

#14 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, the extent to which licensee participation in that program shall be kept confidential from the public.

#14 Uniform Standard

The board shall disclose the following information to the public for licensees who are participating in a board monitoring/diversion program regardless of whether the licensee is a self-referral or a board referral. However, the disclosure shall not contain information that the restrictions are a result of the licensee's participation in a diversion program.

- Licensee's name;
- Whether the licensee's practice is restricted, or the license is on inactive status;
- A detailed description of any restriction imposed.

#15 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, a schedule for external independent audits of the vendor's performance in adhering to the standards adopted by the committee.

#15 Uniform Standard

1. If a board uses a private-sector vendor to provide monitoring services for its licensees, an external independent audit must be conducted at least once every three (3) years by a qualified, independent reviewer or review team from outside the department with no real or apparent conflict of interest with the vendor providing the monitoring services. In addition, the reviewer shall not be a part of or under the control of the board. The independent reviewer or review team must consist of individuals who are competent in the professional practice of internal auditing and assessment processes and qualified to perform audits of monitoring programs.

2. The audit must assess the vendor's performance in adhering to the uniform standards established by the board. The reviewer must provide a report of their findings to the board by June 30 of each three (3) year cycle. The report shall identify any material inadequacies, deficiencies, irregularities, or other non-compliance with the terms of the vendor's monitoring services that would interfere with the board's mandate of public protection.

3. The board and the department shall respond to the findings in the audit report.

#16 SENATE BILL 1441 Requirement

Measurable criteria and standards to determine whether each board's method of dealing with substance-abusing licensees protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

#16 Uniform Standard

Each board shall report the following information on a yearly basis to the Department of Consumer Affairs and the Legislature as it relates to licensees with substance abuse problems who are either in a board probation and/or diversion program.

- Number of intakes into a diversion program
- Number of probationers whose conduct was related to a substance abuse problem
- Number of referrals for treatment programs
- Number of relapses (break in sobriety)
- Number of cease practice orders/license in-activations
- Number of suspensions
- Number terminated from program for noncompliance
- Number of successful completions based on uniform standards
- Number of major violations; nature of violation and action taken
- Number of licensees who successfully returned to practice
- Number of patients harmed while in diversion

The above information shall be further broken down for each licensing category, specific substance abuse problem (i.e. cocaine, alcohol, Demerol etc.), whether the licensee is in a diversion program and/or probation program.

If the data indicates that licensees in specific licensing categories or with specific substance abuse problems have either a higher or lower probability of success, that information shall be taken into account when determining the success of a program. It may also be used to determine the risk factor when a board is determining whether a license should be revoked or placed on probation.

The board shall use the following criteria to determine if its program protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

- At least 100 percent of licensees who either entered a diversion program or whose license was placed on probation as a result of a substance abuse problem successfully completed either the program or the probation, or had their license to practice revoked or surrendered on a timely basis based on noncompliance of those programs.

- At least 75 percent of licensees who successfully completed a diversion program or probation did not have any substantiated complaints related to substance abuse for at least five (5) years after completion.

ENFORCEMENT CHANGES FOR HEALTH BOARDS

Preface - Title & Intent Language

1. Information Provided on the Internet

2. Director's Authority to Audit Enforcement Programs of Health Boards

3. Cost Recovery for Actual Costs of Investigation and Enforcement and Probation Monitoring

4. Allow Boards to Contract with Collection Agency

5. Allow Health Boards to Hear Appeals of Citations and Fines

6. Authority for Health Boards to Contract for Investigative Services with Medical Board and Attorney General's Office

7. Create Within the Division of Investigation a Health Quality Enforcement Unit

8. Authority of Board of Registered Nursing to Hire Investigators, Nurse Consultants and Other Personnel

9. New Enforcement Article for all Health Care Boards

10. Authority for Executive Officers to Adopt Default Decisions and Stipulated Settlements

11. Authority for Health Boards to Enter Into Stipulated Settlements Without Filing an Accusation

12. Director's Authority to Immediately Suspend License

13. Automatic Suspension of License While Incarcerated

14. Mandatory Revocation for Acts of Sexual Exploitation and Registration as Sex Offender

15. Prohibition of Gag Clauses in Civil Dispute Settlement Agreements

16. Access to Medical Records/Documents Pursuant to Investigations

17. Access to Records/Documents from Governmental Agencies

18. Payment to Agencies for Record/Documents Received

19. Employer of Health Care Practitioner Reporting Requirements

20. Annual Enforcement Reports by Boards to the Department and Legislature

21. Enforcement Timeframes for the Attorney General's Office

22. Misdemeanor for Violation of Article 10.1 – Healing Arts Licensing Enforcement Act

23. Deny License for Mental Illness or Chemical Dependency

24. Require Boards to Check Information Maintained by the National Practitioner Databank

25. Conviction of Sexual Misconduct – Crime Substantially Related

26. Unprofessional Conduct for Drug Related Offenses

27. Unprofessional Conduct for Failure to Cooperate with Investigation of Board

28. Reporting by Licensee of Arrest, Conviction or Disciplinary Action

29. Report of Crime or Personal Injury Judgment by Clerk of the Court

30. Report of Charges of Felony by DA, City Attorney, or Clerk of Court

31. Report of Preliminary Hearing Transcript of Felony by Clerk of Court

32. Notification of Future Arrests or Convictions from DOJ

33. Authority of Department to Adjust Fees Consistent with CPI

34. Unlicensed Practice – Public Crime

35. Sunset Dates for Diversion Programs

36. Requirement for a New Information Technology System

37. Adopt Vertical Enforcement/Prosecution Model for Health Boards

POSSIBLE FUTURE AMENDMENTS

1. Create Health Quality Hearing Panel at OAH to hear Health Care Cases

2. Eliminate Authority of Boards to Adopt or Non-Adopt ALJ Decision

3. Allow Boards to Conduct Disciplinary Hearings

4. No Transfer of Board's Special (Reserve) Funds to General Fund

5. Create Individual Board "Emergency Reserve Enforcement Fund" (use unencumbered/reserve funds for enforcement purposes only)

Title

This measure shall be known and may be cited as the Consumer Health Care Enforcement Reform Act.

Intent Language

Add the following to the bill to read:

(a) The Legislature finds and declares the following:

(1) In recent years, it has been reported that some of the healing arts boards within the Department of Consumer Affairs take on average more than three years to investigate and prosecute violations of law, a timeframe that does not adequately protect consumers.

(2) The excessive amount of time it takes healing arts boards to investigate and prosecute licensed professionals who have violated the law has been caused in part by legal and procedural impediments to the enforcement programs.

(3) Both consumers and licensees have an interest in the quick resolution of complaints and disciplinary actions—consumers need prompt action against licensees who do not comply with professional standards, and licensees have an interest in timely review of consumer complaints to keep the trust of their patients.

(b) It is the intent of the Legislature that the changes made by this bill improve efficiency and increase accountability within the boards of the Department of Consumer Affairs, and remain consistent with the long-held paramount goal of consumer protection.

(c) It is further the intent of the Legislature that the changes made by this bill provide the healing arts boards within the Department of Consumer Affairs with the regulatory tools and authorities necessary to reduce the average timeframe for investigating and prosecuting violations of law by healing arts practitioners to between 12 and 18 months.

(1) Information Provided on the Internet

Existing law (Section 27 of the B&P Code) requires certain specified boards within the Department of Consumer Affairs (DCA) to disclose on the Internet information on their respective licensees. This includes:

(1) The status of every license.
(2) Suspensions and revocations of licenses issued and other related enforcement action.
(3) Licensee's address of record. However, the licensee may provide a post office box number or other alternate address, instead of his or her home address as the address of record.

The information shall not include personal information, including home telephone number, date of birth or social security number.

Boards and Bureaus currently required to disclose this information on the Internet include:

(1) Acupuncture Board
(2) Board of Behavioral Sciences
(3) Dental Board'
(4) Board of Optometry
(5) Engineer's Board
(6) Structural Pest Control Board
(7) Bureau of Automotive Repair
(8) Bureau of Electronic and Appliance Repair
(9) Cemetery and Funeral Bureau
(10) Contractor's Board

Existing law also requires the Medical Board of California (MBC) to disclose on the Internet the following information regarding physicians and surgeons:

(1) With regard to the status of the license, whether or not the licensee is in good standing, or subject to a temporary restraining order, interim suspension order or to any enforcement actions as specified.
(2) With regard to prior discipline, whether or not the licensee has been subject to discipline by the board or by the board of another state or jurisdiction.
(3) Any felony convictions reported to the MBC after a specified date.
(4) All current accusations filed by the Attorney General as defined.
(5) Any malpractice judgment or arbitration award reported to the board after a specified date.
(6) Any hospital disciplinary actions that resulted in the termination or revocation of a licensee's hospital staff privileges for a medical disciplinary cause or reason.
(7) Any misdemeanor convictions that results in a disciplinary action or an accusation that is not subsequently withdrawn or dismissed.
(8) Appropriate disclaimers and explanatory statements including an explanation of what types of information are not disclosed.

Generally allows this information to be posted for a period of 10 years, unless otherwise provided.

This bill will additionally require all the other specified healing arts boards to disclose the above information on the Internet by adding these boards to the existing list of boards under Section 27 of the B&P Code and adding a new section (Section 720.32 of the B&P Code) which is similar to similar to those disclosures provided under Section 2027 for physicians and surgeons.

Reason for this Change: There is no reason why all boards under the DCA should not be subject to same basic requirements for disclosure over the Internet that other boards and bureaus are currently required to disclose to the public. One of the issues raised by the LA Times is that the public is unaware of problem licensees; whether they have had prior disciplinary action taken against them or whether their license is currently in good standing. There were instances in which the LA Times looked up on the Internet or the Board's website and never saw prior disciplinary or criminal convictions of nurses. (It should be noted that most boards and bureaus under DCA have websites but there is not always consistency in information being provided by boards not listed under Section 27 of the B&P Code, or by boards not required to make disclosures similar to those required of the Medical Board under Section 2027.)

Concerns Raised: Some nurses organizations are concerned about making the "address of record" available on the Internet. Should nurses be the only health professional who does not have to provide an "address of record" to be made available to the public?

Amend Section 27 of the Business and Professions Code, to read:

27. (a) Every entity specified in subdivision (b) shall provide on the Internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the Internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. In providing information on the Internet, each entity shall comply with the Department of Consumer Affairs Guidelines for Access to Public Records. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee's address of record. However, each entity shall allow a licensee to provide a post office box number or other alternate address, instead of his or her home address, as the address of record. This section shall not preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as his or her address of record, to provide a physical business address or residence address only for the entity's internal administrative use and not for disclosure as the licensee's address of record or disclosure on the Internet.

(b) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:

(1) The Acupuncture Board shall disclose information on its licensees.

(2) The Board of Behavioral Sciences shall disclose information on its licensees, including marriage and family therapists, licensed clinical social workers, and licensed educational psychologists.

(3) The Dental Board of California shall disclose information on its licensees.

(4) The State Board of Optometry shall disclose information regarding certificates of registration to practice optometry, statements of licensure, optometric corporation registrations, branch office licenses, and fictitious name permits of its licensees.

(5) The Board for Professional Engineers and Land Surveyors shall disclose information on its registrants and licensees.

(6) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.

(7) The Bureau of Automotive Repair shall disclose information on its licensees, including auto repair dealers, smog stations, lamp and brake stations, smog check technicians, and smog inspection certification stations.

(8) The Bureau of Electronic and Appliance Repair shall disclose information on its licensees, including major appliance repair dealers, combination dealers (electronic and appliance), electronic repair dealers, service contract sellers, and service contract administrators.

(9) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, crematories, and cremated remains disposers.

(10) The Cemetery and Funeral Bureau shall disclose information on its licensees, including embalmers, funeral establishments, and funeral directors.

(11) The Contractors' State License Board shall disclose information on its licensees in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also
disclose information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.

(12) The Board of Psychology shall disclose information on its licensees, including psychologists, psychological assistants, and registered psychologists.

(13) The State Board of Chiropractic Examiners shall disclose information on its licensees.

(14) The Board of Registered Nursing shall disclose information on its licensees.

(15) The Board of Vocational Nursing and Psychiatric Technicians of the State of California shall disclose information on its licensees.

(16) The Veterinary Medical Board shall disclose information on its licensees and registrants.

(17) The Physical Therapy Board of California shall disclose information on its licensees.

(18) The California State Board of Pharmacy shall disclose information on its licensees.

(19) The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board shall disclose information on its licensees.

(20) The Respiratory Care Board of California shall disclose information on its licensees.

(21) The California Board of Occupational Therapy shall disclose information on its licensees.

(22) The Naturopathic Medicine Committee shall disclose information on its licensees.

(23) The Physician Assistant Committee of the Medical Board of California shall disclose information on its licensees.

(24) The Dental Hygiene Committee of California shall disclose information on its licensees.

(c) "Internet" for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (e) of Section 17538.

Add Section 720.28 to the Business and Professions Code, to read:

720.28 (a) Unless otherwise provided, on or after July 1, 2013, the board shall post on the Internet the following information in its possession, custody, or control:

(1) With regard to the status of the license, whether or not the licensee is in good standing, subject to a temporary restraining order (TRO), subject to an interim suspension order (ISO), or subject to any of the enforcement actions as described in Section 803.1.

(2) With regard to prior discipline, whether or not the licensee has been subject to discipline by the board or by the board of another state or jurisdiction, as described in Section 803.1.

(3) Any felony convictions reported to the board after January 3, 1991.

(4) All current accusations filed by the Attorney General, including those accusations that are on appeal. For purposes of this paragraph, "current accusation" shall mean an accusation that has not been dismissed, withdrawn, or settled, and has not been finally decided upon by an administrative law judge and the board unless an appeal of that decision is pending.

(5) Any malpractice judgment or arbitration award reported to the board after January 1, 1993.

(6) Any hospital disciplinary actions that resulted in the termination or revocation of a licensee's hospital staff privileges for a medical disciplinary cause or reason pursuant to Section 805 or Section 720.18.

(7) Any misdemeanor conviction that results in a disciplinary action or an accusation that is not subsequently withdrawn or dismissed.

(8) Appropriate disclaimers and explanatory statements to accompany the above information, including an explanation of what types of information are not disclosed. These disclaimers and statements shall be developed by the board and shall be adopted by regulation.

(b) (1) From July 1, 2013, the information described in paragraphs (1) (other than whether or not the licensee is in good standing), (2), (4), (5), (7), and (9) of subdivision (a) shall remain posted for a period of 10 years from the date the board obtains possession, custody, or control of the information, and after the end of that period shall be removed from being posted on the board's Internet Web site. Information in the possession, custody, or control of the board prior to July 1, 2013, shall be posted for a period of 10 years from July 1, 2013.

(2) The information described in paragraphs (3) and (6) of subdivision (a) shall not be removed from being posted on the board's Internet Web site. Notwithstanding the provisions of this paragraph, if a licensee's hospital staff privileges are restored and the licensee notifies the board of the restoration, the information pertaining to the termination or revocation of those privileges, as described in paragraph (6) of subdivision (a), shall remain posted for a period of 10 years from the restoration date of the privileges, and at the end of that period shall be removed from being posted on the board's Internet Web site.

(c) The board shall provide links to other Web sites on the Internet that provide information on board certifications that meet the requirements of subdivision (b) of Section 651. The board may provide links to other Web sites on the Internet that provide information on health care service plans, health insurers, hospitals, or other facilities. The board may also provide links to any other sites that would provide information on the affiliations of licensed practitioners.

(2) Director's Authority to Audit Enforcement Programs of Health Boards

Existing law (Section 116 of the B&P Code) authorizes the Director of DCA to audit and review, among other things, inquiries and complaints regarding licensees, dismissals of disciplinary cases, and discipline short of formal accusation by the Medical Board of California and the California Board of Podiatric Medicine.

This bill will additionally authorize the Director to audit and review the aforementioned activities by any of the healing arts boards.

Reason for this Change: There is no reason why the Director should only be limited to auditing and taking specific actions on behalf of consumers for only the Medical Board and the Podiatric Board. The Director should be authorized to take any of the aforementioned actions and audit any of the healing arts boards as necessary. This could be in addition to any reviews or audits by the Legislature and would allow the Director to make recommendations for changes to the board's disciplinary/enforcement system.

Concerns Raised: There have been no concerns raised about this change.

Amend Section 116 of the Business and Professions Code, to read:

116. (a) The director ***or his or her designee*** may audit and review, upon his or her own initiative, or upon the request of a consumer or licensee, inquiries and complaints regarding licensees, dismissals of disciplinary cases, the opening, conduct, or closure of investigations, informal conferences, and discipline short of formal accusation by ~~the Medical Board of California, the allied health professional boards, and the California Board of Podiatric Medicine.~~ ***any of the healing arts boards established under Division 2 (commencing with Section 500) or under any initiative act referred to in that division*** The director may make recommendations for changes to the disciplinary system to the appropriate board, the Legislature, or both.

(b) The director shall report to the Chairpersons of the Senate Business and Professions Committee and the Assembly Health Committee annually~~, commencing March 1, 1995,~~ regarding his or her findings from any audit, review, or monitoring and evaluation conducted pursuant to this section.

(3) Cost Recovery for Actual Costs of Investigation, Prosecution and Probation Monitoring

Existing law (Section 125.3 of the B&P Code) specifies that in any order issued in resolution of a disciplinary proceeding before any board (other than the Medical Board) with the DCA, the administrative law judge may direct the licensee found to have committed a violation of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General. Provides that the Medical Board shall not be able to collect from a physician and surgeon investigation and prosecution costs. However, an increase in the amount of the licensing fee shall compensate for any loss of revenue obtained from the costs resulting from investigation and prosecution of disciplinary cases.

This bill will allow boards (other than the Medical Board) to receive the actual costs of the investigation and enforcement of a disciplinary case or for a citation issued by the board. The board shall also be able to receive probation monitoring costs for a licensee who is placed on probation by the administrative law judge.

Reason for this Change: According to the DCA, current law allows boards to only collect reasonable costs of investigation. This can create a problem, as the reasonable cost is determined by an Administrative Law Judge, and is often significantly less than the actual cost of the investigation. This can be especially damaging to small boards, because one or two very expensive investigations can take up a significant amount of their appropriation and their fund reserves. Authorizing boards to collect the actual costs of an investigation will prevent boards from losing significant funds on drawn-out cases. Additionally, making the respondent responsible for the actual cost of an investigation is fairer to licensees who obey the law, as this can help prevent boards from paying for higher investigation costs by increased licensing fees.

Further, while some boards have explicit statutory authority to recover costs associated with probation monitoring, not all boards do. Such a requirement can be made a term of probation without statutory authority, but the statutory authority will give boards more explicit authority, lead to quicker resolution of probation terms, and authorize boards to refuse to renew the license of a licensee who has not paid probation costs.

Concerns Raised: There have been no concerns raised about these changes.

Amend Section 125.3 of the Business and Professions Code:

125.3. (a) ***(1)*** Except as otherwise provided by law, in any order issued in resolution of a ***penalty or*** disciplinary proceeding ***or hearing on a citation issued pursuant to section 125.9 or regulations adopted thereto***, before any board ***identified in section 101,*** ~~within the department or before the Osteopathic Medical Board, upon~~

~~request of the entity bringing the proceeding,~~ ***the board or*** the administrative law judge may direct ~~a licentiate~~ ***any licensee or applicant*** found to have committed a violation or violations of ~~the licensing act~~ ***law*** to *pay* ***to the entity*** a sum not to exceed the ~~reasonable~~ ***actual*** costs of the investigation***, prosecution*** and enforcement of the case.

(2) In an order issued pursuant to paragraph (1) of subdivision (a) that places a license on probation, the administrative law judge may direct a licensee to pay the board's actual cost of monitoring that licensee while he or she remains on probation, if so requested by the party bringing the proceeding. The board shall provide the administrative law judge with a good faith estimate of the probation monitoring costs at the time of the request.

(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of ~~reasonable~~ ***actual*** costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of ~~reasonable~~ ***actual*** costs of investigation and prosecution of the case ***and probation monitoring costs*** when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase ~~the~~ ***any*** cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made***, payment is due and payable 30 days after the effective date of the order. If*** and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licentiate to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licentiate who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licentiate who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation***, prosecution*** and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for ***broader authority to*** recovery of costs in an administrative disciplinary proceeding

(k) Notwithstanding the provisions of this section, the Medical Board of California shall not request nor obtain from a physician and surgeon, investigation and prosecution costs for a disciplinary proceeding against the licentiate. The board shall ensure that this subdivision is revenue neutral with regard to it and that any loss of revenue or increase in costs resulting from this subdivision is offset by an increase in the amount of the initial license fee and the biennial renewal fee, as provided in subdivision (e) of Section 2435.

(l)For purposes of this chapter, costs of prosecution shall include, but not be limited to, costs of attorneys, expert consultants, witnesses, any administrative filing and service fees and any other cost associated with the prosecution of the case.

(4) Allow Boards to Contract with Collection Agency

This bill adds a new section (Section 125.4 of the B&P Code) which will allow a board to contract with a collection service for the purpose of collecting outstanding fees, fines, or cost recovery amounts.

Reason for this Change: All of the Department's boards are authorized to issue administrative citations, which may include an administrative fine, to licensees for violations of law, and to non-licensees for unlicensed activity. However, most boards come far from ever collecting all administrative fines due to them. In order to improve effectiveness in boards' fine collection efforts, the Department will procure a contract with a collection agency that can serve all boards. Legislation is needed to allow the department the ability to provide the collection agency with social security numbers.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Section 125.4 to the Business and Professions Code, to read:
125.4. Notwithstanding any other provision of law, the board may contract with a collection service for the purpose of collecting outstanding fees, fines, or cost recovery amounts, and may release personal information to the collection services, including the birth date, telephone number, and social security number of any applicant or licensee for this purpose. The contractual agreement shall provide that the collection service shall use or release personal information only as authorized by the contract, and shall provide safeguards to ensure that personal information is protected from unauthorized disclosure. The contractual agreement shall hold the collection service liable for unauthorized use or disclosure of personal information.

(5) Allow Health Boards to Hear Appeals of Citation and Fines

Existing law (Section 125.9 of the B&P Code) allows boards to establish by regulation a system for the issuance to a licensee of a citation which may contain an order of abatement or an order to pay an administrative fine assessed by the board where the licensee is in violation of the applicable licensing act or any regulation. Specifies that in no event shall the fine assessed exceed $5,000 for each violation. In assessing the fine, the board shall give due consideration to the appropriateness of the amount of the fine with respect to such factors such as the gravity of the violation, the good faith of the licensee, and the history of previous violations. The licensee shall be provided an opportunity to contest the finding of a violation and the assessment of a fine at a hearing conducted in accordance with the Administrative Procedures Act (APA).

This bill will allow the healing arts boards to appoint two members of the board to conduct a hearing to hear an appeal of the citation decision and assessment of a fine, The board would not be required to conduct the hearing in accordance with the APA.

Reason for this Change: According to the Department, all boards are authorized to issue administrative citations, which may include an order of abatement or a fine of up to $5,000, so long as the board has regulations in place establishing a system for the issuance of the citations. Existing law permits a licensee who is issued a citation to appeal the citation and request a hearing pursuant to the APA. However, an administrative hearing can impose a large cost on a board; a board can spend $8,000 on legal costs to uphold a $600 fine.

In lieu of the APA hearing process, the Department proposes establishing an appeal process wherein a licensee who appeals the citation would be granted a hearing before the executive officer and two board members of the board that issued the citation. This process would still provide licensees with due process, but on a more appropriate—and less resource consuming—level than a full APA hearing.

The Department's proposed statutory amendments would allow boards to continue to utilize the APA hearing process, at their discretion. This is necessary because some boards issue many administrative citations, and hearing them all before board members would be unreasonable.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Amend Section 125.9 of the Business and Professions Code, to read:

125.9. (a) Except with respect to persons regulated under Chapter 11 (commencing with Section 7500), and Chapter 11.6 (commencing with Section 7590) of Division 3, any board, bureau, or commission within the department, the board created by the Chiropractic Initiative Act, and the Osteopathic Medical Board of California, may

establish, by regulation, a system for the issuance to a licensee of a citation which may contain an order of abatement or an order to pay an administrative fine assessed by the board, bureau, or commission where the licensee is in violation of the applicable licensing act or any regulation adopted pursuant thereto.

(b) The system shall contain the following provisions:

(1) Citations shall be in writing and shall describe with particularity the nature of the violation, including specific reference to the provision of law determined to have been violated.

(2) Whenever appropriate, the citation shall contain an order of abatement fixing a reasonable time for abatement of the violation.

(3) In no event shall the administrative fine assessed by the board, bureau, or commission exceed five thousand dollars ($5,000) for each inspection or each investigation made with respect to the violation, or five thousand dollars ($5,000) for each violation or count if the violation involves fraudulent billing submitted to an insurance company, the Medi-Cal program, or Medicare. In assessing a fine, the board, bureau, or commission shall give due consideration to the appropriateness of the amount of the fine with respect to factors such as the gravity of the violation, the good faith of the licensee, and the history of previous violations.

(4) A citation or fine assessment issued pursuant to a citation shall inform the licensee that if he or she desires a hearing to contest the finding of a violation, that hearing shall be requested by written notice to the board, bureau, or commission within 30 days of the date of issuance of the citation or assessment. If a hearing is not requested pursuant to this section, payment of any fine shall not constitute an admission of the violation charged. Hearings shall be held pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code ***or, at the discretion of the board, pursuant to subsection (5) below.***

(5) (A)If a hearing is requested from a healing arts board which is a board or committee, the executive officer and two members of such board or committee shall hear the appeal and issue a citation decision. A licensee desiring to appeal the citation decision shall file a written appeal of the citation decision with the board or committee within 30 days of issuance of the decision. The appeal shall be considered by the board or committee itself and thereafter it shall issue a written decision on the appeal. The members of the board or committee who issued the citation decision shall not participate in the appeal before the board unless one or both of the members are needed to establish a quorum to act on the appeal.

(B) If the healing arts board is a bureau, the director shall appoint a designee to hear the appeal and issue a citation decision. A licensee desiring to appeal the citation decision shall file a written appeal of the citation decision with the bureau within 30 days of issuance of the decision. The appeal shall be considered by the director or his or her designee, who will issue a written decision on the appeal.

(C) The hearings specified in subparagraphs (b)(5) are not subject to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(D) A healing arts board may adopt regulations to implement this subsection which may include the use of telephonic hearings.

~~(5)~~ *(6)* Failure of a licensee to pay a fine within 30 days of the date of assessment, unless the citation is being appealed, may result in disciplinary action being taken by the board, bureau, or commission. Where a citation is not contested and a fine is not paid, the full amount of the assessed fine shall be added to the fee for renewal of the license. A license shall not be renewed without payment of the renewal fee and fine.

(c) The system may contain the following provisions:

(1) A citation may be issued without the assessment of an administrative fine.

(2) Assessment of administrative fines may be limited to only particular violations of the applicable licensing act.

(d) Notwithstanding any other provision of law, if a fine is paid to satisfy an assessment based on the finding of a violation, payment of the fine shall be represented as satisfactory resolution of the matter for purposes of public disclosure.

(e) Administrative fines collected pursuant to this section shall be deposited in the special fund of the particular board, bureau, or commission.

(6) Authority for Health Boards to Contract for Investigative Services with Medical Board and Attorney General's Office

Existing law (Section 155 of the B&P Code) specifies that the director may employ such investigators, inspectors, and deputies as are necessary to investigate and prosecute all violations of any law and that it is the intent of the Legislature that inspectors used by boards shall not be required to be employees of the Division of Investigation, but may be either employees, or under contract to the boards.

This bill will allow the healing arts boards to contract with either the Medical Board or with the Department of Justice to provide investigative services as determined necessary by the executive officer of the board.

Reason for this Change: Health boards should be provided with the greatest flexibility in obtaining investigative services and in completing cases in a timely manner. By allowing health boards to contract with the Medical Board or the Department of Justice, or to utilize the investigative services of the Division of Investigation, boards will be provided with the broadest opportunity to move cases forward in a more expeditious manner.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Amend Section 155 of the Business and Professions Code to read:

155. (a) In accordance with Section 159.5, the director may employ such investigators, inspectors, and deputies as are necessary properly to investigate and prosecute all violations of any law, the enforcement of which is charged to the department or to any board, agency, or commission in the department.

(b) It is the intent of the Legislature that inspectors used by boards, bureaus, or commissions in the department shall not be required to be employees of the Division of Investigation, but may either be employees of, or under contract to, the boards, bureaus, or commissions. Contracts for services shall be consistent with Article 4.5 (commencing with Section 19130) of Chapter 6 of Part 2 of Division 5 of Title 2 of the Government Code. All civil service employees currently employed as inspectors whose functions are transferred as a result of this section shall retain their positions, status, and rights in accordance with Section 19994.10 of the Government Code and the State Civil Service Act (Part 2 (commencing with Section 18500) of Division 5 of Title 2 of the Government Code).

(c) ***It is the intent of the Legislature that investigators used by the healing arts boards as described in Section 720, shall not be required to be employees of the Division of Investigation and the healing arts boards may contract for investigative services provided by the Medical Board of California or provided by the Department of Justice.***

(d) Nothing in this section limits the authority of, or prohibits, investigators in the Division of Investigation in the conduct of inspections or investigations of any licensee, or in the conduct of investigations of any officer or employee of a board or the department at the specific request of the director or his or her designee.

(7) Create Within the Division of Investigation a Health Quality Enforcement Unit

Existing law (Section 159.5 of the B&P Code) specifies that within the DCA there is the Division of Investigation and that the Division is in charge of a person with the title of chief of the Division. Also provides that all personnel that provide investigative services shall have peace officer status.

This bill will create within the division a special unit titled the "Health Quality Enforcement Unit to focus on heath care quality cases and to work closely with the Attorney General's Health Quality Enforcement Section in investigation and prosecution of complex and varied disciplinary actions against licensees of the various healing arts boards.

Reason for this Change: It has been argued by the Center for Public Interest Law and others that because of the critical importance of the board's public health and safety functions, the complexity of cases involving misconduct of health care practitioners, and the evidentiary burden in the board's disciplinary cases, that using a vertical enforcement and prosecution model for those investigations could be more effective and efficient in pursuing disciplinary actions against health care licensees. (See discussion regarding vertical enforcement and prosecution under Item # 29.)

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Amend Section 159.5 of the Business and Professions Code to read:

159.5. There is in the department the Division of Investigation. The division is in charge of a person with the title of chief of the division. ***There is in the division the Health Quality Enforcement Unit. The primary responsibility of the unit is to investigate proceedings against licensees and applicants within the jurisdiction of the boards listed under Section 720.*** Except as provided in Section 16 of Chapter 1394 of the Statutes of 1970, all positions for the personnel necessary to provide investigative services, as specified in Section 160 of this code and in subdivision (b) of Section 830.3 of the Penal Code, ~~**to the agencies in the department**~~ shall be in the division and the personnel shall be appointed by the director. ~~However, if, pursuant to the Governor's Reorganization Plan No. 2 of the 1970 Regular Session, any agency has any investigative, inspectional, or auditing positions of its own, the agency shall retain those positions until the director determines, after consultation with, and consideration of, the views of the particular agency concerned, that the positions should be transferred to the division in the interests of efficient, economical, and effective service to the public, at which time they shall be so transferred.~~

(8) Authority of the Board of Registered Nursing to Hire Investigators, Nurse Consultants and Other Personnel

Existing law (Section 160 of the B&P Code) specifies that those investigators of the Division of Investigation of DCA, the Medical Board and the Dental Board shall have the authority and status of peace officers. Also provides that the Board of Registered Nursing (BRN) may employ personnel as it deems necessary (Section 2715 of the B&P Code).

This bill will allow the BRN to hire a certain number of investigators for the Board with the authority and status of peace officers rather than only being able to rely on those peace officer investigators under the Division of Investigation. Will also permit the BRN to employ investigators, nurse consultants, and other personnel as it deem necessary and that investigators employed by the Board provided appropriate training.

Reason for this Change: It is the opinion of the BRN and others that the Board could pursue investigations more quickly if they were able to hire both sworn (peace officer) and non-sworn investigators, as well as nurse consultants and not always have to rely on the Division of Investigation.

Concerns Raised: There have been no concerns raised about these changes.

Amend Section 160 of the Business and Professions Code to read:

160. ***(a)*** The Chief and ~~all~~ ***designated*** investigators of the Division of Investigation of the department, ~~and all~~ ***designated*** investigators of the Medical Board of California ~~and the Board of Dental Examiners~~***,designated investigators of the Dental Board of California and the Board of Registered Nursing*** have the authority of peace officers while engaged in exercising the powers granted or performing the duties imposed upon them or the division in investigating the laws administered by the various boards comprising the department or commencing directly or indirectly any criminal prosecution arising from any investigation conducted under these laws. All persons herein referred to shall be deemed to be acting within the scope of employment with respect to all acts and matters in this section set forth.

(b) The Division of Investigation, the Medical Board of California, the Dental Board of California and the California Board of Registered Nursing may employ individuals who are not peace officers to provide investigative services.

Amend Section 2715 of the Business and Professions Code to read:

2715. The board shall prosecute all persons guilty of violating the provisions of this chapter.

~~Except as provided by Section 159.5, the~~

The board, in accordance with the provisions of the Civil Service Law, may employ ~~such~~ ***investigators, nurse consultants, and other*** personnel as it deems

necessary to carry into effect the provisions of this chapter. ***Investigators employed by the board shall be provided special training in investigating nursing practice activities.***
The board shall have and use a seal bearing the name "Board of Registered Nursing." The board may adopt, amend, or repeal, in accordance with the provisions ***of*** Chapter 4.5 (commencing with Section 11371), ***of*** Part 1, *of* Division 3, ***of*** Title 2 of the Government Code, such rules and regulations as may be reasonably necessary to enable it to carry into effect the provisions of this chapter.

Amend Section 830.3 of the Penal Code to read:
830.3. The following persons are peace officers whose authority extends to any place in the state for the purpose of performing their primary duty or when making an arrest pursuant to Section 836 of the Penal Code as to any public offense with respect to which there is immediate danger to person or property, or of the escape of the perpetrator of that offense, or pursuant to Section 8597 or 8598 of the Government Code. These peace officers may carry firearms only if authorized and under those terms and conditions as specified by their employing agencies:

(a) Persons employed by the Division of Investigation of the Department of Consumer Affairs and investigators of the Medical Board of California, ~~and~~ the Board of Dental Examiners ***and the Board of Registered Nursing***, who are designated by the Director of Consumer Affairs, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 160 of the Business and Professions Code.

(b) Voluntary fire wardens designated by the Director of Forestry and Fire Protection pursuant to Section 4156 of the Public Resources Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 4156 of that code.

(c) Employees of the Department of Motor Vehicles designated in Section 1655 of the Vehicle Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 1655 of that code.

(d) Investigators of the California Horse Racing Board designated by the board, provided that the primary duty of these peace officers shall be the enforcement of Chapter 4 (commencing with Section 19400) of Division 8 of the Business and Professions Code and Chapter 10 (commencing with Section 330) of Title 9 of Part 1 of this code.

(e) The State Fire Marshal and assistant or deputy state fire marshals appointed pursuant to Section 13103 of the Health and Safety Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 13104 of that code.

(f) Inspectors of the food and drug section designated by the chief pursuant to subdivision (a) of Section 106500 of the Health and Safety Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 106500 of that code.

(g) All investigators of the Division of Labor Standards Enforcement designated by the Labor Commissioner, provided that the primary duty of these peace officers shall be the enforcement of the law as prescribed in Section 95 of the Labor Code.

(h) All investigators of the State Departments of Health Care Services, Public Health, Social Services, Mental Health, and Alcohol and Drug Programs, the

Department of Toxic Substances Control, the Office of Statewide Health Planning and Development, and the Public Employees' Retirement System, provided that the primary duty of these peace officers shall be the enforcement of the law relating to the duties of his or her department or office. Notwithstanding any other provision of law, investigators of the Public Employees' Retirement System shall not carry firearms.

(i) The Chief of the Bureau of Fraudulent Claims of the Department of Insurance and those investigators designated by the chief, provided that the primary duty of those investigators shall be the enforcement of Section 550.

(j) Employees of the Department of Housing and Community Development designated under Section 18023 of the Health and Safety Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 18023 of that code.

(k) Investigators of the office of the Controller, provided that the primary duty of these investigators shall be the enforcement of the law relating to the duties of that office. Notwithstanding any other law, except as authorized by the Controller, the peace officers designated pursuant to this subdivision shall not carry firearms.

(l) Investigators of the Department of Corporations designated by the Commissioner of Corporations, provided that the primary duty of these investigators shall be the enforcement of the provisions of law administered by the Department of Corporations. Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(m) Persons employed by the Contractors' State License Board designated by the Director of Consumer Affairs pursuant to Section 7011.5 of the Business and Professions Code, provided that the primary duty of these persons shall be the enforcement of the law as that duty is set forth in Section 7011.5, and in Chapter 9 (commencing with Section 7000) of Division 3, of that code. The Director of Consumer Affairs may designate as peace officers not more than three persons who shall at the time of their designation be assigned to the special investigations unit of the board. Notwithstanding any other provision of law, the persons designated pursuant to this subdivision shall not carry firearms.

(n) The Chief and coordinators of the Law Enforcement Division of the Office of Emergency Services.

(o) Investigators of the office of the Secretary of State designated by the Secretary of State, provided that the primary duty of these peace officers shall be the enforcement of the law as prescribed in Chapter 3 (commencing with Section 8200) of Division 1 of Title 2 of, and Section 12172.5 of, the Government Code. Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(p) The Deputy Director for Security designated by Section 8880.38 of the Government Code, and all lottery security personnel assigned to the California State Lottery and designated by the director, provided that the primary duty of any of those peace officers shall be the enforcement of the laws related to assuring the integrity, honesty, and fairness of the operation and administration of the California State Lottery.

(q) Investigators employed by the Investigation Division of the Employment Development Department designated by the director of the department, provided that the primary duty of those peace officers shall be the enforcement of the law as that duty is set forth in Section 317 of the Unemployment Insurance Code.

Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(r) The chief and assistant chief of museum security and safety of the California Science Center, as designated by the executive director pursuant to Section 4108 of the Food and Agricultural Code, provided that the primary duty of those peace officers shall be the enforcement of the law as that duty is set forth in Section 4108 of the Food and Agricultural Code.

(s) Employees of the Franchise Tax Board designated by the board, provided that the primary duty of these peace officers shall be the enforcement of the law as set forth in Chapter 9 (commencing with Section 19701) of Part 10.2 of Division 2 of the Revenue and Taxation Code.

(t) Notwithstanding any other provision of this section, a peace officer authorized by this section shall not be authorized to carry firearms by his or her employing agency until that agency has adopted a policy on the use of deadly force by those peace officers, and until those peace officers have been instructed in the employing agency's policy on the use of deadly force.

Every peace officer authorized pursuant to this section to carry firearms by his or her employing agency shall qualify in the use of the firearms at least every six months.

(u) Investigators of the Department of Managed Health Care designated by the Director of the Department of Managed Health Care, provided that the primary duty of these investigators shall be the enforcement of the provisions of laws administered by the Director of the Department of Managed Health Care. Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(v) The Chief, Deputy Chief, supervising investigators, and investigators of the Office of Protective Services of the State Department of Developmental Services, provided that the primary duty of each of those persons shall be the enforcement of the law relating to the duties of his or her department or office.

(9) New Enforcement Article for all Health Care Boards

This bill creates a new article (commencing with Section 720 of the B&P Code) that deals with health care licensing enforcement by all of the "healing arts boards." It lists all the boards which are considered as a "healing arts board."

Reason for this Change: Many of the requirements that now only apply to the Medical Board and the Podiatric Board will now have general application to all healing arts boards by creating a new article in the B&P Code and including those provisions which should apply to all health arts boards. This article will also include new provisions which will have general application to all healing arts boards.

Concerns Raised: There have been no concerns raised about this change.

Add Article 10.1 (commencing with Section 720) to Chapter 1 of Division 2 of the B&P Code, to read:
Article 10.1. Healing Arts Licensing Enforcement

Add Section 720 to the B&P Code, to read:
720. (a) Unless otherwise provided, as used in this article, the term "healing arts boards" shall include all of the following:
(1) The Dental Board of California.
(2) The Medical Board of California.
(3) The State Board of Optometry.
(4) The California State Board of Pharmacy.
(5) The Board of Registered Nursing.
(6) The Board of Behavioral Sciences.
(7) The Board of Vocational Nursing and Psychiatric Technicians of the State of California.
(8) The Respiratory Care Board of California.
(9) The Acupuncture Board.
(10) The Board of Psychology.
(11) The California Board of Podiatric Medicine.
(12) The Physical Therapy Board of California.
(13) The Physician Assistant Committee of the Medical Board of California.
(14) The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.
(15) The California Board of Occupational Therapy.
(16) The Osteopathic Medical Board of California.
(17) The Naturopathic Medicine Committee of the Osteopathic Medical Board of California.
(18) The Dental Hygiene Committee of California.
(19) The State Board of Chiropractic Examiners
(20) The Veterinary Medical Board
(b) Unless otherwise provided, as used in this article, "board" means all healing arts boards described under subdivision (a) and "licensee" means a licensee of a board described in subdivision (a).

(10) Authority for Executive Officers to Adopt Default Decisions and Stipulated Settlements

This bill adds a new section (Section 720.2 of the B&P Code) that would authorize the executive officer of specified healing arts boards, where a disciplinary action has been filed by the board, to revoke the license of a licensee if they have failed to file a notice of defense, appear at the hearing, or has agreed to surrender his or her license, to adopt a proposed default decision or a proposed settlement agreement.

Reason for this Change: According to the Attorney General's Office (AG) a majority of filed cases settle and the receipt of a Notice of Defense can trigger either settlement discussions or the taking of a Default Decision. Stipulated settlements are a more expeditious and less costly method of case resolution. The executive officer of the board can provide summary reports of all settlements to the board and the board can provide constant review and feedback to the executive officer so that policies can be established and adjusted as necessary. Also, there have been instances of undue delays between when a fully-signed settlement has been forwarded to the board's headquarters and when it has been placed on the board's agenda for a vote. Delegating this authority to the executive officer will result in a final disposition of these matters much quicker. The fact that BRN, for example, has reduced the number of its annual meetings has only increased the need for this.

According to the Center for Public Interest Law (CPIL), it is taking the AG too long to prepare a proposed default decision. In 2004-2005, it was taking the AG almost 6 months to file a proposed default decision. In 2008-2009 it was down to about 2.5 months. As argued by CPIL, filing a proposed default decision is "not rocket science" and should only take a matter of hours.

Concerns Raised: There have been no concerns raised about this change.

Add Section 720.2 to the B&P Code, to read:

720.2. (a) The executive officer or executive director of a board may adopt a proposed default decision where an administrative action to revoke a license has been filed and the licensee has failed to file a notice of defense or to appear at the hearing and a proposed default decision revoking the license has been issued.

(b) The executive officer or executive director of a board may adopt a proposed settlement agreement where an administrative action to revoke a license has been filed by the board and the licensee has agreed to surrender his or her license.

(11) Authority for Health Boards to Enter Into Stipulated Settlements Without Filing an Accusation

This bill adds a new section (Section 720.4 of the B&P Code) that would authorize a healing arts board to enter into a settlement with a licensee or applicant prior to the board's issuance of an accusation or statement of issues against the licensee. Specifies that no person who enters into a settlement with the board may petition to modify the terms of the settlement or petition for early termination of probation if probation is part of the settlement and that any settlement shall be considered discipline and a public record and shall be posted on the board's Internet site.

Reason for this Change: According to the Department, the APA requires a board to file an accusation or statement of issues against a licensee before the board can reach a stipulated settlement with the licensee. While many licensees will not agree to a stipulated settlement without the pressure of a formal accusation having been filed, boards have experienced licensees who are willing to agree to a stipulated settlement earlier on in the investigation stage of the enforcement process.

Existing law would be clarified to ensure that a board can enter into a legally binding stipulated settlement prior to filing a formal accusation or drafting a statement of issues. Such a stipulated settlement could include revocation, surrender, probation, citation and fine, or any other form of discipline, and would be a public record. The Department's proposed legislative language would also provide that if the stipulation includes probation, that the terms and conditions may not be modified, nor can the respondent petition for early termination of probation.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Section 720.4 to the B&P Code, to read:

720.4. (a) Notwithstanding the provisions of Section 11415.60 of the Government Code, a healing arts board may enter into a settlement with a licensee or applicant prior to the board's issuance of an accusation or statement of issues against that licensee or applicant, as applicable.

(b) No person who enters a settlement pursuant to this section may petition to modify the terms of the settlement or petition for early termination of probation, if probation is part of the settlement.

(c) Any settlement executed pursuant to this section shall be considered discipline and a public record and shall be posted on the applicable board's Internet site.

(12) Director's Authority to Immediately Suspend License

This bill adds a new section (Section 720.6 of the B&P Code) that would authorize the director of DCA to issue a temporary order to suspend the license of a licensee if the director received evidence from a board that the licensee has engaged in conduct that poses an imminent risk of serious harm to the public health, safety, or welfare, or the licensee has failed to comply with a request to inspect or copy records made pursuant to (Section 720.16). Provides that the licensee shall have an opportunity to present oral or written arguments before the director and shall receive notice of the hearing before the director at least twenty-four hours in advance. Specifies that a licensee who fails or refuses to comply with an order of the director to cease practice would be subject to revocation or suspension of their license by the board and could be assessed an administrative fine not to exceed $25,000. Provides that the order to cease practice shall be vacated within 120 days or until the board files a petition for an interim suspension. Requires the board to review the basis for the suspension and determine if the suspension should be continued or vacated and provide such information to the director. The temporary suspension order of the director is subject to judicial review. The order to suspend practice shall be posted on the board's website.

Reason for this Change: According to the DCA, under existing law, the Interim Suspension Order (ISO) process provides boards with an avenue for expedited enforcement when action must be taken swiftly. Currently, the ISO process can take weeks to months to achieve, allowing licensees who pose an egregious risk to the public to continue to practice for an unacceptable amount of time. To ensure the public is protected, the DCA is proposing that the Director be given the authority to issue a cease practice or restricted practice order, upon the request of an executive officer. The order would be in effect for up to 180 days, giving the board more time to gather further evidence to support a petition for an ISO. This would allow boards to expeditiously remove licensees from practice if necessary to protect the public while the investigation continues forward.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Section 720.6 to the B&P Code, to read:

720.4. (a) Notwithstanding any other provision of law, upon receipt of evidence that there is a licensee of a board that has engaged in conduct that poses an imminent risk of serious harm to the public health, safety, or welfare, or has failed to comply with a request to inspect or copy records made pursuant to Section (720.16), the executive officer of that board may petition the director to issue a temporary order that the licensee cease all practice and activities that require a license by that board.

(b) (1) The executive officer of the board shall, to the extent practicable, provide telephonic, electronic mail, message, or facsimile written notice to the licensee of hearing of the petition at least twenty-four hours prior to the hearing. The licensee

and his or her counsel and the executive officer or his or her designee shall have the opportunity to present oral or written argument before the director. After presentation of the evidence and consideration of any arguments presented, the director may issue an order that the licensee cease all practice and activities that require a license by that health care license board when, in the opinion of the director, the action is necessary to protect the public health, safety or welfare.

(2) The hearing specified in this subdivision is not subject to the provisions of Chapter 5 (commencing with section 11500) of the Government Code.

(c) Any order to cease practice issued pursuant to this section shall automatically be vacated within 120 days of issuance, or until the board, pursuant to Section 494, files a petition for an interim suspension order and the petition is denied or granted, whichever occurs first.

(d) A licensee who fails or refuses to comply with an order of the director to cease practice pursuant to this section is subject to disciplinary action to revoke or suspend his or her license by his or her respective board and an administrative fine assessed by the board not to exceed twenty-five thousand dollars ($25,000). The remedies provided herein are in addition to any other authority of the board to sanction a licensee for practicing or engaging in activities subject to the jurisdiction of the board without proper legal authority.

(e) Upon receipt of new information, the executive officer for the board that requested the temporary suspension order shall review the basis for the license suspension to determine if the grounds for the suspension continue to exist. The executive officer shall notify immediately the director if the executive officer believes that the licensee no longer poses an imminent risk of serious harm to the public health, safety, or welfare or that the licensee has complied with the request to inspect or copy records pursuant to Section 720.16. The director shall review such information from the executive officer and may vacate the suspension order, if he or she believes that the suspension is no longer necessary to protect the public health, safety or welfare.

(f) Any petition and order to cease practice shall be displayed on the Internet site of the applicable board except that if the petition is not granted or the director vacates the suspension order pursuant to subdivision (e), the petition and order shall be removed from the respective board's Internet site.

(g) Should the position of Director of DCA be vacant the individual serving as Chief Deputy Director of DCA may fulfill the duties of this section.

(h) Temporary suspension orders shall be subject to judicial review pursuant to Section 1094.5 of the Code of Civil Procedure and shall be heard only in the superior court in and for the Counties of Sacramento, San Francisco, Los Angeles, or San Diego.

(13) Automatic Suspension of License While Incarcerated

This bill adds a new section (Section 720.8 of the B&P Code) that would provide that the license of a licensee shall be suspended automatically if the licensee is incarcerated after the conviction of a felony, regardless of whether the conviction has been appealed, and would require the board to notify the licensee of the suspension and of his or her right to a specified (due process) hearing. The board would be required to review the license suspension immediately upon receipt of court documents regarding the conviction to determine if the felony of which the licensee was convicted was substantially related to the qualifications, functions, or duties of the licensee. Specifies that the conviction of certain serious crimes are conclusively presumed to be substantially related. Provides that the board may set aside or decline to impose suspension of the license when it appears to be in the interest of justice to do so, with due regard to maintaining the integrity of and confidence in the practice regulated by the board.

Reason for this Change: This new section is identical to Section 2236.1 of the B&P Code which is applicable to physicians and surgeons and podiatrists. There is no reason why other health professionals should not be subject to the same requirements regarding suspension of their license if they are convicted of a felony and incarcerated. Automatic license suspension is needed to prevent health care professional from practicing while in prison or while released pending appeal of their convictions. Years may pass before a convicted licensee's license can be revoked. According to the LA Times, "in some cases, nurses with felony records continue to have spotless licenses - - even while serving time behind bars." The LA Times gave examples of at least five nurses who had felony convictions and yet continued to have a license in good standing.

Concerns Raised:

Add Section 720.8 to the B&P Code, to read:

720.8. (a) The license of a licensee of a board shall be suspended automatically during any time that the licensee is incarcerated after conviction of a felony, regardless of whether the conviction has been appealed. The board shall, immediately upon receipt of the certified copy of the record of conviction, determine whether the license of the licensee has been automatically suspended by virtue of his or her incarceration, and if so, the duration of that suspension. The board shall notify the licensee of the license suspension and of his or her right to elect to have the issue of penalty heard as provided in subdivision (d).

(b) Upon receipt of the certified copy of the record of conviction, if after a hearing before an administrative law judge from the Office of Administrative Law it is determined that the felony for which the licensee was convicted was substantially related to the qualifications, functions, or duties of a licensee, the board shall suspend the license until the time for appeal has elapsed, if no appeal has been taken, or until the judgment of conviction has been affirmed on appeal or has otherwise become final, and until further order of the board.

(c) Notwithstanding subdivision (b), a conviction of a charge of violating any federal statutes or regulations or any statute or regulation of this state, regulating dangerous drugs or controlled substances, or a conviction of Section 187, 261, 262, or 288 of the Penal Code, shall be conclusively presumed to be substantially related to the qualifications, functions, or duties of a licensee and no hearing shall be held on this issue. However, upon its own motion or for good cause shown, the board may decline to impose or may set aside the suspension when it appears to be in the interest of justice to do so, with due regard to maintaining the integrity of and confidence in the practice regulated by the board.

(d) (1) Discipline may be ordered against a licensee in accordance with the laws and regulations of the board when the time for appeal has elapsed, the judgment of conviction has been affirmed on appeal, or an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

(2) The issue of penalty shall be heard by an administrative law judge from the Office of Administrative Law. The hearing shall not be had until the judgment of conviction has become final or, irrespective of a subsequent order under Section 1203.4 of the Penal Code, an order granting probation has been made suspending the imposition of sentence; except that a licensee may, at his or her option, elect to have the issue of penalty decided before those time periods have elapsed. Where the licensee so elects, the issue of penalty shall be heard in the manner described in subdivision (b) at the hearing to determine whether the conviction was substantially related to the qualifications, functions, or duties of a licensee. If the conviction of a licensee who has made this election is overturned on appeal, any discipline ordered pursuant to this section shall automatically cease. Nothing in this subdivision shall prohibit the board from pursuing disciplinary action based on any cause other than the overturned conviction.

(e) The record of the proceedings resulting in the conviction, including a transcript of the testimony therein, may be received in evidence.

(f) Any other provision of law setting forth a procedure for the suspension or revocation of a license issued by a health care license board shall not apply to proceedings conducted pursuant to this section.

(14) Mandatory Revocation for Acts of Sexual Exploitation and Registration as Sex Offender

This bill adds a new section (Section 720.10 of the B&P Code) that a decision issued by an administrative law judge that contains a finding that a health care practitioner engaged in any act of sexual exploitation, as defined in Section 729 of the B&P Code, with a patient, or has committed an act of been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge. Also adds a new section (Section 720.12 of the B&P Code) that would require the board to deny a license to an applicant or revoke the license of a licensee who has been required to register as a sex offender.

Reason for this Change: The new section 720.10 is similar to language which currently exists for physicians (Section 2246 of the B&P Code), for psychologists (Section 2960.1 of the B&P Code), for respiratory care therapists (Section 3752.7 of the B&P Code), for marriage and family therapists (Section 4982.26 of the B&P Code), and for clinical social workers (Section 4992.33 of the B&P Code). The new section 720.12 is similar to language which currently exists for physicians (Section 2221 (d) and Section 2232 of the B&P Code), for dentists (Section 1687 of the B&P Code), for physical therapists (Section 2660.5 of the B&P Code) and for psychologists (Section 2964.3 of the B&P Code). There is no reason why other health professionals should not be subject to the same requirements for revoking a license for acts of sexual exploitation or conviction of a sex offense, or denying or revoking a license of a person who is a registered sex offender.

Concerns Raised: There were no concerns raised about language in SB 294 which dealt with revoking a license for acts of sexual misconduct or conviction of a sex offense by a licensee. The language to deny or revoke a license of a registered sex offender was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Section 720.10 to the B&P Code, to read:

720.8. Except as otherwise provided, any proposed decision or decision issued under this article in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee or registrant engaged in any act of sexual contact, as defined in Section 729, with a patient, or has committed an act or been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge. Unless otherwise provided in the laws and regulations of the board, the patient shall no longer be considered a patient of the licensee when the order for medical services and procedures provided by the licensee is terminated, discontinued, or not renewed by the prescribing physician and surgeon.

***Add* Section 720.12 to the B&P Code, to read:**

720.10. (a) Except as otherwise provided, with regard to an individual who is required to register as a sex offender pursuant to Section 290 of the Penal Code, or the equivalent in another state or territory, under military law, or under federal law, the board shall be subject to the following requirements:

(1) The board shall deny an application by the individual for licensure in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) If the individual is licensed under Division 2, the board shall promptly revoke the license of the individual in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of theGovernment Code. The board shall not stay the revocation and place the license on probation.

(3) The board shall not reinstate or reissue the individual's licensure. The board shall not issue a stay of license denial and place the license on probation.

(b) This section shall not apply to any of the following:

(1) An individual who has been relieved under Section 290.5 of the Penal Code of his or her duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law or the law of the jurisdiction that requires his or her registration as a sex offender.

(2) An individual who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code. However, nothing in this paragraph shall prohibit the board from exercising its discretion to discipline a licensee under other provisions of state law based upon the licensee's conviction under Section 314 of the Penal Code.

(3) Any administrative adjudication proceeding under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that is fully adjudicated prior to January 1, 2008. A petition for reinstatement of a revoked or surrendered license shall be considered a new proceeding for purposes of this paragraph, and the prohibition against reinstating a license to an individual who is required to register as a sex offender shall be applicable.

(15) Prohibition of Gag Clauses in Civil Dispute Settlement Agreements

This bill adds a new section (Section 720.14 of the B&P Code) that would prohibit a licensee from including, or permitting to be included, any provision in a civil dispute settlement agreement which would prohibit a person from contacting, cooperating with, or filing a complaint with a board based on any action arising from his or her practice. (This is known as a "gag clause" in a malpractice settlement.)

Reason for this Change: The new section 720.14 is similar to language which currently exists for physicians (Section 2220.7 of the B&P Code). AB 249 (Eng, 2007) would have extended this prohibition to all healing arts professionals but was vetoed by the Governor. There is no reason why other health professionals should not be subject to the same prohibition which would prevent them from including a "gag clause" in a malpractice settlement and thus preventing a board from receiving information about a practitioner who may have violated the law. The use of gag clauses still persists. Gag clauses are sometimes used to intimidate injured victims so they refuse to testify against a licensee in investigations. Gag clauses can cause delay and thwart a boards effort to investigate possible cases of misconduct, thereby preventing the board from performing its most basic function – protection of the public. Gag clauses increase costs to taxpayers, delay action by regulators, and tarnish the reputation of competent and reputable licensed health professionals. California should not allow repeat offenders who injure patients to hide their illegal acts from the authority that grants them their license to practice as a healthcare professional.

Concerns Raised: There were no concerns raised about language in SB 294 which dealt with providing a prohibition against gag clauses in civil dispute settlements.

Add Section 720.14 to the B&P Code, to read:

720.14. (a) A licensee of a board shall not include or permit to be included any of the following provisions in an agreement to settle a civil dispute arising from his or her practice, whether the agreement is made before or after the filing of an action:

(1) A provision that prohibits another party to the dispute from contacting or cooperating with the board.

(2) A provision that prohibits another party to the dispute from filing a complaint with the board.

(3) A provision that requires another party to the dispute to withdraw a complaint he or she has filed with the board.

(b) A provision described in subdivision (a) is void as against public policy.

(c) A violation of this section constitutes unprofessional conduct and may subject the licensee to disciplinary action.

(d) If a board complies with Section 2220.7, that board shall not be subject to the requirements of this section.

(16) Access to Medical Records/Documents Pursuant to Investigations

This bill adds a new section (Section 720.16 of the B&P Code) that would authorize the Attorney General and his or her investigative agents and boards to inquire into any alleged violation of the laws under the board's jurisdiction and to inspect documents subject to specified procedures. Specifies that if a board complies with Section 2225 of the B&P Code they are not subject to this new section.

Adds new section (Section 720.18 of the B&P code) that would subject a licensee or a health facility to civil and criminal penalties if they fail to comply with a patient's medical record request, as specified, within 15 days, or if they fail or refuse to comply with a court order mandating release of record. Provides that this new section shall not apply to a licensee who does not have access to, or control over, certified medical records. Specifies that if a board complies with Section 2225.5 of the B&P Code they are not subject this new section.

Reason for this Change: New sections 720.16 and 720.18 are similar to language which currently exists for physicians and surgeons and podiatrists (Sections 2225 and 2225.5 of the B&P Code) and section 720.18 is also similar to language which currently exists for dentists and psychologists (Sections 1684.5 and 2969 of the B&P Code). When a board or the Attorney General is trying to obtain important documents and medical records pursuant to a disciplinary action of a licensee, requirements for obtaining these documents and records should be consistent with those of other health care practitioners. Language has been included which protects those licensees who may not be responsible for medical records or have no access or control over these records. Also, medical records can only be obtained under two circumstances: (1) The patient has given written authorization for release of the records to a board; and, (2) the board or the Attorney General have sought a court order and the court has issued a subpoena mandating the release of records. Under both circumstances penalties would apply if the records are not supplied by those who have both possession and control over the records.

Concerns Raised: (concerns which have been raised by nurses groups and others)

Add Section 720.16 to the B&P Code, to read:

720.16. (a) Notwithstanding any other provision of law making a communication between a licensee of a board and his or her patients a privileged communication, those provisions shall not apply to investigations or proceedings conducted by a board. Members of a board, deputies, employees, agents, the Attorney General's Office, and representatives of the board shall keep in confidence during the course of investigations the names of any patients whose records are reviewed and may not disclose or reveal those names, except as is necessary during the course of an investigation, unless and until proceedings are instituted. The authority under this subdivision to examine records of patients in the office of a licensee is limited to records of patients who have complained to the board about that licensee.

(b) Notwithstanding any other provision of law, the Attorney General and his or her investigative agents, and a board and its investigators and representatives may inquire into any alleged violation of the laws under the jurisdiction of the board or any other federal or state law, regulation, or rule relevant to the practice regulated by the board, whichever is applicable, and may inspect documents relevant to those investigations in accordance with the following procedures:

(1) Any document relevant to an investigation may be inspected, and copies may be obtained, where patient consent is given.

(2) Any document relevant to the business operations of a licensee, and not involving medical records attributable to identifiable patients, may be inspected and copied where relevant to an investigation of a licensee.

(c) In all cases where documents are inspected or copies of those documents are received, their acquisition or review shall be arranged so as not to unnecessarily disrupt the medical and business operations of the licensee or of the facility where the records are kept or used.

(d) Where certified documents are lawfully requested from licensees in accordance with this section by the Attorney General or his or her agents or deputies, or investigators of any board, they shall be provided within 10 business days of receipt of the request, unless the licensee is unable to provide the certified documents within this time period for good cause, including, but not limited to, physical inability to access the records in the time allowed due to illness or travel. Failure to produce requested certified documents or copies thereof, after being informed of the required deadline, shall constitute unprofessional conduct. A board may use its authority to cite and fine a licensee for any violation of this section. This remedy is in addition to any other authority of the board to sanction a licensee for a delay in producing requested records.

(e) Searches conducted of the office or medical facility of any licensee shall not interfere with the recordkeeping format or preservation needs of any licensee necessary for the lawful care of patients.

(f) The licensee shall cooperate with the board in furnishing information or assistance as may be required, including, but not limited to, participation in an interview with investigators or representatives of the healing arts board.

(g) If a board complies with Section 2225, that board shall not be subject to the requirements of this section.

<u>Add</u> Section 720.18 to the B&P Code, to read:

720.18 (a) (1) Notwithstanding any other provision of law, a licensee who fails or refuses to comply with a request for the certified medical records of a patient, that is accompanied by that patient's written authorization for release of records to a board, within 10 days of receiving the request and authorization, shall pay to the board a civil penalty of one thousand dollars ($1,000) per day for each day that the documents have not been produced after the 10th day, up to one hundred thousand dollars ($100,000), unless the licensee is unable to provide the documents within this time period for good cause.

(2) A health care facility shall comply with a request for the certified medical records of a patient that is accompanied by that patient's written authorization for release of records to a board together with a notice citing this section and describing the penalties for failure to comply with this section. Failure to provide

the authorizing patient's certified medical records to the board within 10 days of receiving the request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to one thousand dollars ($1,000) per day for each day that the documents have not been produced after the 10th day, up to one hundred thousand dollars ($100,000), unless the health care facility is unable to provide the documents within this time period for good cause. This paragraph shall not require health care facilities to assist the boards in obtaining the patient's authorization. A board shall pay the reasonable costs of copying the certified medical records, but shall not be required to pay such cost prior to the production of the medical records.

(b) (1) A licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to a board, shall pay to the board a civil penalty of up to one thousand dollars ($1,000) per day for each day that the documents have not been produced after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(2) Any licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to a board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars ($5,000). The fine shall be added to the licensee's renewal fee if it is not paid by the next succeeding renewal date. Any statute of limitations applicable to the filing of an accusation by a board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(3) A health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of patient records to a board, that is accompanied by a notice citing this section and describing the penalties for failure to comply with this section, shall pay to the board a civil penalty of up to one thousand dollars ($1,000) per day for each day that the documents have not been produced, up to one hundred thousand dollars ($100,000), after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(4) Any health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to a health care license board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars ($5,000). Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(c) Multiple acts by a licensee in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars ($5,000) or by imprisonment in a county jail not exceeding six months, or by both that fine and imprisonment. Multiple acts by a health care facility in violation of subdivision (b) shall be

punishable by a fine not to exceed five thousand dollars ($5,000) and shall be reported to the State Department of Public Health and shall be considered as grounds for disciplinary action with respect to licensure, including suspension or revocation of the license or certificate.

(d) A failure or refusal of a licensee to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board constitutes unprofessional conduct and is grounds for suspension or revocation of his or her license.

(e) Imposition of the civil penalties authorized by this section shall be in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Division 3 of Title 2 of the Government Code). Any civil penalties paid to or received by a board pursuant to this section shall be deposited into the fund administered by the board.

(f) For purposes of this section, "certified medical records" means a copy of the patient's medical records authenticated by the licensee or health care facility, as appropriate, on a form prescribed by the licensee's board.

(g) For purposes of this section, a "health care facility" means a clinic or health facility licensed or exempt from licensure pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

(h) If a board complies with Section 1684.5, Section 2225.5 or Section 2969, that board shall not be subject to the requirements of this section.

(i) This section shall not apply to a licensee who does not have access to, or control over, certified medical records.

(17) Access to Records/Documents from Governmental Agencies

This bill adds a new section (Section 720.20 of the B&P Code) that would require a state agency upon receiving a request from a board to provide all records in the custody of the agency including but not limited to confidential reports, medical records and records related to closed or open investigations. A state agency shall also be required to notify the board if it is conducting an investigation against a licensee and shall cooperate with the board in providing all requested information.

Reason for this Change: According to the Department, when the Department's regulatory programs are conducting an investigation on one of their licensees, there can be significant delays caused by the amount of time it takes to secure records from various state agencies. This proposal would solve this problem by requiring these agencies to release information relevant to investigations, upon the request of a board.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Section 720.20 to the B&P Code, to read:

720.20. (a) Notwithstanding any other provision of law, a state agency shall, upon receiving a request in writing from a healing arts board, immediately provide to the board all records in the custody of the agency including, but not limited to, confidential records, medical records, and records related to closed or open investigations.

(b) Where a state agency has knowledge that a person it is investigating is licensed by a healing arts board, it shall notify the healing arts board that it is conducting an investigation against one of its licentiates. The notification of investigation to the healing arts board is to include the name, address, and if known, the professional licensure type and license number of the person being investigated and the name and address or telephone number of a person who can be contacted for further information about the investigation. The state agency shall cooperate with the healing arts board in providing all requested information.

(18) Payment to Agencies for Record/Documents Received

This bill adds a new section (Section 720.22 of the B&P Code) that would require all local and state law enforcement agencies, state and local governments, state agencies and licensed health care facilities, and employers of any licensee of a board to provide records requested prior to receiving payment from the board.

Reason for this Change: According to the Department, only a small number of external governmental agencies charge boards for producing records (i.e., Federal courts, several Los Angeles county agencies). However, under current practices, procedures involved in receiving approval for and completing the payment can delay delivery of the requested records.

The Department recommends a statutory mandate to compel any law enforcement agency, court, government entity, health facility, or employer who charges a fee for copies of any records to produce and deliver those copies prior to receiving payment from a board.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Section 720.22 to the B&P Code, to read:
720.22. Notwithstanding any other provision of law, all local and state law enforcement agencies, state and local governments, state agencies, licensed health care facilities, and employers of any licensee of a board shall provide records to the boards upon request prior to receiving payment from the board.

(19) Employer of Health Care Practitioner Reporting Requirements

This bill adds a new section (Section 720.24 of the B&P Code) that would require any employer of a health care licensee to report to the respective board the suspension or termination for cause any health care licensee in its employ. This report shall be kept confidential except as provided under subdivision (c) of Section 800 of the B&P Code dealing with release of information within the central file of the licensee. This new provision shall also not be in conflict with nor change any of the current reporting requirements of a peer review body or licensed health care facility or clinic pursuant to Section 805 of the B&P Code.

Reason for this Change: This new section 720.24 is similar to language which currently exists for vocational nurses (Section 2878.1 of the B&P Code), psychiatric technicians (Section 4521.2 of the B&P Code) and respiratory care therapists (Section 3758 of the B&P Code). The Medical Board, the Board of Podiatric Medicine, Board of Behavioral Sciences, Board of Psychology and Dental Board also have more extensive reporting requirements for peer review bodies and hospitals which are specified in Section 805 of the B&P Code. There is no reason why the remaining health-related boards should not have similar reporting requirements for those licensees who have been suspended or terminated from employment for specified disciplinary reasons.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Section 720.24 to the B&P Code, to read:

720.24. (a) Any employer of a health care licensee shall report to the board the suspension or termination for cause, or any resignation in lieu of suspension or termination for cause, of any health care licensee in its employ within five business days. The report shall not be made until after the conclusion of the review process specified in Section 52.3 of the California Code of Regulations and Skelly v. State Personnel Bd. (1975) 15 Cal.3d 194, for public employees. This required reporting shall not constitute a waiver of confidentiality of medical records. The information reported or disclosed shall be kept confidential except as provided in subdivision (c) of Section 800 of the Business and Professions Code and shall not be subject to discovery in civil cases.

(b) For purposes of the section, "suspension or termination for cause" is defined as suspension or termination from employment for any of the following reasons:

(1) Use of controlled substances or alcohol to the extent that it impairs the licensee's ability to safely practice.

(2) Unlawful sale of a controlled substance or other prescription items.

(3) Patient or client abuse, neglect, physical harm, or sexual contact with a patient or client.

(4) Falsification of medical records.

(5) Gross negligence or incompetence.

(6) Theft from patients or clients, other employees, or the employer.

(c) Failure of an employer to make a report required by this section is punishable by an administrative fine not to exceed one hundred thousand dollars ($100,000) per violation.

(d) Pursuant to Section 43.8 of the Civil Code, no person shall incur any civil penalty as a result of making any report required by this chapter.

(e) This section shall not apply to any of the reporting requirements under Section 805.

(20) Annual Enforcement Reports by Boards to the Department and Legislature

This bill adds a new section (Section 720.26 of the B&P Code) that would require the boards to report annually, by October 1, to the DCA and the Legislature certain information, including, but not limited to, the total number of consumer calls received by the board, the total number of complaint forms received by the board, the total number of convictions reported to the board, and the total number of licensees in diversion or on probation or alcohol or drug abuse.

Reason for this Change: The new section 720.26 is similar to language which currently exists for physicians and surgeons (Section 2313 of the B&P Code). There is no reason why other health-related boards should not be subject to the same requirements as the Medical Board in submitting an annual enforcement report both to the DCA and the Legislature.

Concerns Raised: There were no concerns raised about language in SB 294 which dealt with the requirement for annual enforcement reports by the boards.

Add Section 720.26 to the B&P Code, to read:
720.26. (a) Each board shall report annually to the department and the Legislature, not later than October 1 of each year, the following information:
(1) The total number of consumer calls received by the board and the number of consumer calls or letters designated as discipline-related complaints.
(2) The total number of complaint forms received by the board.
(3) The total number of reports received by the board pursuant to Section 801, 801.01, and 803, as applicable.
(4) The total number of coroner reports received by the board.
(5) The total number of convictions reported to the board.
(6) The total number of criminal filings reported to the board.
(7) If the board is authorized to receive reports pursuant to Section 805, the total number of Section 805 reports received by the board, by the type of peer review body reporting and, where applicable, the type of health care facility involved, and the total number and type of administrative or disciplinary actions taken by the board with respect to the reports, and their disposition.
(8) The total number of complaints closed or resolved without discipline, prior to accusation.
(9) The total number of complaints and reports referred for formal investigation.
(10) The total number of accusations filed and the final disposition of accusations through the board and court review, respectively.
(11) The total number of citations issued, with fines and without fines, and the number of public letters of reprimand, letters of admonishment, or other similar action issued, if applicable.
(12) The total number of final licensee disciplinary actions taken, by category.
(13) The total number of cases in process for more than six months, more than 12 months, more than 18 months, and more than 24 months, from receipt of a complaint by the board.

(14) The average and median time in processing complaints, from original receipt of the complaint by the board, for all cases, at each stage of the disciplinary process and court review, respectively.
(15) The total number of licensees in diversion or on probation for alcohol or drug abuse or mental disorder, and the number of licensees successfully completing diversion programs or probation, and failing to do so, respectively.
(16) The total number of probation violation reports and probation revocation filings, and their dispositions.
(17) The total number of petitions for reinstatement, and their dispositions.
(18) The total number of caseloads of investigators for original cases and for probation cases, respectively.
(b) "Action," for purposes of this section, includes proceedings brought by, or on behalf of, the board against licensees for unprofessional conduct that have not been finally adjudicated, as well as disciplinary actions taken against licensees.
(c) If a board complies with Section 2313, that board shall not be subject to the requirements of this section.

(21) Enforcement Timeframes for the Attorney General's Office

This bill adds a new section (Section 720.30 of the B&P Code) that would require the Office of the Attorney General to serve an accusation within 60 calendar days after receipt of a request for accusation from a board. Would also require the Attorney General to serve a default decision within five days following the time period allowed for the filing of a Notice of Defense and to set a hearing date within three days of receiving a Notice of Defense, unless instructed otherwise by the board.

Reason for this Change: There are delays in the prosecution of cases at the AG's Office that is contributing to the lengthy enforcement and disciplinary process that can take on average up to 2 to 3 years. According to statistics provided by the AG's Office, the average time for the AG to file an accusation for a board is taking from 5 to 8 months, and to complete prosecution can take on average about 400 days. There were also concerns raised about the time it takes the AG to prepare a proposed default decision. The filing of a default decision is made once a licensee has failed to file a "notice of defense" when an accusation has been served on him or her. If the licensee fails to file a notice of defense within a specified timeframe, he or she is subject to a default judgment because of a failure to appear or make a defense of their disciplinary case. In 2004-2005 it was taking the AG almost 6 months to file a proposed default decision. In 2008-2009 it was down to about 2.5 months. However, filing of a proposed default decision is "not rocket science" and should only take a matter of days.

Concerns Raised: There were no concerns raised about language in SB 294 which dealt with the requirement for annual enforcement reports by the boards.

Add Section 720.30 to the B&P Code, to read:

720.30. (a) The Office of the Attorney General shall serve an accusation within 60 calendar days of receipt from a board or bureau.

(b) The Office of the Attorney General shall serve a default decision within five days following the time period allowed for the filing of a Notice of Defense.

(c) The Office of the Attorney General shall set a hearing date within three days of receiving a Notice of Defense, unless board or bureau gives the Office of the Attorney General instruction otherwise.

(22) Misdemeanor for Violation of Article 10.1 – Healing Arts Licensing Enforcement Act

Existing Law Sections 2314 and 2315 for the Medical Practices Act, Section 2799 of the Nurses Practice Act, Sections 1700 and 1701 of the Dental Practice Act, Sections 4321 of the Pharmacy Act, and other healing arts licensing acts all specify that a violation of any of the provisions of their specific acts is a misdemeanor and provides specific penalties for a violation of any provision of their Practice Act or for specified provisions.

This bill adds a new section (Section 720.32 of the B&P Code) that makes a violation of these new enforcement provisions that apply to all healing arts boards (Article 10.1 of the B&P Code) a misdemeanor. This misdemeanor provision is similar to Sections in the Medical Practices Act and would provide for increased penalties for a violation of Section 736, for the use of a controlled substance, dangerous drugs or alcohol to extent that it would be dangerous or injurious to the licensee or the public or to the extent it would impair the ability of the licensee to practice safely.

Reason for this Change: Since the provisions in new Article 10.1 relate to similar enforcement provisions within different Practice Acts, a violation of any of these provisions should also be a misdemeanor with specific penalties that would be applicable. As a health care practitioner, the use of a controlled substance, dangerous drugs or alcohol is considered as a more egregious act since it directly jeopardizes the care of patients and therefore would carry a more severe penalty.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Section 720.32 to the B&P Code, to read:

720.32. (a) Unless it is otherwise expressly provided, any person, whether licensed pursuant to Division 2 or not, who violates any provision of this article is guilty of a misdemeanor and shall be punished by a fine of not less than two hundred dollars ($200) nor more than one thousand two hundred dollars ($1,200), or by imprisonment for a term of not less than 60 days no more than 180 days, or by both such fine and imprisonment.

(b) A violation of Section 736 is a misdemeanor punishable by a fine of up to ten thousand dollars ($10,000), imprisonment in the county jail of up to six months, or both the fine and imprisonment.

(23) Deny License for Mental Illness or Chemical Dependency

Existing Law (Section 480 of the B & P Code) allows a board to deny a license on various grounds, including conviction of a crime, commission of any crime involving dishonesty, fraud or deceit or any act if committed would be grounds for suspension or revocation of a license. Section 820 of the B & P Code also allows a licensing agency to order a licentiate to be examined by one of more physicians whenever it appears that any person holding a license, certificate, or permit may be unable to practice their profession safely because of a mental illness, or physical illness affecting competency.

This bill is similar to what Section 820 authorizes for existing licenses, adds a new section (Section 720.34 of the B&P Code) which would grant the healing arts boards the authority to deny a license, certificate or permit to an applicant who may be unable to practice his or her profession safely because of mental or physical illness. The bill would also provide the applicant an opportunity to appeal the board's denial by submitting to a board approved psychological or physical examination to evaluate his/her competency to practice.

Reason for this Change: Boards lack the authority to deny a license application or compel an applicant to submit to a psychological or physical examination when the applicant's fitness to practice is compromised based on suspected mental illness or chemical dependency. Boards have the authority to deny an applicant a license for criminal convictions, dishonesty, fraud or deceit, or any act if committed by a licensee would be grounds for disciplinary action. This proposed language would solidify the Board's authority to protect the public, given the potential harm/damage to public safety of a substance abusing licensee or one with mental illness or other physical illness.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Section 720.34 to the B&P Code, to read:
720.34. (a) Whenever it appears that any applicant for a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to subdivision (c).

(b) An applicant's failure to comply with an order issued under subsection (a) shall authorize the board to deny an applicant a license, certificate or permit.

(c) A health care licensing board shall not grant a license, certificate or permit until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

(24) Require Boards to Check Information Maintained by the National Practitioner Databank

Existing Federal Law, establishes the National Practitioner Data Bank (NPDB) which is a confidential repository of information related to the professional competence and conduct of physicians, dentists and other health care practitioner. The NPDB establishes reporting requirements for hospitals, health care entities, Boards of Medical Examiners, professional societies or physicians, dentists, or other health care practitioners which take adverse licensure of professional review actions, and entities making payments as a result of medical malpractice actions or claims. The NPDB also enable individuals or entities to obtain information from the NPDB. In enacting the NPDB, the United States Congress intended to improve the quality of health care by encouraging State licensing boards, hospitals, and other health care entities, and professional societies to identify and discipline those who engage in unprofessional behavior; and to restrict the ability of incompetent physicians, dentists, and other health care practitioners to move from State to State without disclosure or discovery of previous medical malpractice payment and adverse action history.

Existing law (Section 2310 of the B & P Code) provides that if a physician and surgeon possess a license or is otherwise authorized to practice medicine in California or by any agency of the federal government and that license or authority is suspended or is revoked outright and is reported to the NPDB, the physician and surgeon's certificate shall be suspended automatically for the duration or the suspension or the revocation.

This bill adds a new section (Section 820.36 of the B&P Code) which would require health care licensing boards to check the National Practitioner Data Bank, or any other national professional or council databases before issuing a license, certificate or permit to any applicant from another state or prior to renewing the license, certificate or permit of an individual who is also licensed in another state.

Reason for this Change: There is no reason for boards not to check the NPDB or other national professional or council databases to find out whether applicants or licensees have been sanctioned or disciplined by other states prior to granting or renewing of a license.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Section 820.36 of the B&P Code, to read:

820.36. (a) Each health care licensing board shall conduct a search on the National Practitioner Data Bank and any other national professional or council databases prior to granting a license, certificate, or permit to an applicant who is licensed by another state.

(b) Each health care licensing board shall conduct a search on the National Practitioner Data Bank or any other national professional or council databases prior

to granting renewal of a license, certificate, or permit, if the licensee holds a similar license, certificate, or permit in another state.

(c) Health care licensing boards may charge a fee to cover the actual cost to conduct the search on the National Practitioner Data Bank or any other national professional or council databases, as specified in subsection (a) and (b).

(25) Conviction of Sexual Misconduct – Crime Substantially Related

Existing Law provides in provisions related to physicians and surgeons, dentists and other health professionals that a conviction of sexual misconduct or a felony requiring registration as a registered sex offender shall be considered a crime substantially related to the qualifications, functions, or duties of a board licensee.

This bill amends Section 726 of the B&P Code so that it would apply these similar provisions to all health professionals.

Reason for this Change: There is no reason why other health professionals who have been convicted of sexual misconduct, or have been required to register as a sex offender pursuant to a felony conviction, should not be subject to the same standard and finding the such a crime is substantially related to the qualifications, functions, or duties of a board licensee.

Concerns Raised: There were no concerns raised about this language in SB 294.

Amend Section 726 to the B&P Code, to read:

726. ***(a)*** The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this division~~,~~ ***and*** under any initiative act referred to in this division ~~and under Chapter 17 (commencing with Section 9000) of Division 3~~.

(b) For purposes of Division 1.5 (commencing with Section 475), and the licensing laws and regulations of a healing arts board, the commission of, and conviction for, any act of sexual abuse, misconduct or attempted sexual misconduct, whether or not with a patient, or conviction of a felony requiring registration pursuant to Section 290 of the Penal Code shall be considered a crime substantially related to the qualifications, functions, or duties of a healing arts board licensee.

~~This~~

(c) *This* section shall not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship.

(26) Unprofessional Conduct for Drug Related Offenses

This bill adds a new section (Section 734 of the B&P Code) that a conviction of a charge of violating any federal statutes or regulations or any statute or regulation of this state, regulating dangerous drugs or controlled substances, constitutes unprofessional conduct, and that the record of the conviction is conclusive evidence of such unprofessional conduct. Adds new section (Section 735 of the B&P Code) that a violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct. Adds new section (Section 736 of the B&P Code) that the use or prescribing for or administering to himself or herself, of any controlled substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner at to be dangerous or injurious to the licensee, or to any other person or the public, or to the extent that such use impairs the ability of the licensee to practice safely, or if a crime is committed regarding the use, consumption or self-administration of any substances specified, shall constitute unprofessional conduct.

Reason for this Change: These new sections are identical to Sections 2237, 2238 and 2239 of the B&P Code which are applicable to physicians and surgeons and podiatrists. There is no reason why other health professionals should not be subject to the same requirements regarding certain drug related offenses which would be considered as unprofessional conduct on the part of the practitioner.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Section 734 to the B&P Code, to read:

734. (a) The conviction of a charge of violating any federal statutes or regulations or any statute or regulation of this state, regulating dangerous drugs or controlled substances, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of such unprofessional conduct. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section.

(b) Discipline may be ordered against a licensee in accordance with the laws and regulations of the board or the board may order the denial of the license when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

***Add* Section 735 to the B&P Code, to read:**

735. A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct.

***Add* Section 736 to the B&P Code, to read:**

736. (a) The use or prescribing for or administering to himself or herself, of any controlled substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that such use impairs the ability of the licensee to practice safely or any misdemeanor or felony involving the use, consumption, or self- administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of such unprofessional conduct.

(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. Discipline may be ordered against a licensee in accordance with the laws and regulations of the board or the board may order the denial of the license when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

(27) Unprofessional Conduct for Failure to Cooperate With Investigation of Board

This bill adds a new section (Section 737 of the B&P Code) that a failure to furnish information in a timely manner to the board or cooperate in any disciplinary investigation constitutes unprofessional conduct.

Reason for this Change: This new section is similar to other state statutes and to Section 6068 (i) of the B&P Code. This statutory requirement was recommended by the Attorney General's Office. According to the AG, a significant factor preventing the timely completion of investigations is the refusal of some health care practitioners to cooperate with an investigation of the board. This refusal to cooperate routinely results in significant scheduling problems and delays, countless hours wasted serving and enforcing subpoenas, and delays resulting from the refusal to produce documents or answer questions during interviews. Other states have long required their licensees to cooperate with investigations being conducted by disciplinary authorities. (See listing of statutes provided by the AG's Office.) The AG argues that the enactment of a statutory requirement in California would significantly reduce the substantial delays that result of a practitioner's failure to cooperate during a board's investigation.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Section 737 to the B&P Code, to read:

737. It shall be unprofessional conduct for any licensee of a healing arts board who fails to comply with the following:

(a) Furnish information in a timely manner to the board or the board's investigators or representatives if legally requested by the board.

(b) Cooperate and participate in any disciplinary investigation or other regulatory or disciplinary proceeding pending against himself or herself. However, this subdivision shall not be construed to deprive an attorney of any privilege guaranteed by the Fifth Amendment to the Constitution of the United States, or any other constitutional or statutory privileges. This subdivision shall not be construed to require an attorney to cooperate with a request that requires him or her to waive any constitutional or statutory privilege or to comply with a request for information or other matters within an unreasonable period of time in light of the time constraints of the attorney's practice. Any exercise by an attorney of any constitutional or statutory privilege shall not be used against the attorney in a regulatory or disciplinary proceeding against him or her.

(28) Reporting by Licensee of Arrest, Convictions or Disciplinary Action

Existing Law (Section 802.1 of the B&P Code) requires a physician and surgeon, osteopathic physician and surgeon, and a doctor of podiatric medicine to report to his or her respective board when there is an indictment or information charging a felony against the licensee or he or she been convicted of a felony or misdemeanor.

This bill would expand that requirement to any licensee of a hearing arts board and require the licensee to submit a written report for the for the following reasons: (1) If there is bringing of an indictment or information charging a felony against the licensee. (2) The conviction of the licensee of any felony or misdemeanor. (3) Any disciplinary action taken by another health arts board of this state or a healing arts board of another state.

Reason for this Change: There is no reason why all health professionals should not be subject to the same reporting requirements as some of the other health professionals.

Concerns Raised: (concerns raised by nursing profession)

Amend Section 802.1 to the B&P Code, to read:
802.1. (a) (1) ~~A physician and surgeon, osteopathic physician and surgeon, and a doctor of podiatric medicine~~ ***Any licensee of a board established under this division or under any initiative act referred to in this division shall submit a written*** report either of *any of* the following to the entity that issued his or her license:
(A) The bringing of an indictment or information charging a felony against the licensee.
(B) ***The arrest of the licensee.***
~~(B)~~ ***(C)*** The conviction of the licensee, including any verdict of guilty, or plea of guilty or no contest, of any felony or misdemeanor.
(D) Any disciplinary action taken by another licensing entity or authority of this state or of another state.
(2) The report required by this subdivision shall be made in writing within 30 days of the date of the bringing of the indictment ***or the charging a felony***, ***the arrest,*** ~~or information or of~~ the conviction, ***or the disciplinary action***.
(b) Failure to make a report required by this section shall be a public offense punishable by a fine not to exceed five thousand dollars ($5,000).

(29) Report of Crime or Personal Injury Judgment by Clerk of Court

Existing Law (Section 803 of the B&P Code) requires the clerk of the court within 10 days after a judgment by a court that a crime has been committed by a licensee, or that a licensee is liable for any death or personal injury for an amount in excess of $30,000, to notify healing arts boards, as specified.

This bill amends Section 803 to require that the clerk of the court provide notice to any of the of the listed healing arts boards for which the licensee is licensed, if there is a judgment for a crime committed or for any death or personal injury in excess of $30,000, for which the licensee is responsible due to their negligence, error or omission in practice, or his or her rendering unauthorized professional services.

Reason for this Change: There is no reason the clerk of the court should not report a judgment for a crime or for personal injury to any other health arts boards as listed. Most healing arts boards are currently covered under this provision.

Concerns Raised: There were no concerns raised about this language in SB 294.

Amend Section 803 of the B&P Code, to read:

803. (a) Except as provided in subdivision (b), within 10 days after a judgment by a court of this state that a person who holds a license, certificate, or other similar authority from ~~the Board of Behavioral Science Examiners or from an agency mentioned in subdivision (a) of Section 800 (except a person licensed pursuant to Chapter 3 (commencing with Section 1200))~~ ***any of the healing arts boards established under this division or under any initiative act referred to in this division*** has committed a crime, or is liable for any death or personal injury resulting in a judgment for an amount in excess of thirty thousand dollars ($30,000) caused by his or her negligence, error or omission in practice, or his or her rendering unauthorized professional services, the clerk of the court that rendered the judgment shall report that fact to the agency that issued the license, certificate, or other similar authority.

(b) For purposes of a physician and surgeon, osteopathic physician and surgeon, or doctor of podiatric medicine, who is liable for any death or personal injury resulting in a judgment of any amount caused by his or her negligence, error or omission in practice, or his or her rendering unauthorized professional services, the clerk of the court that rendered the judgment shall report that fact to the agency that issued the license.

(30) Report of Charges of Felony by DA, City Attorney, or Clerk of Court

Existing Law (Section 803.5 of the B&P Code) requires the district attorney, city attorney, other prosecuting agency, or clerk of the court report to specified healing arts boards if the licensee has been charged with a felony immediately upon obtaining information that the defendant is a licensee of the board.

This bill amends Section 803.5 to require that the any filings of charges of a felony be reported to all appropriate healing arts boards for which the licensee is licensed.

Reason for this Change: There is no reason why all other healing arts boards should not receive notice that charges of a felony have been filed against the licensee of the board.

Concerns Raised: There were no concerns raised about this language in SB 294.

Amend Section 803.5 of the B&P Code, to read:

803.5. (a) The district attorney, city attorney, or other prosecuting agency shall notify ~~the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, the State Board of Chiropractic Examiners, or other appropriate allied health board,~~ ***the appropriate healing arts board established under this division or under any initiative act referred to in this division*** and the clerk of the court in which the charges have been filed, of any filings against a licensee of that board charging a felony immediately upon obtaining information that the defendant is a licensee of the board. The notice shall identify the licensee and describe the crimes charged and the facts alleged. The prosecuting agency shall also notify the clerk of the court in which the action is pending that the defendant is a licensee, and the clerk shall record prominently in the file that the defendant holds a license from one of the boards described above.

(b) The clerk of the court in which a licensee of one of the boards is convicted of a crime shall, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the applicable board.

(31) Report of Preliminary Hearing Transcript of Felony by Clerk of Court

Existing Law (Section 803.6 of the B&P Code) requires the clerk of the court to transmit any felony preliminary hearing transcript report to specified healing arts boards if the licensee has been charged with a felony immediately upon obtaining information that the defendant is a licensee of the board.

This bill amends Section 803.6 to require that the any filings of charges of a felony be reported to all appropriate healing arts boards for which the licensee is licensed.

Reason for this Change: There is no reason why all other healing arts boards should not receive notice that charges of a felony have been filed against the licensee of the board.

Concerns Raised: There were no concerns raised about this language in SB 294.

Amend Section 803.6 of the B&P Code, to read:

803.6. (a) The clerk of the court shall transmit any felony preliminary hearing transcript concerning a defendant licensee to ~~the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or other appropriate allied health board, as applicable,~~ ***any of the healing arts boards established under this division or under any initiative act referred to in this division*** where the total length of the transcript is under 800 pages and shall notify the appropriate board of any proceeding where the transcript exceeds that length.

(b) In any case where a probation report on a licensee is prepared for a court pursuant to Section 1203 of the Penal Code, a copy of that report shall be transmitted by the probation officer to the ***appropriate*** board.

(32) Notification of Future Arrests or Convictions from DOJ

This bill creates a new section (803.7 of the B&P Code) to require the Department of Justice to provide reports within 30 days of subsequent arrests, convictions or other updates of licensees.

Reason for this Change: According to the Department, while all new fingerprints are performed electronically, not all records at the DOJ are kept electronically for licensees who were fingerprinted in the past. Retrieving non-electronic records adds unnecessary time to investigations. The Department is not in a position to recommend how exactly the DOJ can reduce the amount of time it takes to complete subsequent arrest and conviction notices, but believes that a benchmark should be set. This would speed up the time it takes to receive some arrest and conviction notices, and will allow boards to take action against licensees sooner. unlicensed practice presents a serious threat to the public health and safety.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Section 803.7 to the B&P Code, to read:
803.7. The Department of Justice shall ensure that subsequent reports authorized to be issued to any board identified in section 101 are submitted to that board within 30 days from notification of subsequent arrests, convictions or other updates.

(33) Authority of Department to Adjust Fees Consistent with CPI

This bill creates a new article and section under Division 2 (Article 15, Section 870 of the B&P Code) to allow the department to annually establish a maximum fee amount for each board, adjusted consistent with the California Consumer Price Index.

Reason for this Change: According to the Department, in almost every instance, boards' fees are set at a specific dollar amount that does not adjust with inflation. Most boards have minimum and maximum fee amounts established in statute, and the exact amount is set by the board through regulations. Even though boards are able to adjust their fees by regulation to reflect inflation, licensee population increases, and increased workload due to legislative mandates, legislation is still required from time to time in order to increase the statutory maximum even if it is to keep up with inflation. Legislative fee increases are time consuming, can require more resources than a regulatory or administrative fee increase. Allowing boards to annually administratively adjust their statutory maximum in manner consistent with the California Consumer Price Index rather than through legislation will provide them with greater flexibility and allow them to better ensure that fees closely reflect the actual cost of administering their regulatory operations. . .

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Article 15 (commencing with Section 870) to Chapter 1 of Division 2 of the B&P Code, to read:

Article 15. Healing Arts Licensing Fees

Add Section 870 of the B&P Code, to read:

803.6. (a) Notwithstanding any provision of law establishing a fee or a fee range in this division, the department may annually establish a maximum fee amount for each board or bureau, adjusted consistent with the California Consumer Price Index.

(b) The department shall promulgate regulations pursuant to the Administrative Procedure Act to establish the maximum fee amount calculated pursuant to subdivision (a).

(c) A board or bureau shall establish, through regulations, the specific amount of all fees authorized by statute at a level that is at or below the amount established pursuant to subdivision (b).

(34) Unlicensed Practice – Public Crime

This bill creates a new article and section under Division 2 (Article 16, Section 880 of the B&P Code) to specify it is a public offense, punishable by a fine not to exceed $100,000 or imprisonment, to engage in any practice, including healing arts practice, without a current and valid license.

Reason for this Change: According to the Department, unlicensed practice presents a serious threat to the public health and safety. However, it can be difficult for a board to get a district attorney to prosecute these cases criminally because the penalties are often significantly less than the cost to prosecute the case. While district attorneys do prosecute the most egregious cases, the inconsistent prosecution of these cases diminishes the deterrent effect. If the penalty for unlicensed practice is substantially increased, the deterrent will be increased two-fold: not only will the punishment be more severe, but district attorneys will be more likely to prosecute these cases.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Add Article 16 (commencing with Section 870) to Chapter 1 of Division 2 of the B&P Code, to read:
Article 15. Unlicensed Practice Public Crime

Add Section 880 of the B&P Code, to read:
880. (a) It is a public offense, punishable by a fine not to exceed one hundred thousand dollars ($100,000), by imprisonment in a county jail not to exceed one year, or by both that fine and imprisonment, for a person to do any of the following:
(1) Any person who does not hold a current and valid license to practice a healing art under this Division, to engage in such practice.
(2) Any person who fraudulently buys, sells, or obtains a license to practice any healing art in Division 2 or to violate any provision of this Division.
(3) Any person who represents himself or herself as engaging or authorized to engage in a healing art of Division 2 who is not authorized to do so.
(b) Notwithstanding any other provision of law, any person who is licensed under Division 2, but who is not authorized to provide some or all services of another healing art, who practices or supervises the practice of those unauthorized services, is guilty of a public crime, punishable by a fine not to exceed one hundred thousand dollars ($100,000), by imprisonment in a county jail not to exceed one year, or by both that fine and imprisonment.

(35) Sunset Dates for Diversion Programs

Existing Law establishes diversion and recovery programs to identify and rehabilitate dentists, osteopathic physicians and surgeons, physical therapists, registered nurses, physician assistants, pharmacists and veterinarians whose competency may be impaired due to, among other things, alcohol and drug abuse. Subject a licensee to disciplinary action by his or her respective board for failure to comply with a diversion program's requirements.

This bill would place a sunset date on all diversion programs operated by boards for January 1, 2013.

Reason for this Change: In regard to the sunset dates placed on diversion programs, this will provide sufficient opportunity for these programs to be reviewed and audited by the Legislature to assure they are operating properly and monitoring those practitioners who participate in these programs. This is similar to action taken by the Legislature with the diversion program of the Medical Board which because of its deficiencies was allowed to sunset in 2008.

Concerns Raised:

(Dentists)

Add Section 1699.2 of the B&P Code, to read:

1699.2. This article shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

(Osteopathic Physicians and Surgeons)

Add Section 2372 of the B&P Code, to read:

2372. This article shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

(Physical Therapists and Physical Therapist Assistants)

Add Section 2669.2 of the B&P Code, to read:

2669.2. This article shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

(Registered Nurses)

Add Section 2669.2 of the B&P Code, to read:

2770.18. This article shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

(Physician Assistants)

***Add* Section 3534.12 of the B&P Code, to read:**

3534.12. This article shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

(Pharmacists or Intern Pharmacists)

***Add* Section 4375 of the B&P Code, to read:**

4375. This article shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

(Veterinarians and Registered Veterinarian Technicians)

***Add* Section 4873.2 of the B&P Code, to read:**

4873.2. This article shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

(36) Requirement for a New Information Technology System

This bill provides that it is the intent of the Legislature that the DCA shall, on or before December 31, 2012, establish an enterprise information technology system necessary to electronically create and update healing arts license information, track enforcement cases, and allocate enforcement efforts pertaining to healing arts licensees.

Reasons for this Change: DCA's current licensing and enforcement database systems are antiquated and impede the boards' ability to meet their program goals and objectives. Over the past 25 years, these systems have been updated and expanded, but system design and documentation have deteriorated to such an extent that it has left the systems unstable and difficult to maintain. These systems have inadequate performance measurement, data quality errors, an inability to quickly adapt to changing laws and regulations, and a lack of available public self-service options. The CPEI relies on advanced workflow capabilities and cross-entity external system communications that the aging system's technology cannot provide.

The implementation of a replacement system is needed to support enforcement monitoring, automate manual processes, streamline processes, and integrate information about licensees. DCA intends to procure a Modifiable Commercial Off-The-Shelf (or "MOTS") enterprise licensing and enforcement case management system. DCA's research has shown various MOTS licensing and enforcement systems exist that can provide intelligent case management to reduce enforcement and licensing turnaround times, detailed performance measurements, increased data quality, advanced configurability, and robust web presences for public self-service.

The Governor's Budget authorizes DCA to redirect existing funds to begin implementation of this system in FY 2010-11.

Concerns Raised: There were no concerns raised about this language in SB 294.

Add Section to the Bill, to read:
(a) It is the intent of the Legislature that the Department of Consumer Affairs shall, on or before December 31, 2012, establish an enterprise information technology system necessary to electronically create and update healing arts license information, track enforcement cases, and allocate enforcement efforts pertaining to healing arts licensees. The Legislature intends the system to be designed as an integrated system to support all business automation requirements of the department's licensing and enforcement functions.
(b) The Legislature also intends the department to enter into contracts for telecommunication, programming, data analysis, data processing, and other services necessary to develop, operate, and maintain the enterprise information technology system.

(37) Adopt Vertical Enforcement and Prosecution Model for All Health Boards

Existing Law (Sections 12529, 12529.5 and 12529.6 of the Government Code) establishes in the Department of Justice the Health Quality Enforcement Section (HQES) to investigate and prosecute cases against licensees and applicants for the Medical Board (MBC), Board of Podiatric Medicine (BPM) and the Board of Psychology (BP), or any committee under the jurisdiction of these boards. Requires the Attorney General (AG) to ensure that the HQES is properly staffed with a sufficient number of experienced and able employees who are capable of handling the most complex and varied types of disciplinary actions against licensees. Requires attorneys for the AG to work closely with each major intake and investigatory unit of the specified boards, to assist in developing uniform standards and procedures for the handling of complaints and investigations. Also states that because of the critical importance of the board's public health and safety function, the complexity of cases involving alleged misconduct by physicians and surgeons, and the evidentiary burden in the board's disciplinary cases, the Legislature finds and declares that using a "vertical prosecution" model for those investigations is in the best interest of the people of California. Requires that each complaint that is referred to a district office of the board for investigation shall be simultaneously and jointly assigned to an investigator and the deputy AG in the HQES that is responsible for prosecuting the case if the investigation results in the filing of an accusation. States that the joint assignment of the investigator and the deputy AG shall exist for the duration of the disciplinary matter. States the during the assignment, the investigator assigned shall, under the direction but not the supervision of the deputy attorney advise the board on legal matters as specified. Sunsets these requirements regarding vertical prosecution on January 1, 2013, but requires by March 1, 2012 a report and recommendations to the Governor and the Legislature on the vertical enforcement model (VE).

This bill amends Section 12529, 12529.5 and 12529.6 to expand the use of the vertical enforcement and prosecution model for cases handled by all other health boards.

Reason for this Change: After a complaint has been investigated by a board (those boards not covered by VE) and there is a determination that the investigatory file contains sufficient evidence to justify disciplinary action, the board uses an attorney from the Licensing Section of the AG's Office to file and prosecute the disciplinary action against its licensee. Similar to DOI investigators, the Licensing Section attorneys are generalists who do not specialize in any particular type of disciplinary action. They prosecute all sorts of DCA licensees, from barbers to landscape architect to nurses. They have high caseloads and are not necessarily familiar with all of the practice acts of the health professions or their regulations.

In contrast, the investigators of the MBC and the HQES prosecutors work together from the time a complaint is referred for investigation in a VE model format. VE increases the efficiency of MBC investigators because the prosecutor is involved in the design of the investigation, reviews the evidence as it comes in, and is able to

direct the closure of cases in which proof of a violation by clear and convincing evidence is not surfacing. This is beneficial for both the accused licensee and the public: non-meritorious cases are closed more quickly (benefiting the licensee), thus allowing the investigator/prosecutor team to move on to attack meritorious cases more quickly to benefit the public. The DOI investigators do not work in VE format with HQES or the Licensing Section prosecutors. A generalist investigator completes an investigation with little or not legal guidance on the elements of the offense, and then hands off a "completed investigation" to a generalist prosecutor who has had not role in the design of the investigation and who thereafter has no investigative assistance. This creates enormous inefficiencies.

Pursuant to recent studies conducted by the MBC on the utilization of the VE model, the use of VE by investigators of the MBC and prosecutors of the HQES have had a positive effect on case processing times, shortening the actual prosecution of cases. Also it has been remarked that the actual quality and preparation of cases has improved as well, especially as to meeting the evidentiary requirements in prosecuting cases. The HQES attorneys are familiar with medical records required, use of medical experts, and other issues inherent in quality of care disciplinary matters in which health professionals may be involved. The Licensing Section and HQES should be restructured so that HQES serves not only MBC, BPM and Board of Psychology, but also the other health related boards such as the BRN, Dental Board, Board of Pharmacy and others which handle either complex or serious disciplinary matters. A special unit within DOI should also be created so that similar to MBC investigators, those investigators of DOI can work in a VE model with HQES attorneys and acquire more expertise in the investigation and handling of health care cases. It should be noted that unlike the Medical Board, however, not every case of the other healing arts boards would need to be subject to a VE model. Generally, cases which are considered as more complex and which would benefit from using the VE model should be referred to the new HQE unit of DOI which would work in a VE model with HQES.

Concerns Raised: The following language was not part of SB 294, so it is unknown at this time if there would be any concerns on the part of the other health professions.

Amend Section 12529 of the B&P Code, to read:

12529. (a) There is in the Department of Justice the Health Quality Enforcement Section. The primary responsibility of the section is to investigate and prosecute proceedings against licensees and applicants within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, ~~or~~ any committee under the jurisdiction of the Medical Board of California***, or any other healing arts boards described under subdivision (a) of Section 720 as requested by their executive officer.***.

(b) The Attorney General shall appoint a Senior Assistant Attorney General of the Health Quality Enforcement Section. The Senior Assistant Attorney General of the Health Quality Enforcement Section shall be an attorney in good standing licensed to practice in the State of California, experienced in prosecutorial or administrative

disciplinary proceedings and competent in the management and supervision of attorneys performing those functions.

(c) The Attorney General shall ensure that the Health Quality Enforcement Section is staffed with a sufficient number of experienced and able employees that are capable of handling the most complex and varied types of disciplinary actions against the licensees of the board.

(d) Funding for the Health Quality Enforcement Section shall be budgeted in consultation with the Attorney General from the special funds financing the operations of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, ~~and the~~ committees under the jurisdiction of the Medical Board of California, ***and any other healing arts boards described under subdivision (a) of Section 720,*** with the intent that the expenses be proportionally shared as to services rendered.

(e) This section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

Amend Section 12529.5 of the B&P Code, to read:

12529.5. (a) All complaints or relevant information concerning licensees that are within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, or the Board of Psychology shall be made available to the Health Quality Enforcement Section. ***Complaints or relevant information may be referred to the Health Quality Enforcement Section as determined by the executive officer of any other healing arts boards described under subdivision (a) of Section 720,***

(b) The Senior Assistant Attorney General of the Health Quality Enforcement Section shall assign attorneys to work on location at the intake unit of the ~~boards described in subdivision (d) of Section 12529~~ ***Medical Board of California, the California Board of Podiatric Medicine, or the Board of Psychology, and shall assign attorneys to work on location at the Health Quality Enforcement Unit of the Division of Investigation of the Department of Consumer Affairs*** to assist in evaluating and screening complaints and to assist in developing uniform standards and procedures for processing complaints.

(c) The Senior Assistant Attorney General or his or her deputy attorneys general shall assist the boards, ~~or~~ committees ***and the Division of Investigation*** in designing and providing initial and in-service training programs for staff of the boards or committees, including, but not limited to, information collection and investigation.

(d) The determination to bring a disciplinary proceeding against a licensee of the boards shall be made by the executive officer of the boards or committees as appropriate in consultation with the senior assistant.

(e) This section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

***Amend* Section 12529.6 of the B&P Code, to read:**

12529.6. (a) The Legislature finds and declares that the ***healing arts boards*** ~~Medical Board of California~~, by ensuring the quality and safety of ~~medical~~ health care, performs one of the most critical functions of state government. Because of the critical importance of the board's public health and safety function, the complexity of cases involving alleged misconduct by ***health care practitioners*** ~~physicians and surgeons~~, and the evidentiary burden in the board's disciplinary cases, the Legislature finds and declares that using a vertical enforcement and prosecution model for those investigations is in the best interests of the people of California.

(b) Notwithstanding any other provision of law, ~~as of January 1, 2006,~~ each complaint that is referred to a district office of the ~~board~~ ***Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, or the Health Quality Enforcement Unit*** for investigation shall be simultaneously and jointly assigned to an investigator and to the deputy attorney general in the Health Quality Enforcement Section responsible for prosecuting the case if the investigation results in the filing of an accusation. The joint assignment of the investigator and the deputy attorney general shall exist for the duration of the disciplinary matter. During the assignment, the investigator so assigned shall, under the direction but not the supervision of the deputy attorney general, be responsible for obtaining the evidence required to permit the Attorney General to advise the board on legal matters such as whether the board should file a formal accusation, dismiss the complaint for a lack of evidence required to meet the applicable burden of proof, or take other appropriate legal action.

(c) The Medical Board of California, the Department of Consumer Affairs, and the Office of the Attorney General shall, if necessary, enter into an interagency agreement to implement this section.

(d) This section does not affect the requirements of Section 12529.5 as applied to the Medical Board of California where complaints that have not been assigned to a field office for investigation are concerned, nor for complaints that have not been assigned to the Health Quality Enforcement Unit.

(e) It is the intent of the Legislature to enhance the vertical enforcement and prosecution model as set forth in subdivision (a). The Medical Board of California, other healing arts boards and the Division of Investigation shall do all of the following:

(1) Increase its computer capabilities and compatibilities with the Health Quality Enforcement Section in order to share case information.

(2) Establish and implement a plan to ~~locate~~ ***collocate, when feasible,*** its enforcement staff and the staff of the Health Quality Enforcement Section ~~in the same offices, as appropriate,~~ in order to carry out the intent of the vertical enforcement and prosecution model.

(3) Establish and implement a plan to assist in team building between its enforcement staff and the staff of the Health Quality Enforcement Section in order to ensure a common and consistent knowledge base.

(f) This section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

***Amend* Section 12529.7 of the B&P Code, to read:**

12529.7. By March 1, 2012, the ~~Medical Board of California~~ ***Department*** in consultation with the ***boards and the*** Department of Justice ~~and the Department of Consumer Affairs,~~ shall report and make recommendations to the Governor and the Legislature on the vertical enforcement and prosecution model created under Section 12529.6.

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: January 2, 2009
SUBJECT: Governor's Decision to "Opt-Out" of Physician Supervision of Nurse Anesthetists for Medicare and MediCal Services
STAFF CONTACT: Janie Cordray

REQUESTED ACTION:

Staff is asking that the members direct staff on how to act upon the Governor's action to "opt-out" of the Medicare and Medicaid (MediCal) requirement that California Registered Nurse Anesthetists (CRNAs) be supervised by physicians. The California Society of Anesthesiologists and the California Medical Association is opposed to the Governor's action and have asked the Board to examine and review the relevant issues surrounding it.

RECOMMENDATION:

The Board may decide to:

- Do nothing; allowing the legal community to grapple with the issues surrounding the Governor's action;
- Write the Governor and ask that he reconsider his decision in light of the Legislative Counsel's opinion that California law requires physician supervision, and therefore "opting out" is not consistent with state law;
- Direct the Advisory Committee on Physician Supervision to further study the issues and report their findings back to the Board.

SUMMARY:

At the October Board meeting, the California Society of Anesthesiologists and the California Medical Association provided the members with written materials explaining the issues relating to the Governor's action to "opt-out" of the Medicare and MediCal requirement that CRNAs be supervised by physicians. (Technically speaking, his action, on June 10, 2009, was exercising the option pursuant to the final rule published in the November 13, 2001, Federal Register, Volume 66, Number 219) They have asked the Board join them in opposing the Governor's action, and work to persuade him to reverse his decision.

In summary, Federal regulations governing Medicare and Medicaid services now authorizes hospitals to be exempt from the requirement that CRNAs be supervised by physicians if the Governor attests to three conditions:

1. The Medical and Nursing boards have been consulted about the access and quality of anesthesia provided in his or her state;
2. The state's citizens are better served if supervision by physicians is not required for CRNAs;
3. The opt-out of the physician supervision requirement is consistent with state law.

While there may be some disagreement about the merits of requiring physician supervision of CRNAs, and a difference of opinion from the Nursing Board relating to allowing independent practice of CRNAs, the Legislative Counsel Bureau has issued a formal opinion that California law requires physician supervision.

The reasons stated by Mr. Schwarzenegger's office for his action was to provide greater anesthesia services in counties where there are inadequate numbers of anesthesiologists. The Governor received a number of letters in support of his action from rural towns such as Willows, Sonora, Hanford, and Oroville, where there are few anesthesiologists willing to provide services.

CONCLUSION:

Legally speaking, it appears that California may not opt-out of the requirement that CRNAs be supervised by physicians, as this would not be consistent with California law. For that reason, staff would ask the members to choose one of the following options:

- Take no action; allowing the legal community to grapple with the issues surrounding the Governor's action;
- Write the Governor and ask that he reconsider his decision in light of the Legislative Counsel's opinion;
- Direct the Board's Advisory Committee on Physician Supervision to further study the issues and report their findings back to the Board.

FISCAL CONSIDERATIONS:

Unknown, although there will be no cost or savings to the Medical Board.

PREVIOUS MBC AND/OR COMMITTEE ACTION:

In the past, the Nursing Board has voiced its opinion that CNRAs are independent practitioners and are not required to have physician supervision. As late as 2005, the Executive Officer of the Board of Registered Nursing (BRN) issued a statement that CRNAs have a status as licensed independent practitioners. In 2002, the Executive Director of the Medical Board wrote to the BRN cautioning that this opinion was contrary to any opinions provided by the Attorney General's Office or DCA legal staff. To date, there has not been any legal documentation provided by the BRN to support their opinion that CRNAs are independent practitioners.

State of California
Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, Ca 95815
www.mbc.ca.gov

Memorandum

Date: January 13, 2010

To: Board Members

From: Deborah Pellegrini
Chief, Licensing Program

Subject: Licensing Program Update

Since the last Board meeting, the Licensing Program:

- Successfully eliminated the physician and surgeon application backlog by December 23, 2009 --- a week ahead of our objective
- Continued to refine and expand the automated workload reports produced from our applicant database
- Hired and trained 17 new staff
- Implemented the Web Applicant Access System
- Actively worked with consultants to develop a draft copy of the Business Process Reengineering Study

The purpose of this report is to give the Board Members information about each of these areas of achievement, and to highlight the progress we have made in overcoming some long-term systemic problems which have plagued the Licensing Program.

Eliminating the Physician and Surgeon Application Backlog

The most recent Licensing Program backlog started in October 2007 and continued to grow through mid-summer 2009. As of October 1, 2009, the Licensing Program had 576 physician and surgeon applications that had not been reviewed within 60 working (approximately 90 calendar) days of receipt. Initial reviews determine if an application is complete and acceptable for licensure or if it is deficient. They also identify the specific information or documentation that is required to complete the application. Applications that have not yet had an initial review and have been at the Board more than 90 days are referred to as backlog. Application inventory is defined as all applications not reviewed including those in backlog, applications reviewed with deficiencies and awaiting additional documents, and applications where a postgraduate training authorization letter was issued.
In mid-October, we implemented an accelerated plan to eliminate the backlog by December 30, 2009. We were successful and completed the review of all applications received prior to October 1 by December 23.

As of January 12, 2010, all applications continue to be reviewed within 90 calendar days of receipt. The oldest application has been at the Board for 75 days (both US/Canadian and international medical school graduates). In addition, the total application inventory of applications not reviewed has been decreased to 1,033 from 1,710 applications at the Board on November 18, 2009.

Automated Workload Reports

When I started as the Licensing Chief in June 2008, there was a lack of organizational knowledge regarding the application (workload) inventory. The Application Tracking System database used to track applications is over 20 years old and processes and procedures tied to using the database have extremely archaic business rules. There was no automated reports developed with the system, and, as such, there were no automated workload reports produced for the Licensing Program. In previous administrations, two reports were generated: quarterly applications received and monthly licenses issued. However, this information was never summarized into one report nor was it validated.

Within one month of starting as Chief, I instituted manual hand counts of the licensing inventory (not reviewed, reviewed and awaiting documents, and issued a postgraduate training authorization letter). By November 2008, we had refined these manual, hand-counted reports to determine which applications were:

- In backlog (received and not reviewed within 90 calendar days)
- Awaiting review within regulatory timelines
- Reviewed but not complete - awaiting additional documents and issued a postgraduate training authorization letter

It took staff approximately 18 hours per month to collect the data and another hour to combine the data into one report. These reports began to identify the seriousness of the application backlog that had started in October 2007.
In August 2009, we obtained the Application Tracking System Ad Hoc Reporting software tool. The Medical Board's Information Systems Branch devoted an analyst to begin working with the licensing staff to develop management reports. We have made some important improvements including weekly reports for:

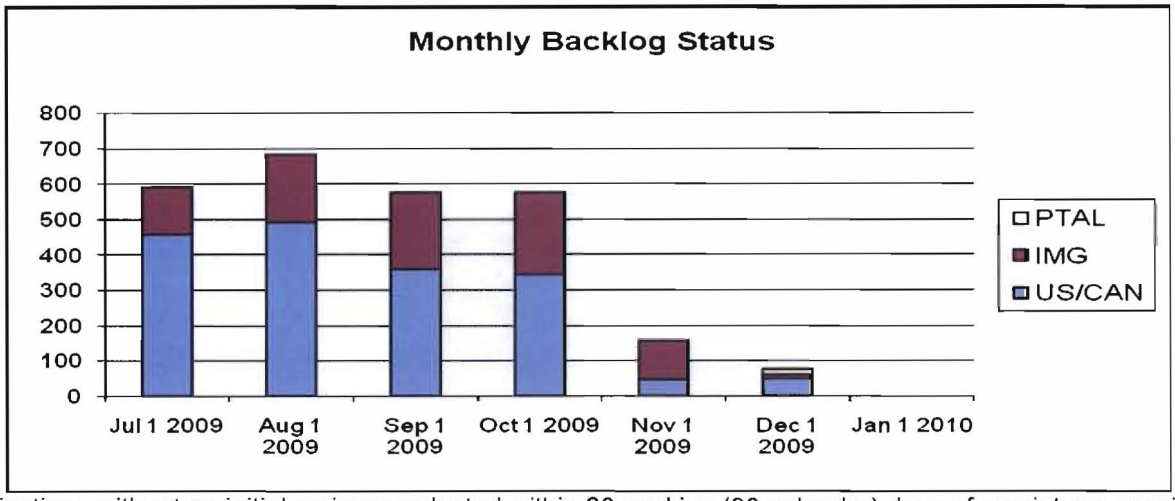
- Applications received by category: US and international medical school graduates for licensure and postgraduate training authorization letters
- Total inventory of applications not reviewed in 90 calendar days
- Number of applications reviewed complete and incomplete with deficiencies
- Licenses issued

This information is now used to create the weekly Board members' reports. An individual report is also generated for each license reviewer with a listing of all applications in his/her caseload received and not reviewed. This has created increased accountability at the individual license reviewer level. These reports have been a tremendous tool and we will continue to refine them to not only track productivity but also predict future workload.

Below are the productivity reports from July 2009 to January 2010 documenting the reduction in the licensing backlog and application inventory not reviewed and weekly production reports from November 18, 2009 to January 12, 2010.

Licensing Backlog Inventory
As of: January 2010

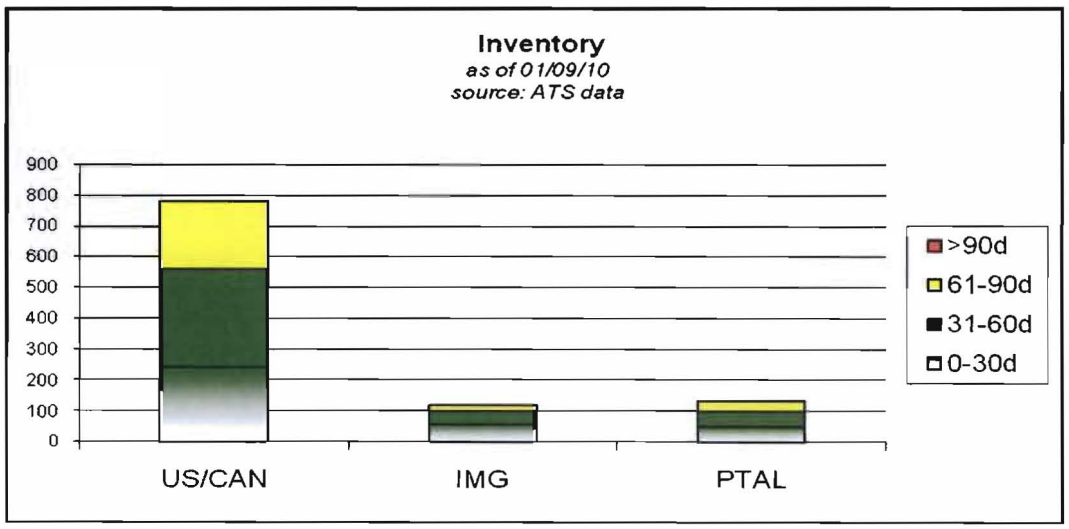
	Jul 1 2009	Aug 1 2009	Sep 1 2009	Oct 1 2009	Nov 1 2009	Dec 1 2009	Jan 1 2010	Feb 1 2010	Mar 1 2010
US/CAN	459	492	361	347	47	52	0		
IMG	133	193	216	229	112	11	0		
PTAL	n/a	n/a	n/a	n/a	n/a	15	0		
TOTAL	592	685	577	576	159	78	0		



Note: Applications without an initial review conducted within 60 working (90 calendar) days of receipt are considered "backlog". An application is defined as received when both the application form L1A-E and the application fee have been received.

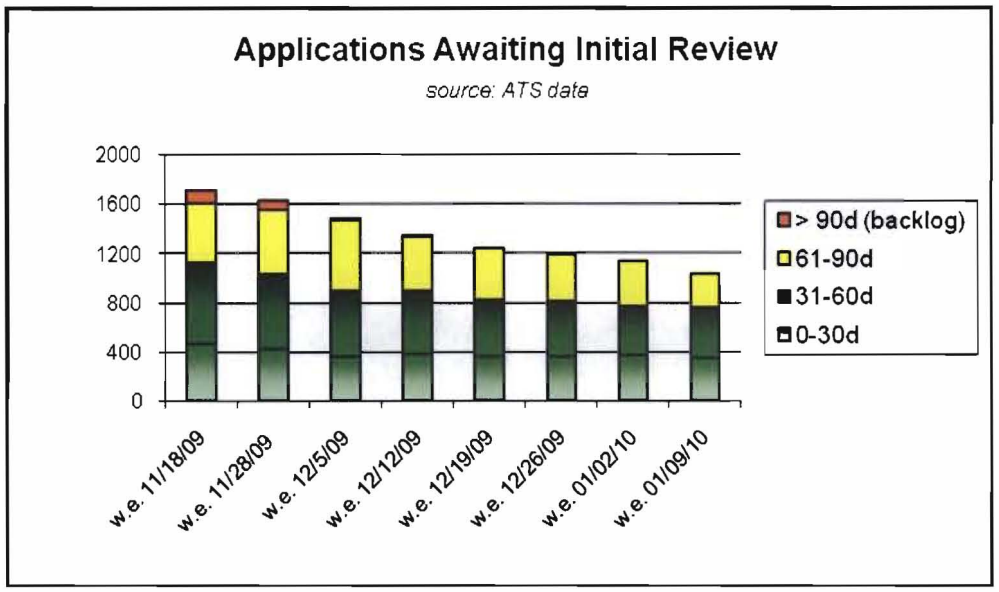
Inventory of Applications Awaiting Initial Review
As of January 9, 2010

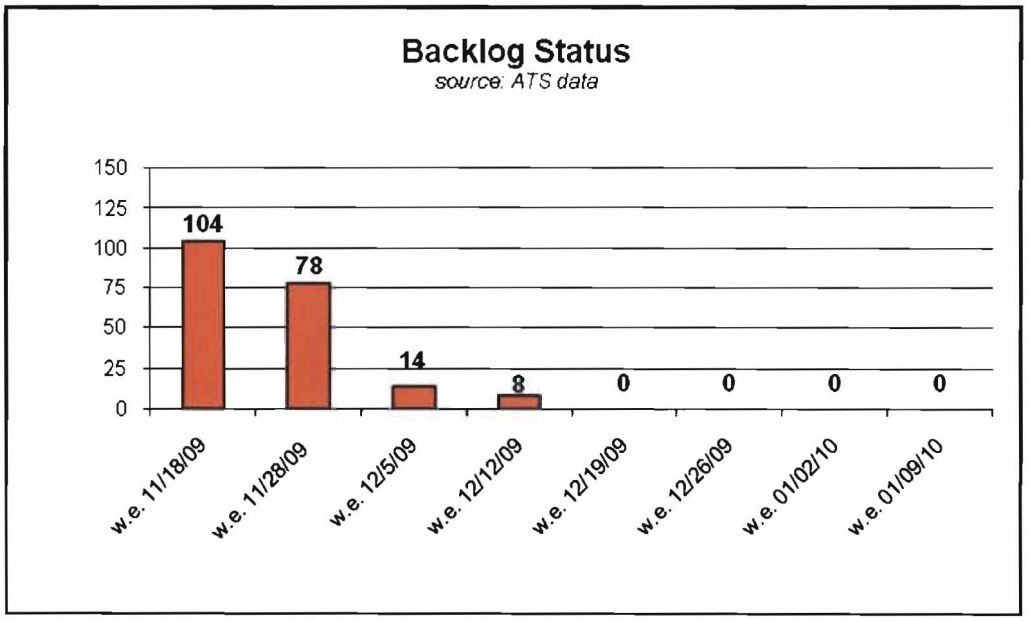
	0-30d	31-60d	61-90d	>90d	Total
US/CAN	242	318	219	0	**779**
IMG	57	44	19	0	**120**
PTAL	51	50	34	0	**135**
TOTAL	**350**	**412**	**271**	**0**	**1033**



Total Number of Applications Awaiting Initial Review
As of January 9, 2010

	0-30d	31-60d	61-90d	> 90d (backlog)	Total
w.e. 11/18/09	465	653	488	104	1710
w.e. 11/28/09	418	613	521	78	1630
w.e. 12/5/09	363	534	572	14	1483
w.e. 12/12/09	384	507	447	8	1346
w.e. 12/19/09	365	450	421	0	1236
w.e. 12/26/09	363	446	373	0	1182
w.e. 01/02/10	375	393	370	0	1138
w.e. 01/09/10	350	412	271	0	1033





LICENSING PROGRAM PRODUCTION REPORT

week ending -->	14-Nov	21-Nov	28-Nov	5-Dec	12-Dec	19-Dec	26-Dec	2-Jan	9-Jan	16-Jan	23-Jan	30-Jan
Number of Workdays -->	3	4	3	4	4	4	4	4	4	4	3	5
Applications Received												
US/CAN	67	81	76	35	89	53	59	41	62			
IMG - License	10	15	11	17	11	10	17	11	16			
IMG - PTAL	17	9	16	15	15	16	20	7	10			
Total	***94***	***105***	***103***	***67***	***115***	***79***	***96***	***59***	***88***	***0***	***0***	***0***
Applications Completed (License or PTAL Issued)												
US/CAN	72	75	48	125	76	64	68	87	83			
IMG - License	22	21	16	32	21	20	18	25	23			
IMG - PTAL	NA	NA	NA	NA	NA	NA	NA	NA	NA			
Total	***94***	***96***	***64***	***157***	***97***	***84***	***86***	***112***	***106***	***0***	***0***	***0***
Applications Processed (Initial Review Completed)												
Application Complete Upon Initial Review (ready for licensure)												
US/CAN	31	17	16	38	40	32	30	18	20			
IMG - License	1	1	1	4	1	2	0	0	1			
IMG - PTAL	12	5	2	4	3	1	1	0	5			
Subtotal	***44***	***23***	***19***	***46***	***44***	***35***	***31***	***18***	***26***	***0***	***0***	***0***
Application Deficient												
US/CAN	81	76	54	128	139	118	79	78	129			
IMG - License	29	37	28	27	32	22	20	6	24			
IMG - PTAL	37	47	43	43	50	31	20	17	30			
Subtotal	***147***	***160***	***125***	***198***	***221***	***171***	***119***	***101***	***183***	***0***	***0***	***0***
Total	***191***	***183***	***144***	***244***	***265***	***206***	***150***	***119***	***209***	***0***	***0***	***0***
Inventory Waiting Initial Review												
NEW: 0-30 days			418	363	384	375	363	375	350			
AGING: 31-60 days			613	534	507	450	446	393	412			
AGING: 61-90 days			521	572	447	421	373	370	271			
BACKLOG: Over 90 days			78	14	8	0	0	0	0			
Total			***1630***	***1483***	***1346***	***1246***	***1182***	***1138***	***1033***	***0***	***0***	***0***
Date of Oldest Application Awaiting Initial Review	*07/21/09*	*08/01/09*	*08/18/09*	*08/20/09*	*09/09/09*	*09/28/09*	*10/01/09*	*10/12/09*	*10/26/09*			
Days out of Compliance	*26*	*22*	*12*	*17*	*4*	*0*	*0*	*0*	*0*			
Age (in days) - Oldest Application Awaiting Review						*82*	*86*	*82*	*75*			

Augmented Staffing Levels

As stated in previous Licensing Chief's reports to the Board members, the Licensing Program has been inadequately staffed for several years. The number of license applications received annually has risen by three percent per year over the past ten (10) years with no corresponding increase in staff. Also in 2009, five of the ten (10) international medical school license reviewers retired, taking their organizational history and licensing knowledge base with them.

On October 5, 2009, eight (8) new, temporary employees were hired to conduct US/Canadian application reviews (six students and two retired annuitants) and one US license reviewer was promoted to an international medical school license reviewer. On November 1, 2009, eight (8) additional staff were hired. Four were new positions from the Budget Change Proposal submitted in June 2008, two replaced recently retired, long-term license reviewers, and two US license reviewers' vacant positions were filled.

We learned that it takes at least three months to train new license reviewers to conduct an initial review without another licensing staff member reviewing all work products and being available to answer questions. It then takes about six months for a US/Canadian license reviewer and one year for an international medical school license reviewer to be able to independently handle an applicant caseload.

The Licensing Program also received assistance from other MBC program areas to eliminate the backlog. Two staff from the Executive Office were trained to conduct initial US application reviews and devoted part of their normal work hours to the Licensing Program from October through December 2009. Several staff from the Board's headquarters office were also trained to assist the license reviewers after their normal work hours. Licensing staff continued to work overtime, and eliminating the backlog was a full-team effort.

Web Applicant Access System (WAAS)

The Medical Board's online Web Applicant Access System was implemented on December 1, 2009. This system is the result of the Executive Director's initiative to provide online application status lookup services through the Medical Board's Web site to applicants for physician's and surgeon's licenses or postgraduate training authorization letters.

The objectives of the Web Applicant Access System are to:

- Provide real-time license application status information services to applicants
- Reduce the number of application status related calls and email to the Medical Board's Consumer Information Center and Licensing Program staff

Beginning in September 2009, new document handling processes were implemented to record the receipt of all applications and/or documentation received in support of applications into the Department of Consumer Affairs' Applicant Tracking System database on the Application Requirement Status screen. Each required application document is coded with a P, Z, F, D, or N. These single letter entries are interpreted by the online system into the following descriptions:
P = Not Received
Z = Received/Not Reviewed
F = Approved
D = Deficient
N = N/A

On a nightly basis, the information contained in the Applicant Tracking System database is automatically converted and stored in our Web Applicant Access System (web-based system). This allows applicants to access their application status 24/7 by entering their last name and Applicant Tracking System number.

The project team initially identified 17 risks to project achievement. Throughout project development, additional risks were identified and mitigation strategies were developed. To date, all of the major identified risks have been fully mitigated or are in the process of being mitigated. The project team has met its goal to implement the project while still protecting the applicant and the Medical Board from release of confidential or personal information.

Over 75 major tasks have been completed by the project team, including but not limited to:

- Development of several new policies and procedures, particularly related to document handling and recording
- Development of project performance measures, including new call center outcome codes, system usage statistics, and an online user survey (which is currently in the final stages of development)
- Significant clean-up to the Applicant Tracking System database

At the time this report was prepared, the Web Applicant Access System has been operational for 42 days. Preliminary performance measure results show a steady increase in usage of the online system with the majority of visitation weekdays, Monday through Friday. The highest usage occurred Tuesday, January 5, 2010, with 195 unique Internet Protocol address visitors accessing the site. Usage measures also record the number of attempted logins and the number of successful logins. These numbers show that, on average, 84.5 percent of users who attempt to login to their application information page are successful.

The Medical Board's Physician and Consumer Information Unit documents outcomes for all telephone calls they receive. Calls regarding the Web Applicant Access System are coded into one of four outcome codes. The outcome code data for December identified that only 47 calls were received regarding the online system. This represents only 0.6 percent of the total calls received in the Unit. Eighty-one (81) percent of the Web Applicant Access System related calls were applicants requesting their Applicant Tracking System number, which is required for login to the system.

All initial feedback and performance measures data indicate the Web Applicant Access System is a resounding success. On February 1, we plan to send an email blast to all applicants informing them of the online look-up system.

Business Process Reengineering Study

As reported at earlier Board meetings, the Licensing Program hired Hubbert Systems Consulting Inc. in August 2009 to conduct a four-month Business Process Reengineering (BPR) Study. I came to the Medical Board in June 2008 and was assigned the specific objective of leading the effort to evaluate and rebuild the Licensing Program. Establishing a contract with an outside entity to conduct an objective review and evaluation was an essential component of the plan.

The BPR Study is part of a multi-phased plan that was presented to the Medical Board's Executive Committee in October 2009. The BPR study supports the Licensing Program's long-term objectives to:

- Create a sustainable organization with appropriate processes and procedures, resource levels and systems to efficiently process its workload and meet predictable and unanticipated demands
- Continue compliance with current statutes and regulations, including application processing timeframes
- Deliver high level satisfaction to MBC stakeholders - medical license applicants as well as others associated with the licensing process
- Provide a professionally satisfying team work environment

When viewed from the perspective of the Medical Board and its stakeholders, rebuilding the Licensing Program into an efficient, results-oriented program with sufficient flexibility to meet ever-changing and variable demands is one of the organization's top priorities. Implementation of the BPR recommendations will require significant amounts of effort and support from MBC management, staff, and the Board. However, the anticipated benefits of a stronger organization, consistent statutory and regulatory compliance, and increased applicant, healthcare professional, and customer satisfaction more than justify the effort required.

The purpose of the draft report I am presenting to the Board is to share preliminary findings of the BPR study. The BPR report is presented in draft for several reasons including:

- The originally intended recipients of the document were the Licensing Chief and the Executive Director, but over the course of the study the emphasis shifted to a Board presentation.
- The challenges of working down the backlog while simultaneously developing this report led to the limited ability of staff to participate in reviewing the recommendations and developing an implementation plan.
- Some of the recommendations are expensive to implement and will require Board and Executive team support as well as others within the approval chain, and the consultants wanted early input regarding those recommendations.

The consultants observed the organization under a very stressful time - when we were focused on eliminating the licensing backlog – and as such the problems of the organization were fully exposed. The result is a series of recommendations as well as a draft implementation plan that are aimed at breaking the continuous cycles of licensing backlogs and fixing the organization for the future. I strongly believe anything short of adopting the breadth, scope and speed of implementation of the recommended changes in the Licensing Program's infrastructure, information technology and resources will lead to future problems. Systematic change is required to rebuild the Licensing Program into a modern, efficient, customer centric, employee-friendly and sustainable organization.

The recommendations of the draft report can be summarized in the following categories:

- Infrastructure – The Licensing Program needs to develop continuous process improvement methodologies for its core business rules. We are striving to improve communications with applicants and streamline and simplify processes and procedures, especially as they may impact applicants, consumers and shareholders.

- Information Technology – Continue to build on the strong progress made over the last 18 months to bring modern and appropriate technology resources to the Licensing Program. Seeking methods to create significant efficiency changes to the way business is conducted, work is accomplished and timeliness is attained.
- Resources and Organization – Detailed staffing levels are defined as well as a proposed reorganization of the Licensing Program in line with the requirements of the rebuilding process.

The range and scope of the recommendations presented in the BPR outline the appropriate areas that need to be addressed, although I recognize further details still need to be identified. These recommendations represent the framework of what additional areas need improvement.

The consultants estimate that three full-time staff plus input from license reviewers are needed in 2010 to complete 85 percent of the infrastructure-oriented tasks this year. The information technology tasks will take longer, in some cases two to three years to complete, but it is imperative that incremental changes be made in our newly acquired management report and the Web Applicant Access System's capabilities while simultaneously supporting the Department of Consumer Affair's development of the Breeze database. The consultants also recommend a study on the value of a obtaining a document management system. Implementing the resources and organization's recommendations are very crucial, namely obtaining appropriate staffing and supervision resources and then reorganizing the Licensing Program staff.

It is clear from talking with long-time employees that many of these same recommendations have been made previously, but for varying reasons were not followed through -- a detriment to our stakeholders. If the Licensing Program is to reform itself, the BPR recommendations must be converted to a prioritized list of action items that is supported at the executive level and appropriately staffed. Within the BPR report is a proposed implementation plan; I am confident that if the collective organization embraces this project the Board can look forward to a sustainable Licensing Program.

Over the next few months, I plan to:

- Work with the licensing staff on each of these recommendations with the objective of developing a detailed implementation plan
- Work with the Board's Licensing Committee to discuss the recommendations and draft implementation plan with the objective of finalizing the implementation plan

Summary

As previously stated, the backlog was eliminated and the staff continues to focus on expeditiously performing initial application reviews and moving applications on to licensure. However, given the continual flow of applications, I plan to continue our focus for the next two months on to achieve a comfortable situation where we "manage" application reviews within 60 calendar days (minus 30 days of backlog) and we ensure the timely licensure of the residents and fellows needing licensure or a postgraduate training authorization letter by July 1. To achieve this, the continued use of temporary staff is essential until we reach this more comfortable operating margin and all new positions are filled and staff is fully trained.

During the last quarter we also learned:

- The importance of having a sound resource planning methodology in place so we can better anticipate the resource requirements.
- The opportunities available to improve the efficiency and timeliness of reviewing license applications by revising application forms, instructions and information on the Web site to add clarity for applicants and outside entities completing the forms.
- Licensing Program staff are capable and appropriately qualified to perform their work and with the additional anticipated staff, better infrastructure and appropriate information systems, the Licensing Program is capable of executing its work efficiently.
- Inappropriate supervision levels in the Licensing Program present a substantial hindrance to our ability to plan and implement critical organization initiatives.

Lastly, a new report was recently generated showing application processing dates back to July 2004. The report shows the Licensing Program had a licensing backlog from January 2005 to January 2007, and then just a few months later the most recent backlog which started in October 2007 and was only recently eliminated on December 23, 2009. (A chart displaying this information can be found in the draft Business Process Reengineering Study Report.)

This information highlights the historical and cyclical nature of the licensing backlog problems. Any efforts to end this cycle will require the commitment of the Board, Executive staff, and the Licensing Program management to commit to a process of change. This will require sustained leadership and vision. We can change the organization, and the preliminary report from the consultants validates that we are on the correct path. I need the Board's support and understanding that change is not easy, and requires a long-term commitment to a vision and plan for implementing that vision.

LICENSING PROGRAM
CHIEF'S REPORT

WORKLOAD REPORT

as of December 31, 2009

FISCAL YEAR 2009-10

CONSUMER INFORMATION UNIT				
	FY 08/09	FY09/10-Q1	FY09/10-Q2	FY09/10-Q3
Total Calls Answered	64,177	27,117	12,049	
Calls Requesting Call Back	7,074	4,951	3,021	
Calls Abandoned	7,875	4,967	3,336	
Address Changes Completed	27,984	3,346	2,302	

PHYSICIAN & SURGEON DATA				
	FY 08/09	FY09/10-Q1	FY09/10-Q2	FY09/10-Q3
Applications Received	6,169	1,651	1,555	
Licenses Issued	4,688	1,107	1,132	
Renewals Issued	60,775	14,883	15,668	

SPECIAL PROGRAMS*										
Permit Category *	Applications Received		Applications Reviewed		Permits Issued		Permits Renewed		Site Visits	
	FY09/10-Q1	FY09/10-Q2	FY09/10-Q1	FY09/10-Q2	FY09/10-Q1	FY09/10-Q2	FY09/10-Q1	FY09/10-Q2	FY09/10-Q1	FY09/10-Q2
2111	12	4	12	4	17	10	11	1	0	0
2112	1	0	1	0	1	1	0	0	0	0
2113	5	1	5	1	13	4	11	10	0	0
2168	1	0	1	0	0	0	1	0	0	0
2072	0	0	0	0	0	0	0	0	0	0
1327	1	0	1	0	0	0	2	1	0	0

*2111 - Visiting Fellow (doesn't satisfy postgraduate training required for licensure)
2112 - Hospital Fellowship Program Non-Citizen (does not satisfy postgraduate training required for licensure)
2113 - Medical School Faculty Member (may satisfy postgraduate training required for licensure)
2168 - Special Faculty Permit (academically eminent; unrestricted practice within sponsoring medical school - not eligible for licensure)
2072 - Special Faculty Permit - Correctional Facility
1327 - Special Faculty Permit - Hospital

INTERNATIONAL MEDICAL SCHOOL APPLICATIONS FY 09/10					
	FY 08/09	Q1	Q2	Q3	Q4
New Applications Received	2	0	1		
Applications Sent to Consultant for Review	0	0	0		
Applications Received Pending Consultant Assignment	2	0	1		

WORKLOAD REPORT

as of December 31, 2009

LICENSED MIDWIVES					
	FY 08/09	Q1	Q2	Q3	Q4
Applications Received	16	2	3		
Licenses Issued	23	2	3		
Licenses Renewed	78	18	29		

OPTICAL REGISTRATIONS					
	FY 08/09	Q1	Q2	Q3	Q4
Business Registrations Issued	43	19	60		
Out-of-State Business Registrations Issued	4	1	0		
Spectacle Lens Registrations Issued	195	56	18		
Contact Lens Registrations Issued	114	36	11		
Spectacle Lens Registrations Renewed	801	214	200		
Contact Lens Registrations Renewed	320	82	93		

RESEARCH PSYCHOANALYST (RP)					
	FY 08/09	Q1	Q2	Q3	Q4
RP Applications Received	3	0	0		
RP Licenses Issued	6	0	1		

FICTITIOUS NAME PERMITS (FNP)					
	FY 08/09	Q1	Q2	Q3	Q4
P&S - FNP Issued	1268	276	227		
Podiatric FNP Issued	31	6	6		

AMBULATORY SURGERY CENTER APPROVALS*					
	FY 08/09	Q1	Q2	Q3	Q4
Renewal Applications Received	0	0	4	N/A	N/A
Renewal Applications Issued	0	0	4	N/A	N/A

* Approval granted for three (3) years

LICENSING CHIEF'S REPORT

AGENDA ITEM #13B

PRELIMINARY FINDINGS OF THE BUSINESS PROCESS REENGINEERING STUDY WILL BE PROVIDED UNDER SEPARATE COVER

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: January 12, 2010
ATTENTION: Medical Board of California
DEPARTMENT: Licensing Operations
SUBJECT: Midwifery Advisory Council
STAFF CONTACT: Deborah Pellegrini, Chief

REQUESTED ACTION: Accept recommendations from the Midwifery Advisory Council (MAC) regarding the appropriate terms and conditions for remedial training in licensed midwife quality of care cases.

STAFF RECOMMENDATION: Staff recommend that the Board accept the recommendations of the MAC.

EXECUTIVE SUMMARY: Business and Professions Code section 2509 states that the Board shall create and appoint a Midwifery Advisory Council consisting of licensees of the board in good standing, who need not be members of the Board, and members of the public who have an interest in midwifery practice, including, but not limited to, home births. At least one-half of the council members shall be California licensed midwives.

The Division of Licensing had asked the MAC to look into remediation issues. The MAC discussed various issues at a number of meetings. At the August 20, 2009 Midwifery Advisory Council (MAC) meeting, the Council voted to create a subcommittee, referred to as the Midwifery Task Force, to review the ongoing issues regarding the appropriate terms and conditions for remedial training in licensed midwife quality of care cases. The first meeting of the task force took place on September 29, 2009. Faith Gibson, Licensed Midwife and Chair of the MAC, Ruth Haskins, M.D., Obstetrician/ Gynecologist and Vice Chair of the MAC, and Karen Ehrlich, Licensed Midwife, participated as task force members in leading this meeting discussion. The Task force reported back to the Board at the January 7, 2010 MAC meeting.

The MAC recommends to the Board that the following are appropriate terms and conditions for remedial training in licensed midwife quality of care cases (e.g. charges of negligence, gross negligence, incompetence, etc.): 1) Continuing education offered by any of the organizations listed in Title 16, California Code of Regulations, section 1379.26;
2) Examination (oral or written exam, or clinical evaluation similar to the challenge mechanism); and 3) Practice Monitor (similar to that for physicians).

Further, the MAC recommends that the Board base its decision whether to include one or more of the above terms and conditions on the nature of the conduct that gave rise to the discipline. In addition, the MAC members will provide a list of some of the available courses to the Board's Probation Unit.

FISCAL CONSIDERATIONS:
None.

PREVIOUS MBC AND/OR COUNCIL ACTION:
Not applicable.

Senate Bill No. 132

CHAPTER 635

An act to add Chapter 7.8 (commencing with Section 3575) to Division 2 of the Business and Professions Code, relating to healing arts, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor October 23, 2009. Filed with Secretary of State October 23, 2009.]

LEGISLATIVE COUNSEL'S DIGEST

SB 132, Denham. Polysomnographic technologists: sleep and wake disorders.

Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Committee of the Medical Board of California. Existing law prescribes the medical services that may be performed by a physician assistant under the supervision of a licensed physician and surgeon.

Existing law, the Respiratory Care Practice Act, provides for the licensure and regulation of respiratory professionals by the Respiratory Care Board of California. Existing law defines the practice of respiratory therapy and prohibits its practice without a license issued by the board, subject to certain exceptions.

This bill would require the Medical Board of California to adopt regulations within one year after the effective date of this act relative to the qualifications for certified polysomnographic technologists, including requiring those technologists to be credentialed by a board-approved national accrediting agency, to have graduated from a board-approved educational program, and to have passed a board-approved national certifying examination, with a specified exception for that examination requirement for a 3-year period. The bill would prohibit a person from using the title "certified polysomnographic technologist" or engaging in the practice of polysomnography unless he or she undergoes a Department of Justice background check, as specified, is registered as a certified polysomnographic technologist, is supervised and directed by a licensed physician and surgeon, and meets certain other requirements. The bill would define polysomnography to mean the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders, as specified. The bill would further require the board, within one year after the effective date of this act, to adopt regulations related to the employment of polysomnographic technicians and trainees.

This bill would require polysomnographic technologists to apply to and register with the Medical Board of California for fees to be fixed by the

board at no more than $100 each, and to renew their registration biennially for a fee of no more than $150. The bill would require the deposit of those fees in the Contingent Fund of the Medical Board of California, a continuously appropriated fund, thereby making an appropriation. The bill would further set forth specified disciplinary standards and procedures.

The bill would specify that these provisions do not apply to diagnostic electroencephalograms conducted in accordance with the guidelines of the American Clinical Neurophysiology Society.

This bill would declare that it is to take effect immediately as an urgency statute.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. Chapter 7.8 (commencing with Section 3575) is added to Division 2 of the Business and Professions Code, to read:

CHAPTER 7.8. POLYSOMNOGRAPHIC TECHNOLOGISTS

3575. (a) For the purposes of this chapter, the following definitions shall apply:

(1) "Board" means the Medical Board of California.

(2) "Polysomnography" means the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders. Polysomnography shall include, but not be limited to, the process of analysis, monitoring, and recording of physiologic data during sleep and wakefulness to assist in the treatment of disorders, syndromes, and dysfunctions that are sleep-related, manifest during sleep, or disrupt normal sleep activities. Polysomnography shall also include, but not be limited to, the therapeutic and diagnostic use of oxygen, the use of positive airway pressure including continuous positive airway pressure (CPAP) and bilevel modalities, adaptive servo-ventilation, and maintenance of nasal and oral airways that do not extend into the trachea.

(3) "Supervision" means that the supervising physician and surgeon shall remain available, either in person or through telephonic or electronic means, at the time that the polysomnographic services are provided.

(b) Within one year after the effective date of this chapter, the board shall promulgate regulations relative to the qualifications for the registration of individuals as certified polysomnographic technologists, polysomnographic technicians, and polysomnographic trainees. The qualifications for a certified polysomnographic technologist shall include all of the following:

(1) He or she shall have valid, current credentials as a polysomnographic technologist issued by a national accrediting agency approved by the board.

(2) He or she shall have graduated from a polysomnographic educational program that has been approved by the board.

(3) He or she shall have passed a national certifying examination that has been approved by the board, or in the alternative, may submit proof to the board that he or she has been practicing polysomnography for at least five years in a manner that is acceptable to the board. However, beginning three years after the effective date of this chapter, all individuals seeking to obtain certification as a polysomnographic technologist shall have passed a national certifying examination that has been approved by the board.

(c) In accordance with Section 144, any person seeking registration from the board as a certified polysomnographic technologist, a polysomnographic technician, or a polysomnographic trainee shall be subject to a state and federal level criminal offender record information search conducted through the Department of Justice as specified in paragraphs (1) to (5), inclusive, of this subdivision.

(1) The board shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all polysomnographic technologist, technician, or trainee certification candidates for the purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and also information as to the existence and content of a record of state or federal arrests for which the Department of Justice establishes that the person is free on bail or on his or her recognizance pending trial or appeal.

(2) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information received pursuant to this subdivision. The Department of Justice shall review the information returned from the Federal Bureau of Investigation and compile and disseminate a response to the board.

(3) The Department of Justice shall provide state and federal responses to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(4) The board shall request from the Department of Justice subsequent arrest notification service, pursuant to Section 11105.2 of the Penal Code, for persons described in this subdivision.

(5) The Department of Justice shall charge a fee sufficient to cover the cost of processing the request described in this subdivision. The individual seeking registration shall be responsible for this cost.

(d) An individual may use the title "certified polysomnographic technologist" and may engage in the practice of polysomnography only under the following circumstances:

(1) He or she is registered with the board and has successfully undergone a state and federal level criminal offender record information search pursuant to subdivision (c).

(2) He or she works under the supervision and direction of a licensed physician and surgeon.

(3) He or she meets the requirements of this chapter.

(e) Within one year after the effective date of this chapter, the board shall adopt regulations that establish the means and circumstances in which a licensed physician and surgeon may employ polysomnographic technicians

and polysomnographic trainees. The board may also adopt regulations specifying the scope of services that may be provided by a polysomnographic technician or polysomnographic trainee. Any regulation adopted pursuant to this section may specify the level of supervision that polysomnographic technicians and trainees are required to have when working under the supervision of a certified polysomnographic technologist or licensed health care professional.

(f) This section shall not apply to California licensed allied health professionals, including, but not limited to, respiratory care practitioners, working within the scope of practice of their license.

(g) Nothing in this chapter shall be interpreted to authorize a polysomnographic technologist, technician, or trainee to treat, manage, control, educate, or care for patients other than those with sleep disorders or to provide diagnostic testing for patients other than those with suspected sleep disorders.

3576. (a) A registration under this chapter may be denied, suspended, revoked, or otherwise subjected to discipline for any of the following by the holder:

(1) Incompetence, gross negligence, or repeated similar negligent acts performed by the registrant.

(2) An act of dishonesty or fraud.

(3) Committing any act or being convicted of a crime constituting grounds for denial of licensure or registration under Section 480.

(4) Violating or attempting to violate any provision of this chapter or any regulation adopted under this chapter.

(b) Proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all powers granted therein.

3577. (a) Each person who applies for registration under this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the board at a sum not in excess of one hundred dollars ($100).

(b) Each person to whom registration is granted under this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the board at a sum not in excess of one hundred dollars ($100).

(c) The registration shall expire after two years. The registration may be renewed biennially at a fee which shall be paid into the Contingent Fund of the Medical Board of California to be fixed by the board at a sum not in excess of one hundred fifty dollars ($150).

(d) The money in the Contingent Fund of the Medical Board of California that is collected pursuant to this section shall be used for the administration of this chapter.

3578. Nothing in this chapter shall prohibit a clinic or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code from employing a certified polysomnographic technologist.

3579. Nothing in this chapter shall apply to diagnostic electroencephalograms conducted in accordance with the guidelines of the American Clinical Neurophysiology Society.

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to protect the health and safety of the general public by providing needed qualifications for, and oversight of, the practice of polysomnography at the earliest possible time, it is necessary that this act take effect immediately.

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Assembly Bill No. 501

CHAPTER 400

An act to amend Sections 2054 and 2435 of, and to add Section 2088 to, the Business and Professions Code, relating to medicine.

[Approved by Governor October 11, 2009. Filed with Secretary of State October 11, 2009.]

LEGISLATIVE COUNSEL'S DIGEST

AB 501, Emmerson. Physicians and surgeons.

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Existing law makes it a misdemeanor for a person who is not licensed as a physician and surgeon under the act to use certain words, letters, and phrases or any other terms that imply that he or she is authorized to practice medicine as a physician and surgeon.

This bill would authorize certain persons who are not licensed as physicians and surgeons under the act to use the words "doctor" or "physician," the letters or prefix "Dr.," or the initials "M.D.," as specified.

Existing law authorizes the board to issue a probationary license subject to specified terms and conditions, including restrictions against engaging in certain types of medical practice. Existing law authorizes a licensee who demonstrates that he or she is unable to practice medicine due to a disability to request a waiver of the license renewal fee. Under existing law, a licensee granted that waiver is prohibited from practicing medicine until he or she establishes that the disability no longer exists or signs an agreement, under penalty of perjury, agreeing to limit his or her practice in the manner prescribed by the reviewing physician. Existing law authorizes the board to commence disciplinary actions relating to physicians and surgeons including, but not limited to, unprofessional conduct, as defined, and to issue letters of reprimand, and suspend and revoke licenses.

This bill would authorize an applicant for a license who is otherwise eligible for a license but is unable to practice some aspects of medicine safely due to a disability to receive a limited license if the applicant pays the license fee and signs an agreement agreeing to limit his or her practice in the manner prescribed by the reviewing physician and agreed to by the board. The bill would make any person who knowingly provides false information in this agreement subject to any sanctions available to the board. The bill would authorize the board to require the applicant to obtain an independent clinical evaluation of his or her ability to practice medicine safely as a condition of receiving the limited license.

Under existing law, licensees of the board are required to pay licensure fees, including an initial licensing fee of $790 and a biennial renewal fee

of $790. Existing law authorizes the board to increase those fees in certain circumstances and states the intent of the Legislature that, in setting these fees, the board seek to maintain a reserve in the Contingent Fund of the Medical Board equal to 2 months' operating expenditures.

This bill would require those fees to be fixed by the board at a maximum of $790, while retaining the authority of the board to raise those fees in certain circumstances. The bill would state the intent of the Legislature that, in setting those fees, the board seek to maintain a reserve in the Contingent Fund of the Medical Board in an amount not less than 2 nor more than 4 months' operating expenditures. The bill would also require the Office of State Audits and Evaluations within the Department of Finance to commence a preliminary review of the board's financial status by January 1, 2012, and to make the results of that review available upon request by June 1, 2012, as specified.

The people of the State of California do enact as follows:

SECTION 1. Section 2054 of the Business and Professions Code is amended to read:

2054. (a) Any person who uses in any sign, business card, or letterhead, or, in an advertisement, the words "doctor" or "physician," the letters or prefix "Dr.," the initials "M.D.," or any other terms or letters indicating or implying that he or she is a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, or that he or she is entitled to practice hereunder, or who represents or holds himself or herself out as a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, without having at the time of so doing a valid, unrevoked, and unsuspended certificate as a physician and surgeon under this chapter, is guilty of a misdemeanor.

(b) A holder of a valid, unrevoked, and unsuspended certificate to practice podiatric medicine may use the phrases "doctor of podiatric medicine," "doctor of podiatry," and "podiatric doctor," or the initials "D.P.M.," and shall not be in violation of subdivision (a).

(c) Notwithstanding subdivision (a), any of the following persons may use the words "doctor" or "physician," the letters or prefix "Dr.," or the initials "M.D.":

(1) A graduate of a medical school approved or recognized by the board while enrolled in a postgraduate training program approved by the board.

(2) A graduate of a medical school who does not have a certificate as a physician and surgeon under this chapter if he or she meets all of the following requirements:

(A) If issued a license to practice medicine in another jurisdiction, has not had that license revoked or suspended by any jurisdiction.

(B) Does not otherwise hold himself or herself out as a physician and surgeon entitled to practice medicine in this state except to the extent authorized by this chapter.

(C) Does not engage in any of the acts prohibited by Section 2060.

(3) A person authorized to practice medicine under Section 2111 or 2113 subject to the limitations set forth in those sections.

SEC. 2. Section 2088 is added to the Business and Professions Code, to read:

2088. (a) An applicant for a physician's and surgeon's license who is otherwise eligible for that license but is unable to practice some aspects of medicine safely due to a disability may receive a limited license if he or she does both of the following:

(1) Pays the initial license fee.

(2) Signs an agreement on a form prescribed by the board in which the applicant agrees to limit his or her practice in the manner prescribed by the reviewing physician and agreed to by the board.

(b) The board may require the applicant described in subdivision (a) to obtain an independent clinical evaluation of his or her ability to practice medicine safely as a condition of receiving a limited license under this section.

(c) Any person who knowingly provides false information in the agreement submitted pursuant to subdivision (a) shall be subject to any sanctions available to the board.

SEC. 3. Section 2435 of the Business and Professions Code is amended to read:

2435. The following fees apply to the licensure of physicians and surgeons:

(a) Each applicant for a certificate based upon a national board diplomate certificate, each applicant for a certificate based on reciprocity, and each applicant for a certificate based upon written examination, shall pay a nonrefundable application and processing fee, as set forth in subdivision (b), at the time the application is filed.

(b) The application and processing fee shall be fixed by the board by May 1 of each year, to become effective on July 1 of that year. The fee shall be fixed at an amount necessary to recover the actual costs of the licensing program as projected for the fiscal year commencing on the date the fees become effective.

(c) Each applicant who qualifies for a certificate, as a condition precedent to its issuance, in addition to other fees required herein, shall pay an initial license fee, if any, in an amount fixed by the board consistent with this section. The initial license fee shall not exceed seven hundred ninety dollars ($790). An applicant enrolled in an approved postgraduate training program shall be required to pay only 50 percent of the initial license fee.

(d) The biennial renewal fee shall be fixed by the board consistent with this section and shall not exceed seven hundred ninety dollars ($790).

(e) Notwithstanding subdivisions (c) and (d), and to ensure that subdivision (k) of Section 125.3 is revenue neutral with regard to the board, the board may, by regulation, increase the amount of the initial license fee and the biennial renewal fee by an amount required to recover both of the following:

(1) The average amount received by the board during the three fiscal years immediately preceding July 1, 2006, as reimbursement for the reasonable costs of investigation and enforcement proceedings pursuant to Section 125.3.

(2) Any increase in the amount of investigation and enforcement costs incurred by the board after January 1, 2006, that exceeds the average costs expended for investigation and enforcement costs during the three fiscal years immediately preceding July 1, 2006. When calculating the amount of costs for services for which the board paid an hourly rate, the board shall use the average number of hours for which the board paid for those costs over these prior three fiscal years, multiplied by the hourly rate paid by the board for those costs as of July 1, 2005. Beginning January 1, 2009, the board shall instead use the average number of hours for which it paid for those costs over the three-year period of fiscal years 2005–06, 2006–07, and 2007–08, multiplied by the hourly rate paid by the board for those costs as of July 1, 2005. In calculating the increase in the amount of investigation and enforcement costs, the board shall include only those costs for which it was eligible to obtain reimbursement under Section 125.3 and shall not include probation monitoring costs and disciplinary costs, including those associated with the citation and fine process and those required to implement subdivision (b) of Section 12529 of the Government Code.

(f) Notwithstanding Section 163.5, the delinquency fee shall be 10 percent of the biennial renewal fee.

(g) The duplicate certificate and endorsement fees shall each be fifty dollars ($50), and the certification and letter of good standing fees shall each be ten dollars ($10).

(h) It is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Contingent Fund of the Medical Board of California in an amount not less than two nor more than four months' operating expenditures.

(i) Not later than January 1, 2012, the Office of State Audits and Evaluations within the Department of Finance shall commence a preliminary review of the board's financial status, including, but not limited to, its projections related to expenses, revenues, and reserves, and the impact of the loan from the Contingent Fund of the Medical Board of California to the General Fund made pursuant to the Budget Act of 2008. The office shall make the results of this review available upon request by June 1, 2012. This review shall be funded from the existing resources of the office during the 2011–12 fiscal year.

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DRAFT

Creating a Sustainable Licensing Program

Medical Board of California
Physician and Surgeon Licensing & Information Center
Business Process Reengineering Study

Version: 0.1d
Date: January 19, 2010

HUBBERT SYSTEMS CONSULTING

This report was prepared by Hubbert Systems Consulting, Inc.
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1 Executive Summary

Background

In recognition that the MBC Licensing Program had a series of underlying systemic problems, the Executive Director directed the Licensing Chief to start the process of hiring a Business Process Reengineering consultant 18 months ago. At the same time, the Licensing Chief undertook a number of initiatives to begin the process of rebuilding the Licensing Program into a stronger and more efficient organization capable of processing its workload within statutory timeframes and in a quality manner. The BPR Study is intended to identify the steps remaining to complete this rebuilding process.

The Licensing Program hired Hubbert Systems Consulting Inc. (HSC) in August 2009 to conduct a four-month Business Process Reengineering (BPR) Study. The BPR Study is part of a multi-phased plan that was presented by the Licensing Program Chief to the MBC Executive Committee in October 2009.

Business Process Reengineering (BPR) Study

The purpose of the BPR Study is to identify improvements in the Licensing Program to increase process efficiency, facilitate consistent and continued statutory and regulatory compliance and improve focus on customer service. The scope included licensing and renewal processing and those MBC offices that support licensing and renewal processes such as the Consumer Information Unit (CIU) Call Center, Information Systems Branch (ISB), and Graduate Medical Education (GME) outreach.

The HSC BPR Study Team worked closely with MBC's Licensing Program Chief, her staff and the Executive Director throughout the BPR Study. Business process maps were developed, current process and workload were observed,

recommendations developed to meet the BPR study objectives and the outline of an implementation plan presented. The report and its recommendations will serve as a road map for rebuilding the MBC Licensing Program over the next 24 months.

Due to various factors related to the current environment, short-term directives, and the anticipated increase in application receipt and workload from January through June, the HSC BPR Study Team informally released several recommendations in advance of the publication of this report, as requested by the MBC Licensing Chief. These recommendations are in various stages of implementation.

The BPR study supports the program's long-term objectives to:

- Create a sustainable organization with appropriate processes and procedures, resources levels and the systems to efficiently process its workload and match supply/effort to predictable as well as unanticipated demand
- Fully comply with current statutes and regulations, including processing timeframes
- Deliver a high level of satisfaction for MBC's stakeholders - medical license applicants as well as for others associated with the licensing process
- Provide a professionally satisfying team work environment

When viewed from the perspective of MBC and its stakeholders, rebuilding the Licensing Program into an efficient, results-oriented program with sufficient flexibility to meet ever changing and variable demands is one of the organization's top priorities. Implementation of the BPR recommendations will require significant amounts of effort and support from MBC management, staff, and the Board. However, the anticipated benefits of a stronger organization, consistent statutory and regulatory compliance, and increased applicant, healthcare professional, MBC staff and customer satisfaction more than justify the effort required.

Key Observations

The Licensing Program can generally be characterized as a reactionary organization where the focus of the resources shifts throughout the year in response to changing near-term priorities. Over the last year the organization experienced significant shifts in priorities. For example, priorities shifted in response to the demands of residents and fellows needing licensure to start and/or continue training. Another example of a shift in priorities was the extensive training and quality assurance reviews required when temporary staff were brought on to assist in eliminating the backlog when the organization was resource constrained. What is unclear is whether this is because the workload naturally shifts or whether the changes are reactionary to the "crisis at hand"; the latter is considered most likely due to the historical lack of workload management reports and the inadequate staffing in the organization.

Key observations from the BPR Study include:

- **Processes and procedures and other vital infrastructure elements require significant improvement to meet the demands of the Licensing Program.** Over the last 18 months, there has been a considerable effort made to upgrade the infrastructure, such as the creation of the Application Policies and Procedures Manual and these efforts must continue. The staff assigned to the infrastructure improvements are also assigned other tasks such as new staff training, quality review for newly trained staff, database coordination with MBC Information Systems Branch (ISB) and Department of Consumer Affairs Office of Information Services (DCA OIS), workload metrics gathering and reporting, and senior level application processing. This has made it difficult to power through the work required. The BPR Study Team observed several infrastructure projects started and stopped due to short term urgent shifts in

priorities. Infrastructure improvements must have a higher priority and dedicated resources assigned to them.

- **The Licensing Program has been resource (staff) constrained over the past several years.** Temporary staff, including Retired Annuitants and Student Assistants, combined with the use of overtime have been used to address this constraint. These temporary resources have also added complexities, as training and additional management are required for these fractional and less experienced resources. Many of the problems the Licensing Program has experienced over the last several years will be eliminated through proper staffing, decreasing use of temporary staff and overtime, and integrating positive organizational changes.
- **The current staff-to-management ratio is at the unreasonable level of approximately 20:1.** As a result, the two application licensing managers are often unavailable to staff to answer questions; therefore, staff go to other staff for answers to questions, often resulting in inconsistencies. The managers also have little time to oversee infrastructure projects. It is recommended that additional management be added to the organization to achieve a more appropriate level of supervision and the program be reorganized around logical functional groupings.
- **The Licensing Applicant Tracking System is inadequate for the transactional-based work.** The 20+ year old database is cumbersome to navigate, sometimes creating extremely archaic business rules. For example, with the current database system, Postgraduate Training Authorization Letter (PTAL) application files remain open for several years until licensure or closed for due diligence. This makes regulatory compliance tracking and reporting difficult. The Licensing Program can be made more efficient by rethinking some work processes related to the Applicant Tracking System (ATS) and making modifications in the near-term to the ATS that will be incorporated into the new system. The Department of Consumer Affairs plans to replace the Applicant

Tracking System and Consumer Affairs System with BREEZE2 in December 2012. This replacement database should significantly improve operations.

- **Management reports have historically been non-existent, with no real time information concerning the status of the organization's workload and application inventory.** Management of the program is nearly impossible without workload reports to identify total inventory, inventory fluctuations, and aging inventory. Licensing Program workload reporting created through manual counts was started in August 2008 and identified nearly 7,000 applications awaiting some form of action. A software reporting tool was obtained by MBC Information Systems Branch (ISB) in August 2009 and ISB, MBC and the BPR Study Team worked together to automate initial workload reports; this eliminated the need for manual counting. However, considerable effort is still needed in this area to provide the appropriate level of reporting to effectively manage the resources and application resources.
- **The Licensing Program workload fluctuates throughout the year.** This is due to a combination of a variation in the number of applications received on a weekly and monthly basis and the demands of the residency program applications. The residency programs represents a significant, six-month workload peak with a July 1 licensing deadline each year. These fluctuations magnify the existing management, staffing and workload challenges and create additional issues. Management would benefit from a better workload forecasting tool, which includes a five-year history, so that resources can be adjusted to address workload fluctuations.
- **During the BPR Study, considerable effort was expended toward eliminating the licensing backlog.** The backlog can be attributed to all of the issues listed in the above bulleted items. It would be unwise to immediately declare success now that the backlog has been eliminated. If the organization proceeds ahead without correcting these identified issues, then MBC can likely expect another "backlog-type" issue to reemerge from the Licensing Program

in the future. It is recommended that a more appropriate goal for the organization would be to conduct initial application reviews within 60 calendar days of application receipt. (Sixty calendar days is 30 days less than the current regulatory timeframe of 90 days.) Resources such as Retired Annuitants, Student Assistants, and overtime should be continued until that level is sustained for several months.

Over the last 18 months, the Licensing Program management team started, and in some cases completed, a series of initiatives to improve the performance of the organization, including:

Table 1 - Creating a Sustainable Licensing Program (Phase 1)

	Recent Activities	Benefits
Process and Procedures	• Developed policy and procedure manual for processing physician applications and assessing supporting documents (other sections such as Senior Staff review needs to be completed)	• Provides consistent standards for staff to review applications and determine actions
Resources	• Hired and trained 9 new full-time employees in 2009 (5 replaced long- term staff who retired in 2009) • Trained several MBC staff from other programs • Hired and trained 12 new part-time Retired Annuitants and Students Assistants in 2009 to augment the work of full-time staff (8 since October 2009) • Created and deployed an effective training program in support of these resources	• Trained 17 new review staff hired since January 2009 as well as other MBC staff required to eliminate the back log by the end of Dec. 2009 • More license reviewers available to review applications and supporting documents, thus lowering processing times and eliminating the backlog • Lower staff-to-applicant caseloads assisted in reducing processing times, allowing better customer service

	Recent Activities	Benefits
Web Application Access System (WAAS) Project	• Developed new online WAAS for applicants to check status of their application in real-time • Implemented December 2009 • Continue to determine improvements and ensure reliability and timeliness of data presented	• Major step towards establishing electronic communications (e.g. MBC Web site and email) as the primary communications for all applicants in the licensing process, but a long ways from state of the art unified communications approach • Provided increased license application status info services to applicants • Reduced the number of application status-related calls to MBC • Accomplished significant ATS data clean-up • Implemented document handling and recording procedures.
Management Reports	• Obtained and integrated Ad Hoc Software Reporting Tool to generate automated management reports in August 2009 • Created automated management reports for application inventory and work productivity in September 2009	• Significantly improved understanding into dynamics behind program workload • Enabled management to effectively deploy resources

	Recent Activities	Benefits
Eliminate the Backlog	• Eliminated the licensing backlog through a coordinated MBC staff effort on December 23, 2009	• Customer satisfaction • Meeting regulatory timeframe • Collectively learned a lot about the organization and its systemic problems • Improving employee morale

The initiatives listed above address underlying systemic problems and create a solid investment in a series of building blocks in the Licensing Program. At the same time, it is apparent that more needs to be done in terms of investing in the Licensing Program's resources, infrastructure and data systems in order for the Program to be a sustainable organization capable of executing its work effectively, and providing high customer satisfaction.

Recommendations

Observations across business processes and support entities were found to have common themes. Recommendations developed based on these observations fit into three categories: Infrastructure, Information Technology (IT) and Resources. The recommendations included in this report are a collective list identified by the MBC Licensing Program or by HSC BPR Study Team.

Table 2 – General Observations and Recommendations

The table on the following page provides a one-page overview of the observations and recommendations discussed further in the main body of this report. The table includes:

- **General observations** for each of the three recommendation categories: Infrastructure, Information Technology, and Resources and Organization
- **BPR Study recommendations** for each category with **Priority level** (High, Medium and Low), **Cost level** (High, Medium and Low), and **Benefits** for each recommendation.

These recommendations are discussed in further detail in Section 6 with additional information in Section 9.3. Recommendations include information on the costs and benefits, qualitative and quantitative metrics and recommended priority.

Table 2 – General Observations and Recommendations

Overall observations:

- The Licensing Program has a series of underlying systemic problems that are significantly inhibiting the organization from operating efficiently.
- If the organization proceeds without correcting these issues, then MBC can likely expect another "backlog-type" issue to reemerge from the Licensing Program in the future.

Note: In the table below, there is not a one-to-one correlation for each general observation and recommendation. There is a direct correlation between each recommendation and the priority, cost and benefit

	General Observations	Recommendations	Priority	Cost	Benefits
Infrastructure	➢ Processes and procedures and other vital infrastructure elements require significant improvement to meet the demands of the Licensing Program ➢ 76% of US/CAN and 94% IMG applications and supporting documents have errors upon first review ➢ Electronic clearinghouse (e.g. FSMB, AMA) can improve information flow ➢ Licensing staff are most valuable resource and needs to be involved in implementing BPR recommendations ➢ Commitment to a vibrant QA program essential ➢ Clarification needed requiring PTAL renewals and ATS changes needed to track and manage PTALs ➢ Application of WAAS, updating the Web site portal are good initial steps to improving stakeholder communications ➢ Potential value in adopting a Postgraduate Training Program permit for US/Can applicants	1. Continue to advance Policy and Procedure Manuals 2. Increase uninterrupted time available for review tasks 3. Strengthen program-wide Quality Assurance (QA) processes 4. Create process to capture and assess Staff suggestions 5. Implement a Continuous Process Improvement program 6. Revise Application and Instructions 7. Implement Application Set-up Worksheet 8. Integrate Checklist into Application 9. Revise Fee Schedule and Licensing Invoice Letter 10. Implement Application Update Forms 11. Continue use of FSMB forms and expand to iPickup 12. Resolve Postgraduate Training Authorization Letter (PTAL) issues and make appropriate changes 13. Update MBC Website content on Applicant Tab 14. Implement Consumer Information Unit enhancements 15. Assess use of AMA's Physician Professional Database 16. Evaluate viability of Postgraduate Training Permit concept	High Medium High Medium Medium High Medium Medium High High High Medium Low	Medium Low Low Low Medium Medium Low Low Medium Low Low Medium High	• Improved staff effectiveness and standardized process • Improved staff time for application processing • Increased productivity through reduction of errors • Continuous improvement and staff satisfaction • Increased collaboration, staff morale and stakeholder satisfaction • Faster application processing through less "errors" and omissions • Allows for improved efficiencies and adds staff productivity metrics • Improved communications between MBC and applicants • Improved communications between MBC and applicants • Higher productivity and stakeholder satisfaction • Improved staff effectiveness and overall process improvement • Better tracking and management of PTALs • Improved communications between MBC and applicants • Improved CIU and Licensing Program communications • Single source of reliable and accurate information • Unknown
Information Technology	➢ Management Reports have historically been non-existent, with no real time information concerning the status of the organization's workload ➢ ATS is inadequate for the transactional-based work especially when a IMG applicant transitions from postgraduate training to a medical license ➢ Significant efficiencies available through extending how the Program communicates electronically ➢ Significant process efficiencies have been gained by similar organization through transitioning to document control systems	1. Implement new Management Report recommendations 2. Track DCA/ISB requests and action items 3. Evolve ATS capabilities to address MBC needs 4. Explore ways to increase use of electronic communications 5. Assess approach for DCA/ISB secured portal electronic L3A/B 6. Actively support DCA's development of the BREEZE2 Database System 7. Evaluate use of a Document Management System	High Medium High Medium Medium High Medium	Medium Low Medium Medium Medium Medium, High to DCA High	• Real-time information will improve the management effectiveness • Improved communications • Improved staff effectiveness and overall process improvement • Improved communications between MBC and stakeholders • Faster document submittals/license approvals • Significant improvement in MBC processes though integration of modern IT database • Better workload distribution and improved document tracking
Resources and Organization	➢ Licensing Program has been resource constrained over the past several years. ➢ The current staff-to-management ratio is at the unreasonable level of approximately 20:1 ➢ The organization and its processes are out of alignment with its mission ➢ The organization needs a combination of initiatives including continuous improvement, quality control and training to improve the work environment and increase customer satisfaction ➢ The effective use and management through performance metrics is critical to meet expectations	1. Advance Staffing recommendations - Seek approval for 7 additional full time staff and managers. Immediately hire 4 additional positions approved in BCP 2. Reorganize Licensing Program and reinforce roles and responsibilities 3. Restructure Administrative Support workflow 4. Change name of Consumer Information Unit 5. Shift clerical work done by Review Staff to Support Staff 6. Continue to create and deploy effective training programs 7. Work inventory to achieve initial review within 60 days 8. Establish performance objectives, program-wide staffing plans and metrics	High High Medium High Medium Medium High High	Medium Medium Medium Low Low Low Medium Low	• Create a properly sized and effective organization with minimal use of overtime and temporary staff • More effective and collaborative organization with improved employee morale with increased accountability, reporting and consistency • Increase ability to address varied skillsets needed • Better customer service • Improved staff effectiveness and employee satisfaction • Create professionally satisfying work environment and higher work quality • Higher stakeholder satisfaction and increase staff morale • Increase management's ability to address workload fluctuations and identify staff issues

Implementation Schedule

It is recommended that the implementation of the recommendations be split into two phases for the following reasons:

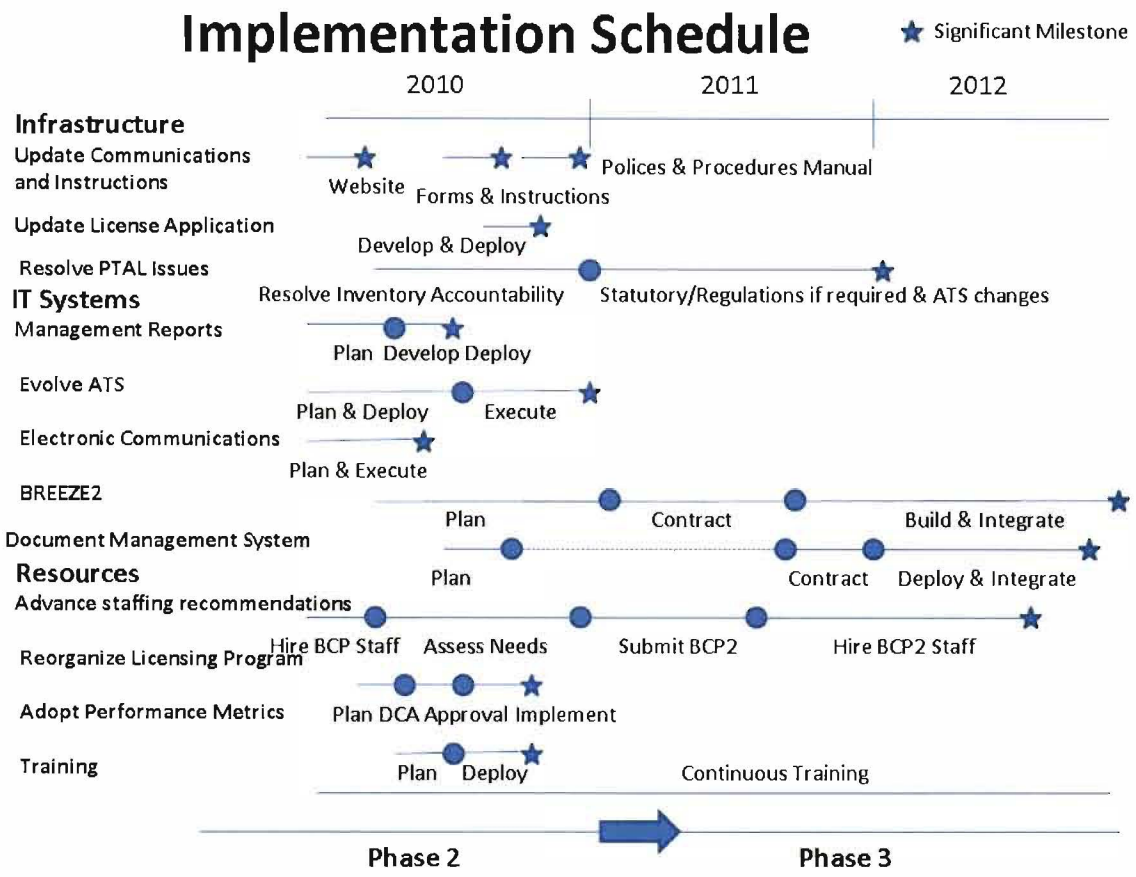
- Overall complexity and scope of the Implementation Plan
- The "limited" amount of staff effort that can be devoted to these recommendations while maintaining current workloads
- The uncertainty to some of the scope and cost of work identified

Phase 2 [1]includes those BPR Study recommendations to be worked on and/or completed by December 2010, and Phase 3 are longer-term initiatives that are considered cost effective recommendations but beyond the planning horizon and resource allocation of this study – Phase 3 activities will be planned in 2010 or in the case of BREEZE2 supported as part of Phase 2.

Below is a proposed Implementation Schedule which has as its priority to complete the majority of the BPR recommendations in 2010 with recognition that several items are significantly complex that it will take several years to complete, depending on resource allocations in 2011.

[1] Phase 1 activities were completed prior to January 2010 and were described earlier in this section.

Figure 1 - Implementation Schedule



The relative level of effort required to execute the Phase 2 tasks are estimated to be:

- **Licensing Program Effort** – It is estimated that at least three (3) full-time equivalent staff will be required to completed the Phase 1 work currently underway and the recommended work to be executed in 2010 as part of Phase 2
- **MBC Information Technology Effort** – It is estimated that approximately one-half (0.5) full-time equivalent staff will be required to complete the Phase 1 work currently underway and the recommended work to be executed in 2010 as part of Phase 2

- **Other MBC Resources** – Additional staff time (as members of work groups and committees) will be required to complete the Phase 1 work currently under way and the recommended work to be executed in 2010 as part of Phase 2

Roles and Responsibilities

The implementation of the BPR process needs to be embraced as part of a broader continuous improvement process wherein the organization:

- Provides for a higher level of customer satisfaction
- Adapts a culture of embracing change rather than resisting it
- Is organized around functional responsibilities with appropriate levels of supervision
- Is built on trust and respect at all levels
- Has the infrastructure, information technology systems and resource levels appropriate to execute its mission
- Has the tools and perspective to manage the assignment of organizational as well as individual workload metrics
- Is a better environment to work and grow in one's career
- Is supported by its management to fully effect the recommendations outlined

Given the importance of this effort, it is imperative that the Licensing Program Chief and Management Staff be provided support from the Executive Director and the Board to assure the implementation of the recommendations:

- The Licensing Chief will need to spend a considerable amount of time (up to 30%) managing the implementation of this plan – being responsible both to the Licensing Team as well as the Executive Director, the Board, and the Licensing Committee for the Plan's execution
- Members of Licensing Program Management Team, reporting to the Licensing Chief, will be responsible for the execution of a large portion of the tasks as outlined in the plan

- Other MBC personnel including IT, GME Outreach manager, will be tasked with implementing specific support activities to execute the recommendations

Report Structure

The detailed report in the sections that follow provides overviews, observations, recommendations and an implementation plan for the licensing and renewal processes and supporting components.

The appendices contain detailed information on the staff roles and responsibilities, Business Process Maps for the Cashiering, Licensing, Renewal and Call Center processes, and additional observations related to these functions. This level of detail will provide value to the teams and individuals responsible for implementing the recommendations.

2 MBC Business Process Reengineering (BPR) Study

This section provides an overview of the MBC Business Process Reengineering (BPR) Study including the:

- Objectives and scope as identified in the Statement of Work
- Approach and methodology used to complete the objectives and tasks identified in the Statement of Work
- Layout of this report

2.1 Objectives

The mission of the Medical Board of California (MBC) is to protect health care consumers through proper licensing and regulation of physicians and surgeons. MBC has also realized that there are efficiencies to be gained through process improvements that will result in faster turnaround of physician and surgeon license applications, while not adversely affecting public safety.

In August 2009, MBC procured the services of Hubbert Systems Consulting, Inc. (HSC) to conduct a four-month Business Process Reengineering (BPR) Study to improve overall efficiency and effectiveness of the Licensing, Renewal and Call Center processes. This study is being conducted by HSC staff (the BPR Study Team) in collaboration with the MBC Licensing Program Staff.

The objectives of the BPR Study are to outline a series of actions to:

- Decrease the number of days to process a physician and surgeon application from receipt to the final decision regarding issuance or denial of a physician and surgeon license
- Improve licensing renewal efficiencies
- Comply with regulatory requirements set forth in California Code of Regulations (CCR) Title 16, Division 13
- Improve focus on customer service by providing accurate and timely information through the Consumer Information Unit (CIU) call center

2.2 Scope

The scope of the MBC BPR Study includes the processes and entities that support Postgraduate Training Authorization Letters (PTALs), Initial Licensure, and License Renewals for physicians and surgeons. Entities include:

- Licensing Section (Administrative Support, Application Review, Senior Review and Licensing)
- Licensing Operations (Cashiering, Consumer Information Unit (CIU), and Renewals),
- MBC Information Systems Branch (ISB),
- MBC Web site, and
- Graduate Medical Education (GME) Outreach

Special Program Permits were removed from the project scope early in the BPR Study by MBC staff.

The Licensing Program is responsible for other activities that are not covered under the scope of this MBC BPR Study including:

- Issuing Fictitious Name Permits (FNP)

- Administering the Continuing Medical Education (CME) program
- Approving Ambulatory Surgery Center Accrediting Agencies
- Licensing Allied Health Professions (Registered Dispensing Opticians (RDOs), Research Psychoanalysts (RPs) and Midwives)
- Recognition of International Medical School [2]

This report addresses the following tasks identified in the Statement of Work. Each task identified in the Statement of Work was assigned a number. The task number has been incorporated with the task description for traceability purposes. The tasks completed with delivery of this report include:

Task 1: Research and review of information relating to the current MBC physician and surgeon licensing application and renewal processes and Web Center applications, including the Source Material listed in the Statement of Work.

Task 2: Research and review the statistical data collected from 2002 to present including Source Material and analyze the data for number of incoming and reviewed applications, renewal applications, applications for Senior Staff review and outcome, and issued and denied licenses.

Task 3: Meet with MBC Management team to review the draft Policies and Procedures Manual, make recommendations to modify the document and then complete as input to the Business Plan.

Task 4: Map licensing and renewal processes in collaboration with Chief of Licensing Program to present to the Executive Director and modify the same as appropriate based on that review.

Task 5: Define the reports needed to effectively manage the Licensing Program and flow of applications including reports generated from Web Center, ATS and CAS and other sources and develop a Scope of Work and timetable to accomplish producing these reports.

[2] As defined in Title 16, §1314.1

Task 6: Research and review all staff members' roles and responsibilities for the various licensing and renewal tasks and Web Center functions and analyze and recommend appropriate staffing levels, seniority, and roles and responsibilities.

Task 7: Develop a draft Business Plan to improve efficiencies and performance (timeliness, quality and management reports) of the MBC licensing and renewal processes and Web Center functions and the staffing required to implement the Business Plan.

Task 8: Meet with MBC Management team to review the draft Business Plan with proposed workflow, determine appropriate modifications, and revise the Business Plan.

Task 9: Define any organizational changes, and staff roles and responsibilities and identify any possible budget effects.

Task 10: Develop Implementation, Communication and Training Plans and recommended follow-up. *NOTE: Training Plans were developed by MBC staff.*

A follow-up audit will occur three months after the submission of the report to evaluate MBC's progress in the assessment and implementation of recommendations identified in this report.

2.3 Approach and Methodology

The first step to improving a process is to analyze the current process in order to understand the activities, their relationships, and the values of relevant metrics. HSC's process analysis approach involves the following tasks:

- Define the process boundaries that mark the entry points of the process inputs and the exit points of the process outputs.
- Construct a process flow diagram that illustrates the various process activities and their interrelationships.
- Analyze the information gathered and make recommendations to improve the process.

The BPR Study Team gathered information from MBC staff interviews, available source documents, policies and procedures, statistical data, and observations of current processes. Throughout this effort, the BPR Study Team worked closely with MBC staff.

2.4 Creating a Sustainable Licensing Program – The BPR Study Report

This report provides narrative and analysis for the different areas involved in the processing of license and Postgraduate Training Authorization Letter (PTAL) applications and renewals.

Licensing and PTAL Processes

For each step in the Licensing and PTAL process, an overview and observations are provided in the main body of the report with additional information such as staff roles and responsibilities and business process flow diagrams included in Section 9.1 - Business Process Flows.

Overview - Provides a high level information of the Licensing and PTAL processes and a brief summary for each of the steps in the Licensing and PTAL processes.

Observations - Interviews with MBC Staff and research conducted to develop the Business Process Flow Diagrams captured additional useful information. This supplemental information is presented in the form of observations and is provided after the overview of the Licensing and PTAL processes. The information in the overviews and the observations were used as the foundation for the development of the BPR Study recommendations.

Staff Roles and Responsibilities - A detailed description of the staff roles and functions is included to supplement the Business Process Flow diagrams.

Business Process Flow Diagrams - Provides a visual representation of the current process flow, inputs and outputs. This facilitates understanding and analysis of a process, especially if there are many decision points and alternative process flows. Additional information on the figures used in the Business Process Flow Diagrams included in this document can be found in Section 9.1.1, Page 124.

Licensing and PTAL Support

There are areas and components within the MBC Organization that support the Licensing and PTAL processes such the MBC Web site and the Consumer Information Unit (CIU). An overview, observations, staff roles and responsibilities, and flow diagrams (where appropriate) are provided in this section. The information and observations were used to develop BPR Study recommendations related to these areas and components.

Additional Considerations

A separate section has been included in this report to address additional and relevant licensing-related items identified by MBC staff during the BPR Study but outside the processing and support components. Items discussed in this section are the suite of FSMB products and services, the Postgraduate Training Registration Form, and the Postgraduate Training Permit concept. An overview and observations are provided for these items. Recommendations are also provided for these items.

Recommendations

Recommendations were developed based on the observations, information gathered and MBC staff interviews conducted during the BPR Study. The recommendations were grouped into common "themes" found across the observations and include: infrastructure, Information Technology (IT) and resources.

Due to various factors related to the current environment, short-term directives, and the anticipated increase in application receipt and workload from January through June, the BPR Study Team informally released several recommendations in advance of the publication of this report as requested by the MBC Licensing Chief. These recommendations are in various stages of implementation.

Implementation Plan

A preliminary implementation plan has been provided for recommendations identified for implementation over the next 12 months. This plan can be used by MBC Staff as a foundation for further discussion and action.

BPR Study Next Steps

This section outlines the remaining tasks in the Statement of Work.

3 Licensing and Postgraduate Training Authorization Letter (PTAL) Processes

This section includes a description and analysis of the current Physicians and Surgeons licensing and Postgraduate Training Authorization Letter (PTAL) environment including application inventory, workload, processes, workflow, staff roles and responsibilities, and observations related to the environment.

The Licensing and PTAL processes described in this section include:

- Initial licensure applications for Physicians and Surgeons for United States and Canadian (US/CAN) and International Medical School Graduates (IMG)
- Applications for a PTAL
- License renewals

Applications and Application Inventory

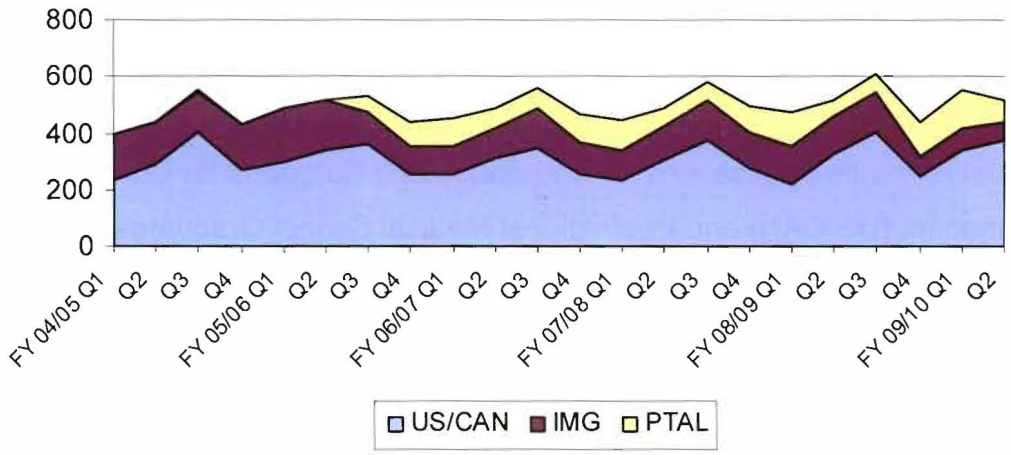
Applications are received by MBC throughout the year for applicants seeking medical licensure or IMGs seeking a PTAL. A PTAL is required for IMGs seeking postgraduate training in California-based postgraduate training programs.

The figure below shows a quarterly view of the applications received starting in the first quarter (Q1) of Fiscal Year 2004/05 (FY 04/05) and identifies "spikes" in applications receipts through the year. PTAL applications and IMG applications for licensure remain relatively constant through the years, with slight increases in Q1 (July – September). US/CAN applications show the largest "spike" in Q3 (January – March). In FY 08/09, up to 600 new applications per month were received during Q3. The "peak period" is attributed to an increase in US/CAN applications seeking licensure on/before July 1 to continue residency programs and start fellowship programs. The fluctuations in total application inventory and in specific types of applications (US/CAN, IMG and PTAL) require additional

workload and resource management to prevent a backlog. Additional overtime is used to address the increased inventory during these times.

Figure 2 – Quarterly view of applications received per month (average)

Source: ATS adhoc quarterly reports



NOTES:

1. Data was provided by FY Quarter. Monthly average was calculated by dividing quarter total by three.

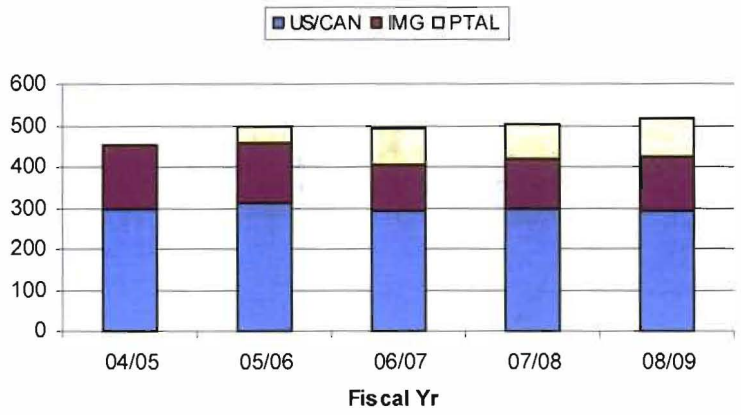
2. Data is as of January 11, 2010.

3. PTAL applications received a specific code in the Applicant Tracking System (ATS) starting in FY 05/06. Prior to that time, ATS did not differentiate between an IMG applicant seeking a PTAL or a license.

The figure below shows the average number of license and PTAL applications received by MBC per month over the past five fiscal years. During Fiscal Year 2008/09 (FY 08/09), MBC received an average of 520 new applications a month (130 per week) for a total of 6,200 new applications. The figure below also shows there has been a slight increase (average +/-3%) in application submission starting in FY 04/05 through FY 08/09.

Figure 3 – Annual view of applications received per month (average)

Source: ATS adhoc reports



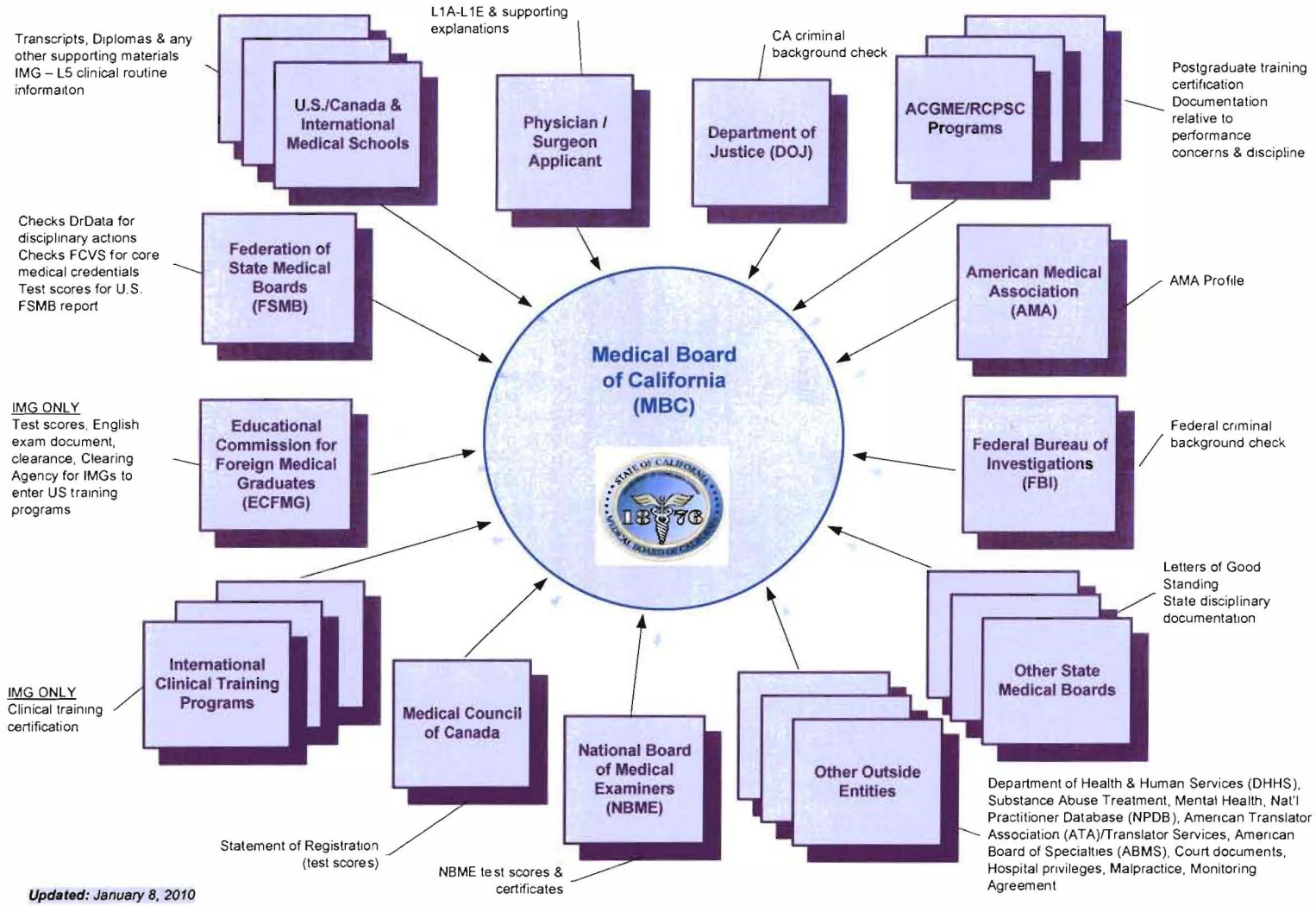
NOTES:

1. Data was provided by FY Quarter. FY quarters were totaled and monthly average was calculated.

2. PTAL applications received a specific code in the Applicant Tracking System (ATS) starting in FY 05/06. Prior to that time, a PTAL application was considered an IMG application in ATS.

The application review process for licensure and PTALs entails a comprehensive evaluation of the applicant's qualifications. Requirements are based on State of California statutes and regulations. The application includes several components including the base application (L1A – L1E) as well as additional forms and supporting documentation. A complete US/CAN application requires a minimum of thirteen (13) types of documentation from external entities; with additional documentation needed for an IMG application. The figure below shows the external entities that provide supporting documentation in the PTAL and Licensing application process. The amount of required supporting documentation is dependent on the applicant's unique situation and information provided on the application.

Figure 4 - External Entities in the PTAL and Licensing Application Process



Once all required documentation is submitted and reviewed, 99% of complete applications result in the issuance of a license or a PTAL. The time to complete the review of an individual application and render a licensure or a PTAL decision varies based on:

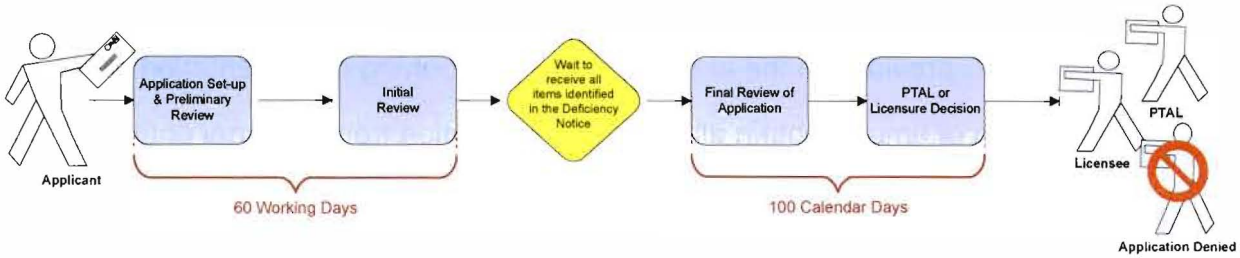
- Information provided in the application and supporting documentation
- The length of time to obtain all required information from external entities
- The workload of the Licensing Program Staff.

Regulatory Timeframes for Application Processing

Although the time to process an application varies, application processing is required to comply with regulatory timeframes. The figure below shows the PTAL and license application processing timeframes prescribed by Title 16, California Code of Regulations, §1319.4. From the date of application receipt[3], the Licensing Program has 60 working days (approximately 90 calendar days) to complete the initial review and inform the applicant of any deficiencies in their application. Deficiencies can include missing or erroneous forms or information. After all deficiencies have been resolved and the application is deemed a completed application, the Licensing Program has 100 calendar days to inform the applicant of the PTAL or licensure decision.

[3] The application is considered received when MBC receives both the application and application fees.

Figure 5 - Application Processing Timeframes



In addition to the application processing timeframes identified above, current regulations[4] also authorize MBC to close an application when an applicant does not exercise due diligence in the completion of the application. Failure to complete the application within one year constitutes failure to exercise due diligence. MBC may provide the applicant the option to update the application within 30 days or the application will be closed.

Inventory and Backlog

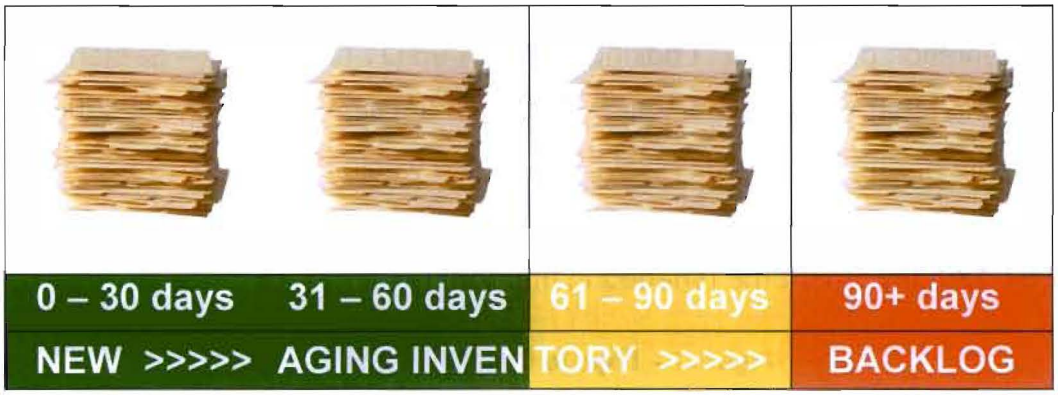
When applications are received by MBC, they become part of the inventory awaiting initial review. Applications are generally processed in the order they are received. The inventory will grow if, in any given time period, more applications are received than initial reviews are completed.

An application in inventory and awaiting initial review ages every day. The figure below shows the categories of *inventory awaiting initial review*: Under the current nomenclature, inventory awaiting initial review in the "over 90 calendar days" category is called *backlog*. All applications in backlog are not meeting the regulatory requirements for initial review. From an applicant's perspective, the

[4] CCR, Title 16 § 1306

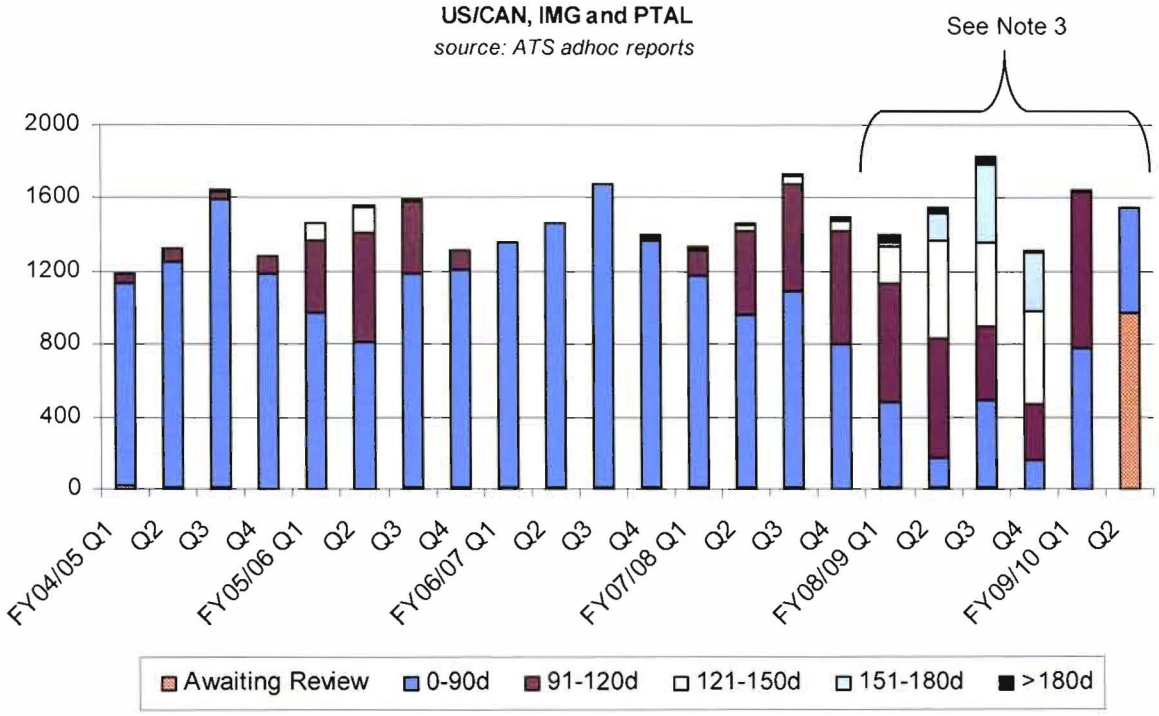
backlog results in longer initial review period and ultimately a delay in a licensure decision.

Figure 6 - Categories of Inventory Awaiting Initial Review



The BPR Study Team analyzed data the MBC Information Systems Branch (ISB) extracted from the Applicant Tracking System (ATS) for an ad hoc report. The report identified the length of time to complete an initial review for applications received *in a specific quarter.* The figure below provides a graphical representation of the data. Looking at FY 04/05 Q1 (July 2004 – September 2004), the chart shows almost all of the 1,200 applications received in that three-month timeframe had initial reviews completed within 90 days of receipt (shaded in purple), with a small amount of applications having the initial review completed in the 91-120 day timeframe (shaded in maroon).

Figure 7 – Days to Complete Initial Review



Notes:

1. This data provides the length of time to complete an initial review for applications received in the identified quarter.
2. Data is as of January 11, 2010.
3. Per Governor's Executive Order: Overtime (OT) eliminated Aug 1 to Oct 15 2008 (FY 08/09, Q1 and Q2), two (2) furlough days/mo Feb thru June 09 (FY 08/09 Q3 and Q4), three (3) furlough days/mo effective Jul 1 2009 (FY 09/10 Q1–Q4)
4. In FY 05/06 Q3, PTALs received a separate designation in the Applicant Tracking System (ATS). Prior to that date, PTALs were considered IMGs.

The figure also shows:

- Since FY 04/05 Q1, there have been two periods where a backlog has occurred. Typically for each backlog period, there was an increase in the length of time to complete the initial review for several quarters, before the backlog situation was eliminated.
- Applications received in FY 09/10 Q1 (July 2009 – September 2009) had significantly better initial review timeframes than the previous quarter, FY 08/09 Q4 (April 2009 – June 2009), indicating resolution of the backlog.

The Licensing Chief developed a plan to address the increased backlog and presented it to the Board's Executive Committee in October 2009. Based on feedback by the Board's Executive Committee, the Executive Director provided the following directives to the MBC Licensing Chief in October 2009:

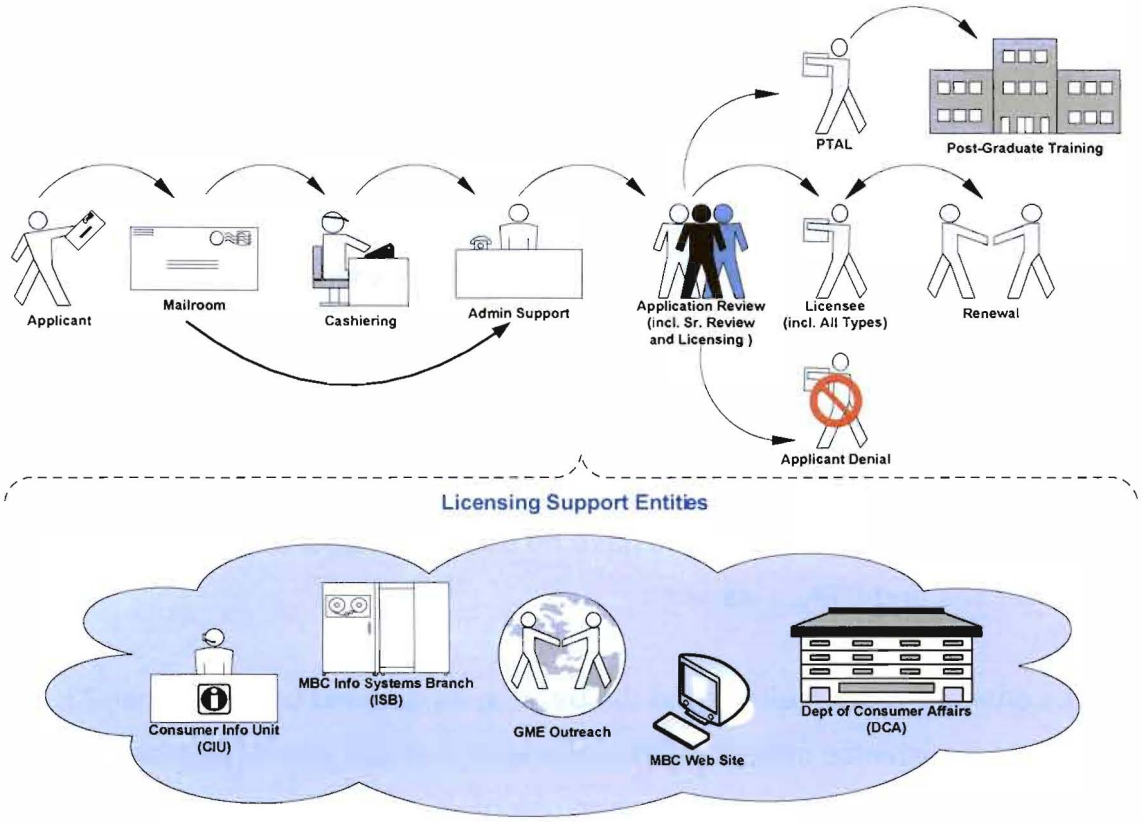
- Eliminate backlog (defined as new applications not reviewed over 90 calendar days) by December 30, 2009.
- Efforts to eliminate backlog will have no adverse impact on the current volume of licenses and PTALs issued.

The Licensing Program eliminated the backlog as directed by December 23, 2009. There was no adverse impact on the volume of licenses and PTALs issued. Continued focus on aging inventory and use of several recently developed reports will prevent the future recurrence of the backlog.

Application Processing

The Figure below represents a high-level view of the licensing and PTAL processes. The icons shown below will be used throughout this section to describe the components within licensing and PTAL processes.

Figure 8 - Overview of PTAL and Licensing Processes



- STEP 1: Applications and supporting documentation are received from the applicant by the MBC Mailroom and opened. Any mail that contains payments is forwarded to Cashiering. If the mail does not contain payments, the mail goes directly to the Licensing Administrative Support Staff.

- STEP 2: Monies are processed by the MBC Cashiering staff. A report of the monies received by DCA Cashiering staff is reviewed by the MBC Cashiering staff. The Cashiering Staff forward the mail to the Administrative Support Staff for further processing.

- STEP 3: Administrative Support Staff process and distribute incoming mail, create the application file, conduct a preliminary review of the application for completeness, and update the Applicant Tracking System (ATS) indicating the receipt of the application and supporting documents. Administrative Support Staff send the applicant a letter acknowledging receipt of the application and fees and provides the applicant the unique Applicant Tracking System (ATS) number.

- STEP 4: Review Staff conduct the initial review of the application and supporting documents. If an application is not complete, the Review Staff sends the applicant a deficiency notice. The applicant must submit corrected or additional documentation or contact the responsible entity to submit the additional documentation to MBC. The Review Staff can continue to process the application and required documents through the decision unless the application meets the criteria for Senior Review. Once the application is complete, the decision is made to issue a license or PTAL. An application file can be closed after one year if the applicant does not exercise due diligence and complete the application. Applications deemed ready for licensure or issuance of a PTAL receive a quality control review to verify the application is complete and approved. Review staff issue a PTAL.

- STEP 5: If an issue (such as a serious mental health issue, academic problem, dishonesty, or drug or alcohol use) is disclosed by the applicant or discovered during the Step 4 (the application review process), Senior

Review staff may require additional information. Senior Staff will conduct an additional level of application review. The licensure decision can be to:

→ Issue a license or PTAL

→ Issue a probationary license

→ Issue a license with a public letter of reprimand

→ Deny the application

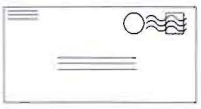
→ Close the application file after one year if the applicant does not exercise due diligence in the completion of the application

- STEP 6: If the licensure decision results in issuing a license, the license is issued to the applicant and the Web site updated with the license information.

- STEP 7: Renewal staff process license renewals within two years of the issuance of the initial license and every two years thereafter.

Based on the information available and what was observed during the BPR Study, it appears that the current seven-step workflow described above is adequate at the current time.

3.1 Step 1: MBC Mailroom



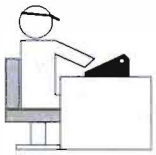
Mailroom

The mailroom at 2005 Evergreen Street distributes incoming mail for the Medical Board of California. Mail is sent either directly by the sender to the Evergreen location or to the Department of Consumer Affairs central mailroom 1625 North Market Blvd. The on-site mailroom at Evergreen Street is part of the MBC organization but was not part of the scope of the BPR Study.

The mail is sorted by MBC unit. If a check is enclosed, the check and all enclosures are forwarded to the Cashier for processing. If the mail does not contain payments, the mail goes directly to the Licensing Administrative Support Staff. Mailroom staff delivers all other mail to the appropriate MBC staff by early afternoon.

Information on the roles and responsibilities and the Business Process Flow can be found in Section 9.1.2, page 127.

3.2 Step 2: Cashiering

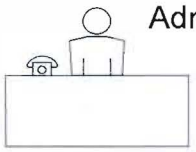

Cashiering

The Cashiering Staff sorts and processes four general types of mail in which money is included:

- **New application with a check included** – an ATS record is created, the check tendered and the application forwarded to the Administrative Support Staff Inbox for processing.
- **Check with no documents** – a copy of the check is made on 'hot pink' paper and forwarded to the Administrative Support Staff Inbox for the Review Staff to research. Once staff knows how to apply the check amount, the ATS record will be updated.
- **Fee invoices with check**– applies the payment amount to the corresponding ATS record. The check is tendered and the 'blue' fee invoice is forwarded to Licensing for distribution to the appropriate staff.
- **License renewal invoices with check**– fees received are recorded in ATS and then the Consumer Affairs System (CAS) record is updated to reflect payment of fees. The check will be tendered and the renewal invoice questionnaire will be scanned into CAS.

Information on the roles and responsibilities and the Business Process Flow can be found in Section 9.1.3, Page 129.

3.3 Step 3: Administrative Support


Admin Support

Administrative Support sorts the mail and completes tasks common to all applications such as:

- Application file set-up
- Updating ATS with demographic information and qualification method

- Federation of State Medical Boards (FSMB) and American Medical Association (AMA) checks
- Fingerprint checks
- Generation of the letter acknowledging application receipt
- Preliminary review of application for completeness (no blank boxes or responses)

The Z-project staff is included in the Administrative Support staff and is responsible for logging all application-related documentation received at MBC into ATS and updating the Application Requirements Status Field in ATS with a "Z". The "Z" indicates the document has been received but not reviewed. This information updates the MBC Web site application, Web Applicant Access System. The Web Applicant Access System was launched on December 1, 2009 and allows the applicant on-line real-time information on their application status.

Information on the roles and responsibilities and the Business Process Flow can be found in Section 9.1.3, page 129.

3.4 Step 4: Application Review

Application Review
(inc. Sr. Review and Licensing)

The Application Review process verifies that the PTAL and licensure requirements identified in California statutes and regulations have been met. Applications are reviewed by type of applicant – U.S. and Canadian medical school graduate (US/CAN) or International medical school graduate (IMG). Supporting documents are reviewed to determine if the meet the requirements (approved) or deficient.

The Application Review process includes:

- Conducting the initial review of the application and supporting documents

- Generating a deficiency notice if needed
- Processing incoming application documents
- Communication with applicant and support entities
- Assessing the need for Senior Staff Review
- Conducting final review prior to licensure

Quality Review is also a component of Application Review and occurs after the Application Review is complete and prior to Licensing. Review Staff issue PTALs. Applications approved for licensure are forwarded to Licensing (Step 6).

For the purposes of the MBC BPR Study, the role of the Fingerprint Coordinator is contained in the Application Review process. Any communication with the California State Department of Justice (DOJ), including fingerprint results, is done through the Fingerprint Coordinator.

Information on the roles and responsibilities and the Business Process Flow can be found in Section 9.1.5, page 135.

3.5 Step 5: Senior Review

Application Review
(inc. Sr. Review and Licensing)

If an issue is disclosed by the applicant or discovered during the application review process, an application may be forwarded for Senior Staff review and additional documentation may be needed prior to making a PTAL or licensure decision. Examples of issues include serious mental health issues, academic problems, dishonesty and drug or alcohol use. A Senior Review results in the issuance of one of the following:

- Unrestricted license
- Probationary license
- Public Letter of Reprimand

- Denial of application

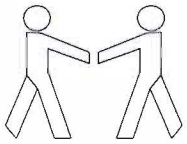
Information on the roles and responsibilities and the Business Process Flow can be found in Section 9.1.6, page 138.

3.6 Step 6: Licensing

Once a license application review is complete and approved, the final step in the Licensing Process is licensing. A final check is made, the Applicant Tracking System (ATS) is updated, the Consumer Affairs System (CAS) is updated and a license is sent to the licensee.

Information on the roles and responsibilities and the Business Process Flow can be found in Section 9.1.7, page 144.

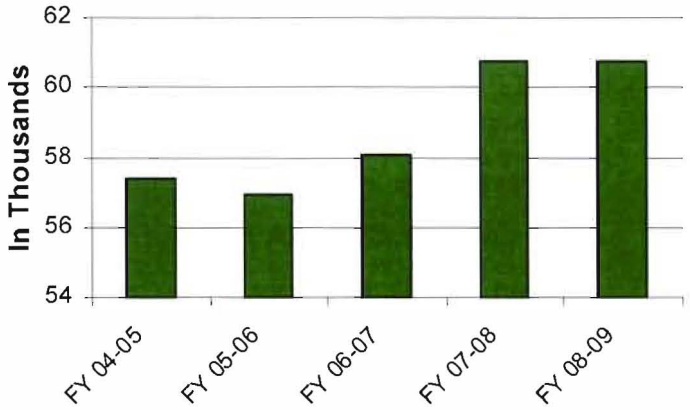
3.7 Step 7: License Renewals



In contrast to the considerable amount of application and credentialing documentation review that is required for PTAL and initial licensures, the license renewal process is an automated process with only exceptions requiring a manual review and resolution. The figure below shows that over the past five fiscal years, MBC processed between 56,000 and 61,000 renewals annually with an increase since FY 05-06.[5]

[5] MBC Annual Reports 04-05 through 08-09

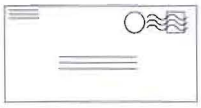
Figure 9 - Total Licenses Renewed



Information on the roles and responsibilities and the Business Process Flow can be found in Section 9.1.8, page 146.

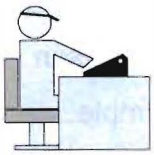
3.8 Observations

3.8.1 Observations – MBC Mailroom


Mailroom

1. *The heaviest volume of mail is on the Monday after a Furlough Friday*.
2. *Mail is counted and logged on the first week of the month for shared services costs*.

3.8.2 Observations – Cashiering


Cashiering

1. *Incorrect fees are received by the Cashiering Unit* – Additional staff time is required to process checks that are not consistent with any fees. It is thought that the Fee Schedule included in the application may be misinterpreted by the applicant. In addition, the BPR Study Team identified that the current Licensing Fee Invoice Form may cause confusion when received by the applicant.

3.8.3 Observations – Administrative Support

Admin Support

1. *There is no centralized and permanent Administrative Support Staff manager* - The current Administrative Support Staff performing the tasks identified in the Administrative Support process flows include individuals with Office Technician (OT), Retired Annuitant (RA) and Student Assistant (SA) classifications. Under the current Licensing Program organization, this staff is supervised by multiple managers making it difficult to provide centralized and consistent management. A temporary manager has been assigned starting October 1, 2009, but only through January 2010.

2. *Diverse skill sets are required to complete tasks in Administrative Support processes* - Application set-up and preliminary review tasks vary from very clerical tasks with minimal analysis (such as verifying all forms received, creating the "application received" letter) to tasks that are mostly clerical with some analysis of the application and supporting documentation (such as determining the Qualification Method).

3. *Application files are not always completed in receipt date order in the Administrative Support Business Process* - Applications are processed by Administrative Support Staff in the order they are received and a single Administrative Support Staff individual is responsible for completing all the tasks for each file. Each individual works at a different rate. This results in the Review Staff receiving files out of receipt date order. For example, application files with an application receipt date of the 15th may have all Administrative Support process tasks completed before an application with a receipt date of the10th. The temporary manager assessed receipt and assignment of application set-up and revised the process to ensure all work is completed within three (3) working days.

4. *The current staffing for the Z-project is heavily dependent on Student Assistants (SAs)* - The Web Applicant Access System (WAAS) allows applicants to view application status online via the MBC Web site and uses the information input by Z-project staff, a part of the Administrative Support Staff. Although WAAS was implemented on December 1, 2009, the project required data entry starting in September 2009. Administrative Support Staff assigned to the Z-project update ATS with application and supporting document information. WAAS depends on timely and accurate entry of application and supporting documentation received at MBC. Turnover for Student Assistants is traditionally higher than turnover of permanent staff, resulting in an ongoing risk for projects that have a heavy concentration of Student Assistants. It is assumed this was not the original staffing plan, but

due to competing priorities, using Student Assistants became the only viable alternative as no existing permanent staff could be pulled from reviewing applications.

5. *The current process allows multiple letters to be created and sent to an applicant* - During the Administrative Support Process, if an application is missing fingerprints or the application is not filled out completely, a notice is sent in addition to an "application received" letter.

6. *Performance metrics and objectives have not been established for Administrative Support Staff* - The Administrative Support Staff tasks are an essential part of processing applications, but there are no metrics or performance objectives established for these tasks. Application files were not counted until they enter the Application Review Process. Starting in October 2009, the process was changed whereas received applications are counted when the application and fee are received and the method for licensure (pathway) is entered into ATS by Administrative Support Staff. Applications age from the receipt date at the start of the Administrative Support Process. Time spent on the Administrative Support process tasks accrue as part of the 60-working (90-calendar) day regulatory timeframe for completion of an application's initial review.

   In addition, there is limited ability to measure the rate at which applications move from Administrative Support to Application Review. This flow must be managed so that staffing and performance objectives for both processes can be adjusted to address any variances in application receipt.

   Review Staff interviews in early October identified that new application files are being received by the Review Staff up to three weeks after receipt date. As of December 1, 2009, it has been reported Administrative Support Staff is working on applications that are seven of less calendar days old.

Work products from the Administrative Support Process have errors - These errors can result in a delay in completing the initial review and additional work for the Review Staff. Effective November 2009, a quality review of Administrative Support Staff ATS input was instituted. There have not been quality metrics and objectives established for the Administrative Support Process.

3.8.4 Observations – Application Review

1. *US/CAN application reviews are typically less complex and take less time* - IMG application reviews require more time because US/CAN medical schools use standard curriculums and supporting documentation. IMG applications can have medical schools and clinical clerkships located anywhere in the world and the curriculum may not meet statutory and regulatory education requirements. As a result, an IMG's application and supporting documentation require more time and skills to review and assess. Often an IMG reviewer starts out as a US/CAN reviewer and is promoted to an IMG reviewer.

2. *The Policies & Procedure Manual and Decision Log are used in review process* - The current Policies & Procedures Manual used by Administrative Support Staff and Review Staff is intended to provide the course of action required to process the license and PTAL applications and all documentation supplied by the applicant and various entities in support of the application. The Decision Log is a "companion document" to the Policies & Procedures Manual, identifying approved clarifications or modifications to the Policies and Procedures Manual and other pertinent information.

   Creation, publication and implementation of the initial Policies and Procedures Manual and the Decision Log within the past year was a significant effort and noteworthy accomplishment by the Licensing Program.

   It is critical that the Policies & Procedures Manual and Decision Log be:

   - Complete
   - Comprehensive

- Easy to follow and understand
- Up to date and reflect current requirements and practices

Documents such as the Policies and Procedures Manual and the Decision Log are considered "living documents". "Living documents" are refined through iterative processes that keep the documents current so they remain an effective tool for Licensing Program Staff. The Decision Log is updated as policy changes, but a process has not been established yet to incorporate the Decision Log into the Policies & Procedures Manual.

Interviews identified that the Policies & Procedures Manual is not complete, but the "core" application processes have been documented. The BPR Study Team believes this is the result of competing priorities and lack of dedicated full-time staff is delaying further work on the Policy & Procedures Manual and other infrastructure-related activities. The BPR Study Team will provide comments on the Policy & Procedures Manual separately from this report.

It is important that Review Staff adhere to the Policies & Procedures identified in the manual. Adherence promotes standard practices and predictable outcomes. Interviews identified that not all Review Staff adhere to the current Policies & Procedures but could not identify why. These deviations are identified during the Quality Review process.

3. *The period between application receipt and the start of initial review allows required supporting documentation to be received and processed* – BPR Study interviews indicated less than two percent (2%) of US/CAN and IMG applications are considered complete (application, fees and all necessary supporting documentation) at time of receipt. During the time period between application receipt and the start of initial review, supporting documentation is received from external entities, processed and matched up with the application file. At the time of initial review, a higher number of

applications are complete and fewer deficiencies are identified related to outstanding supporting documentation due to the period between application receipt and initial review. Metrics in November 2009 through mid-January 2010 indicate the percentage of applications assessed as complete at the time of initial review and sent straight to licensure average 24% for US/CAN and 5% for IMG. PTAL applications assessed as complete at the time of initial review was 9% for that same time period. .

Careful consideration must be given on how much to optimize the timeframe between application receipt and initial review. For example, if the time between application receipt and initial review was reduced to less than 60 days, it is assumed that more deficiency notices would be created due to missing supporting documentation adding to the overall Licensing Program workload.

4. *For applications that have deficiencies and do not require Senior Review, it is estimated that between 70 – 75% of application processing is completed when initial review is completed* - The remaining 25 - 30% includes processing the required supporting documentation to resolve the deficiency, quality review, final ATS updates and licensing. For applications that go straight to licensure, it is estimated that that 85-90% of application processing is complete when initial review is completed.

5. *Significant effort has been made to meet initial review regulatory timeframes* – Regulations[6] require application have an initial review completed within 60 working days [7]of receipt. Applications that have been awaiting initial review for over 60 working days (90 calendar days) are considered backlog. An overview of the backlog was discussed in Section 3 - Licensing and Postgraduate Training Authorization Letter (PTAL)

[6] CCR Title 16 §1319.4 (a)
[7] 60 working days equates to roughly 90 calendar days. Licensing Program documentation sometimes refers to initial review time in calendar days (days) .

Processes. The analysis of ATS data indicates that the backlog has been a recurring issue from as far back as FY 04/05. The recent backlog started in FY 07/08 Q2 and continued to increase through FY 08/09 Q4. A plan to reduce the backlog was established and implemented by the Licensing Program Chief in October 2009. The backlog was eliminated on December 23, 2009. Inventory must be monitored regularly to ensure a backlog is does not occur again. Metrics were recently put in place to monitor inventory and forecast workload 90 days in advance. The Licensing Program staff, ISB and the BPR Study Team are working together to use ATS data to generate the metrics and develop processes to more efficiently plan and monitor staffing, workload and inventory.

6. *It is assumed that the regulatory timeframe for MBC to render a licensure decision is being met* – Regulations[8] require a licensure decision within 100 calendar days of the receipt of a completed[9] application. The current structure of the ATS data does not easily allow reporting on processing timeframes after the initial review is completed. Analysis of the ad hoc reporting available during the BPR Study indicated the time MBC is waiting for the applicant to resolve deficiencies is included in the timeframe calculations. Wait time like this should not be included when assessing licensing processing timeframes, as the application is not yet complete and the wait time is outside the control of MBC. The BPR Study Team, Licensing Program Staff and ISB staff have initiated discussions on this issue and possible future options.

   Because ATS data was not available to confirm regulatory compliance, the BPR Study Team used current workflow to assess the likelihood of regulatory compliance. If an application is incomplete upon initial review,

[8] CCR Title 16 §1319.4 (b)
[9] The definition of a completed application is not defined in regulations. The definition commonly used for a completed application is an application having all required information to render a licensure decision. The determination is made by MBC Review Staff.

the applicant is notified by letter of the deficiency (or deficiencies). The required supporting documentation received at MBC is processed and reviewed in the order it was received. The application review does not wait for all required documentation to be received before the application is reviewed.

If an application does not require Senior Review, an application is considered complete when the last document is processed and the reviewer confirms all deficiencies are resolved. The completed application is forwarded to Quality Review and licensed within five business days. The current workflow supports the assumption that the regulatory timeframe for rendering a licensure decision is being met for applications not requiring a Senior Review.

If an application requires a Senior Review, the application is forwarded to Senior Review staff. Additional supporting documentation may be required for Senior Review. The application is not considered complete until the additional supporting documentation for Senior Review is received and processed. Once all documentation is received, the Senior Review is conducted, a licensure decision is rendered and the applicant is informed of the licensure decision. The applicant has 30 days to request an Administrative Hearing if they wish to contest the licensure decision. The Deputy Attorney General (DAG) represents MBC at the Administrative Hearing at DOJ. A recommendation from the Administrative Hearing is forwarded to the Board for final licensure decision. This workflow supports the assumption that the regulatory timeframe for rendering a licensure decision is being met for applications requiring a Senior Review.

7. *Review Staff workload is monitored to retain balance* – Review staff workload is assigned by application type - US/CAN and IMG and then by first initial of applicant's last name. Letters of the alphabet with a smaller volume are grouped together to achieve a reasonably sized workload.

Licensing Program Management regularly reviews workloads and adjusts them to maintain a balance. Workloads were assessed and rebalanced in September 2008, July 2009, and again in early December 2009 when additional IMG staff was added. The next scheduled workload review is February 2010.

8. *Reviewer's individual contact information is on outgoing correspondence to the applicant* - This allows applicants to contact Review Staff directly. Although this provides a "personalized" approach, reviewers estimate that responding to phone calls and emails take up between two and four hours a day. Any changes made that decrease the amount of time spent on these tasks would increase the time available for application review tasks. The successful implementation of the WAAS project is expected to show a long-term decrease in application status inquiries.

9. *Staff indicate there can be multiple calls for same issue, sometimes within the same day* – Review Staff interviews indicate instances where the applicant, licensing service and others calling on behalf of the applicant call the Reviewer, sometimes within the same day, about the same issue (often application status inquiries). This increases the number of calls and the amount of time Review staff spend on tasks other than application review. Any changes made that decrease the amount of time spent on these tasks would increase the time available for application review tasks. The successful implementation of the WAAS project is expected to show a long-term decrease in application status inquiries. Once the backlog is eliminated, it is expected that these inquiries may decrease.

10. *Metrics are not currently available or analyzed regarding Review Staff phone calls and emails* - The implementation of the WAAS project is expected to show a long-term decrease in application status inquiries. Phone call metrics are available through the CIU, but these same metrics are not currently available for Review Staff phone calls. There are no

metrics on incoming emails to Review Staff. This limits the ability to accurately measure the overall impact of the WAAS project. As an alternative, Review Staff should be regularly surveyed to determine any changes to phone call and email volume.

11. *Review Staff perform clerical tasks* - Interviews with MBC Licensing Program Staff identified that under the current workflow, there are clerical tasks performed by the Review Staff. These tasks may be more appropriate under the Administrative Support Staff functions. Examples include:

    - Filing miscellaneous mail into an application folder - Currently "Miscellaneous Mail" (mail received in advance of MBC receiving the application) is delivered to Review Staff. In order to determine what Review Staff the Miscellaneous Mail should be delivered to, the mail is sorted consistent with current application assignments: US/CAN or IMG and first letter of last name. In some cases, it is easy to determine whether the mail is for a US/CAN or IMG applicant (such as a medical school transcript). In other cases, it is not easily identifiable and the Administrative Support Staff responsible for sorting the Miscellaneous Mail must make an educated guess. In this case, mail intended for an IMG application can be erroneously delivered to US/CAN Reviewer or vice versa. Review Staff holds the "Miscellaneous Mail" until the application file is received from Administrative Support Staff and is ready for initial review. At that time, the Review Staff goes through the "Miscellaneous Mail" looking for any documentation received related to that application. Part of the current process is that the Review Staff will check their "counterpart's" Miscellaneous Mail if the applicant indicates that they have already sent the document.
    - Making copies of any original documents sent as supporting documentation with the application. Any original documents submitted

with the application (such as medical school diploma) are required by regulations to be returned to the applicant[10]. A copy is made and put in the application file. A letter is generated itemizing what original documents are being returned to the applicant. The letter and any original documents are given to Administrative Support Staff to return by certified mail.

12. *Supporting documentation received separately from the application may be delivered to wrong reviewer* – A few types of supporting documentation do not easily identify the applicant as a US/CAN or IMG (For example Form L3A/B (Certificate of Completion of ACGME/RCPSC Postgraduate Training)), requiring Administrative Support Staff to determine which reviewer the mail should go to. As a result, mail can potentially be delivered to the wrong reviewer. To address this issue, reviewers check with their "counterpart" reviewer if an application file is missing supporting documentation prior to creation of a deficiency letters.

13. *There is no License/PTAL application update form* – If the applicant wants to update any information on the application initially submitted, the full application (L1A – L1E) must be resubmitted. The L8 form was used for updates and was discontinued several years ago, resulting in the use of the L1A-L1E for updates. BPR Study research could not identify the reason why the L8 form was discontinued. Current process requires Review Staff to compare the current application with the updated application. During BPR Study interviews, it was identified that using this application update method:

- Requires a significant amount of work (versus using an update form)
- Frequently results in a deficiency letter due to inconsistent or missing information other than the information being updated.

[10] CCR Title 16 §1323(a)

14. *Counts for "Applications Reviewed and Awaiting document" contains applications over one year old and PTALs* – Current regulations [11] authorize MBC to close an application when an applicant does not exercise due diligence in the completion of the application. Failure to complete the application within one year constitutes failure to exercise due diligence. MBC may provide the applicant the option to update the application within 30 days or the application will be closed.

    BPR Study interviews indicate that:

    - Due diligence determination is currently a manual process
    - When MBC has notified applicants in the past of possible application closure, approximately 50% of applicants will respond, provide proof of due diligence and the file will remain open.

    Applications meeting this criteria were identified in August 2009. Due to the Licensing Program focus on application processing and elimination of the backlog, applicants have not been notified and applications remain open and counted in the "Applications Reviewed and Awaiting Documents". Applications counted in this category do not impact regulation processing timeframes because they are waiting for some type of applicant action (such deficiency resolution).

    Applications that have PTALs issued also are counted in "Applications Reviewed and Awaiting Documents" and are discussed separately below in PTAL-related observations.

15. *Application and instructions require review and modifications* – Recommended updates for the application have been compiled by Licensing Program staff. The recommendations are based on Review Staff experience, applicant and GME Program comments. Suggestions were also

[11] CCR, Title 16 § 1306

provided by newer staff during training sessions in September and October 2009.

The BPR Study Team reviewed the application and instructions and agrees with the previously identified need to revise the application and instructions. Research and interviews identified that application errors may be prevented with clearer and concise application and instructions. Application and instruction comments with recommendations developed by the BPR Study Team will be provided to the Licensing Program separate from this document.

16. *PTAL-related observations* – The PTAL observations have been grouped by subtopic to facilitate review of the information provided in this observation.

Statutes and Regulations

Current regulations [12] require IMGs who seek postgraduate training in California to obtain:

- A PTAL prior to enrollment in a California-based postgraduate training program. This is done to ensure the medical school and clinical training requirements have been met.
- Licensure by the end of the 36th month of training.[13]

PTALs are valid for one year from issue date. Currently, there is no limit to the number of times a PTAL can be renewed and no fees are assessed for PTAL renewals. Common problems with PTALs renewed multiple times are the increased likelihood that test scores will expire and placement in a

[12] Business and Professions Code § 2111 (PTAL), Business and Professions Code § 2102 (IMG Licensure)
[13] MBC "Application and Licensing Physician and Surgeons, Frequently asked questions" – June 2009

postgraduate training program will be difficult. During BPR Study interviews, questions came up regarding the statutory and regulatory language related to PTALs. It is unclear if the PTAL was required to be renewed after a resident is enrolled in a California-based postgraduate training program.

How PTALs are identified in ATS

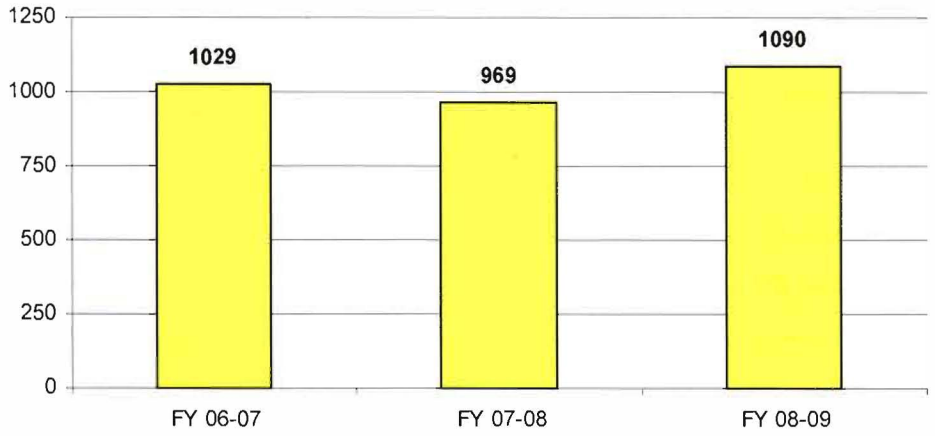
Starting in Q2 of Fiscal Year 05-06, a new Pathway (Qualification Method) was developed for ATS allowing PTAL applications to be identified separately. This allowed better data collection on PTAL applications. Process improvements continue for this pathway as it is important to identify and maintain data and improve the ability to track:

- The PTAL application from receipt to the issuance of a PTAL
- Any PTAL renewals
- The License application for an applicant that received a PTAL

PTAL Volume

Approximately 1,000 PTAL applications are received annually as indicated in the figure below. Based on annual application receipts of 6,000, about 15% of the all applications received are seeking a PTAL. Based on recent metrics, it is estimated that out of 1,000 PTAL applications received, at least 950 result in the issuance of a PTAL once the application is considered complete.

Figure 10 - PTAL applications received



Application receipt and processing metrics have always included PTALs and licenses. Prior to January 2009, metrics were only available for licenses issued. No automated method to capture PTALs issued (except those issued upon initial review) has been identified. Starting in January 2009, metrics for PTAL issuance have been manually collected and reported. Any past comparisons of applications received and licenses issued appear to be skewed as the applications received metrics included applications and PTALs, but only licenses issued were reported.

PTAL Processing

From a high-level, PTAL application processing is similar to license application processing. As shown in the table below, several of the same forms and documents are required for a PTAL application and a license application. Based on these similarities, it is reasonable to assume the level of effort to process a PTAL application is comparable to a license application.

Table 3 - Application Forms, Supporting Documentation and Fees

Application Forms Supporting Documentation Fees	PTAL App	IMG License App	US/CAN License App
L1A - L1E	✓	✓	✓
L2 - Certificate of Medical Education	✓	✓	✓
L3A/B - Cert of Completion ACGME/RCPSC Postgraduate raining		✓	✓
L4 - Cert of Current Post Grad Training Enrollment		✓	✓
L5 - Certificate of Clinical Clerkships	✓	✓	
L6 - Certificate of Clinical Training	✓	✓	
Fingerprints	✓	✓	✓
Official Exam Transcripts	✓	✓	✓
Medical School Transcript	✓	✓	✓
Certified Copy of Medical Degree	✓	✓	✓
Official Letters of Good Standing		✓	✓
Fees - App Fee $493/ License Fee $808 or $416.50	✓	✓	✓
Original Official English Translation for Non-English documents	✓	✓	

Unlike an application resulting in licensure, an application file that results in the issuance of a PTAL remains open. The file is still considered active and counted as inventory awaiting action. The file must be retained by MBC for a minimum of one year and this requires time, effort and space to store these files. Within a year from issue date, PTAL holders must either:

- Renew the PTAL, or
- Notify MBC what Postgraduate Training program they are enrolled in through the Postgraduate Registration Form (Form 07M-157A).

PTAL Renewals

If the application is renewed (currently through the submission of a new L1A-L1E) or a Form 07M-157A (PGT Registration Form) has been received and processed, the application file continues to remain in an open status. An application file remains in open status for a minimum of one year after PTAL issuance and currently has no maximum. No statistics were available to analyze the frequency of PTAL renewals. After the applicant has completed

required postgraduate training, a license application is submitted and supporting documentation from the PTAL application, such as medical school transcripts and proof of clinical clerkships is used for the supporting documentation for the license application if the PTAL applicant seeks California licensure.

Based on current statutes and regulations, if the applicant has not renewed the PTAL or notified MBC after a year, the file may be closed after due diligence is completed [14].

Summary for the PTAL observation

In summary, the BPR Study has identified:

- Clarification is needed if PTAL requires renewal while applicant is enrolled in a residency program
- There is no limit to the number of PTAL renewals that can be issued. No fees are assessed for a PTAL renewal
- PTAL files remain open for a minimum of two years after a PTAL is issued and are counted in Licensing Program overall inventory while they remain open
- PTALs require additional data fields and/or programming in ATS to be effectively tracked
- PTALs require additional and extended tracking
- PTALs applications require an additional level of reporting compared with licenses applications
- There is a similar amount of documentation and effort required to process a PTAL and a license application, but the PTAL is inherently different than a license

[14] CCR, Title 16, §1306.

17. *Resource-related observations* - Several resource-related observations were identified during the BPR study:

a. *Budget Change Proposal (BCP) status* – A BCP is a proposal to change the level of service or funding sources for activities authorized by the Legislature, or to propose new program activities not currently authorized[15]. A BCP was submitted in June 2008 and the Governor's office approved 7.8 additional positions with the Licensing Program starting July 1, 2010. The 7.8 additional positions were needed to process the increase in the number of applications received over the past several years and maintain processing within regulatory timeframes.

During October and November 2009, additional staff was hired to eliminate the licensing backlog and maintain processing times within regulatory timeframes. In October 2009, six (6) Student Assistants and two (2) Retired Annuitants were hired. In November 2009, four (4) of the 7.8 new positions were hired on a temporary basis.

While the BCP adds one (1) supervisor and 6.8 new staff, there does not appear to be sufficient staff to complete infrastructure work identified in this report and process applications to comply with regulatory timeframes.

b. *Resource management tools must continue to be refined* – Several resource management tools (forecasts, staffing plans, processes, objectives and metrics) were developed prior to the start or during the BPR Study based on the needs of the Licensing Program. It is anticipated these tools will continue to be refined through iterative use.

[15] http://www.dof.ca.gov/budgeting/

c. *Resource assignments and performance objectives are reviewed and adjusted monthly to effectively manage inventory and prevent a backlog* – Figure 2 – Quarterly view of applications received per month (average) shows the application receipts by FY quarters and identifies fluctuations in application receipts, requiring flexibility in resource management to address workload fluctuations. Based on the ATS data analyzed for FY 08/09, US/CAN application receipt has the highest quarterly variance, ranging from 630 (Q4 – April through June) to 1210 (Q3 – January through March). Monthly resource planning has evolved during the BPR Study to include forecasted application receipts, current application inventory, workload distribution and performance metrics. Resource planning processes should continue to evolve and mature through iterative use.

d. *Current staff to manager ratio exceeds norm* – Typical staff to manager ratios range from 4:1 to 10:1 depending on type of work. Under the current Licensing Program organization, the staff to manager ratio for application processing is approximately 20:1. Two (2) managers (Staff Services Manager I (SSM1)) are responsible for the management of approximately 40 permanent and temporary staff.

The responsibilities and activities of the Licensing Program management are driven by the Medical Board's mission and current statutes and regulations (such as processing timelines). Addressing these responsibilities and completion of activities becomes more complex when managing resources that are:

- Not full-time (fractional resources),
- Changing (due to resignations, promotions or retirements),
- Less experienced,

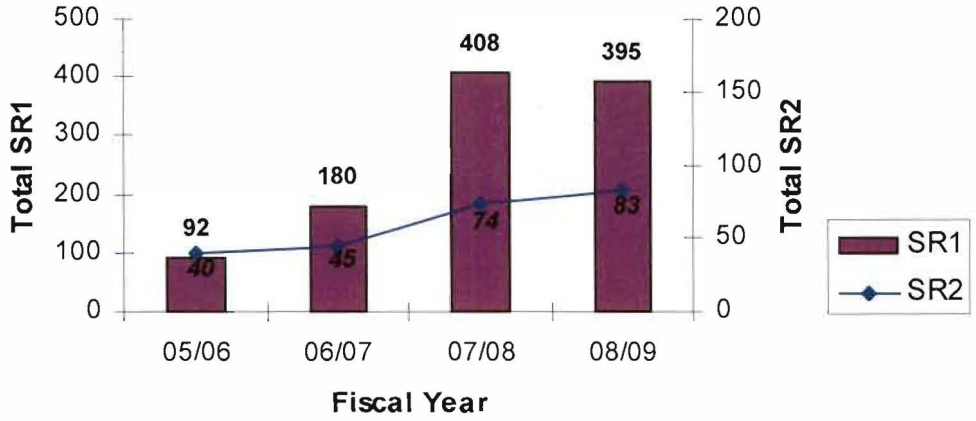
- Spread across multiple classifications,
- Assigned to different responsibilities, or
- Responsible for a variable workload

The BPR Study Team observed the existence of all of these factors in the Licensing Program organization, particularly in Administrative Support Staff and Review Staff.

3.8.5 Observations – Senior Review

1. *Since FY 05/06, there have been increases in Senior Reviews Level 1 (SR1) and Senior Reviews Level 2 (SR2).* The Figure below shows that SR1s have had a greater increase since FY 05/06 than SR2s. This significant increase in SR1s and SR2s results in a comparable increase in workload for staff responsible for Senior Review.

Figure 11 – Total SR1 and SR2 files



FY	Total Applications Received	SR1 files	SR1 %	SR2 files	SR2 %
05-06	6090	92	1.51%	40	0.66%
06-07	6034	180	2.98%	45	0.75%
07-08	6192	408	6.59%	74	1.20%
08-09	6169	395	6.40%	83	1.35%

2. *The SR1 criteria was re-evaluated in 2009.* The Licensing Program evaluated SR1 criteria and determined that certain SR1 criteria did not pose a risk to public safety, such as applicants taking a leave of absence for

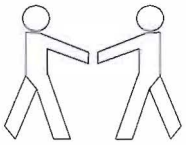
maternity leave. Select criteria was removed from the SR1 list. SR2 criteria was not changed.

3.8.6 Observations - Licensing

Application Review
(inc. Sr. Review and Licensing)

There are no observations or issues identified for the Licensing Process.

3.8.7 Observations - Renewals



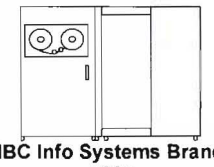
Renewal

There are no documented policies and procedures for the License Renewal staff. This is not currently causing an issue because there is minimal turnover in the staff responsible for license renewals, but should be addressed in the future. Documented policies and procedures ensure standard processes are identified, consistent information is provided and backup training is facilitated.

Renewal Staff currently reports to the Licensing Operations Manager and this function is grouped with allied health professional certificates and licenses. Consideration should be given to move this function under the same manager as the Licensing function so that there could be increased communication and coordination related to the issuance of physician wall certificates and pocket identification cards.

4 Licensing and Postgraduate Training Authorization Letter (PTAL) Support

Consumer Info Unit (CIU)


MBC Info Systems Branch (ISB)

GME Outreach

MBC Web Site

MBC functions that support PTAL and licensing processing and the renewal process include the Consumer Information Unit (CIU), Information Systems Branch (ISB), Graduate Medical Education (GME) Outreach and the MBC Web site that is maintained by ISB.

4.1 Consumer Information Unit (CIU)[16]

The Consumer Information Unit (CIU) provides telephone support to medical professionals and health care consumers for MBC-related inquiries such as application questions, license verification and complaints. It is considered part of the Licensing and Renewal processes since applicants call the CIU with various license application and renewal questions, the most common being the status of the application. One of the biggest challenges that the CIU faces is meeting the needs of a diverse set of callers –

- Medical professionals
- Health care consumers
- Individuals with limited time
- Individuals seeking specific information
- Individuals not knowing what they want
- Individuals who want to talk, but the issue is unrelated to any MBC function.

[16] This information was taken directly from a CIU/Web Center Overview provided by Doug Hume of MBC's CIU staff to the BPR Study Team in early September 2009.

In September 2009, CIU Staff totaled one manager and six FTE staff including one vacancy. In November 2009, CIU Staff totaled one manager, five FTE (including one vacancy) and one Student Assistant. One FTE staff position was converted to an IT classification and functions as the Web Center Administrator.

Monthly Status Reports from January 2009 through July 2009 indicated the CIU receives between 10,000 and 14,000 calls per month[17]. During the three-month period of August 2009 and October 2009, calls identified as application questions totaled between 2,000 and 2,900 per month, one of the top two types of calls ("Other" is the other most common type of call). For the same period, renewal questions totaled between 900 and 1,250 calls per month[18].

The CIU uses a computerized client-server based phone system called the Web Center. This product was purchased from Verizon and was implemented at MBC in December 2008. Prior to December 2008, the CIU used a bank of phones with a message box that held 50 calls. CIU staff would have shifts to return calls.

Additional information can be found in Section 9.1.9, page 148.

Observations - CIU

1. *The implementation of Web Center in December 2008 is a tremendous overall improvement from the prior phone system* - Improvements include better CIU resource management and call routing, increased data collection, availability of statistical reporting and enhanced caller experience.

2. *Training materials have been developed by the Web Center Administrator and include a multi-day training session* - These training materials are used as Policies and Procedures. Documented policies and procedures ensure

[17] SOURCE: Total Segments Received from the Workgroup Segments – Call Center Workgroup Status Report and includes answered, abandoned, callback and calls not answered.
[18] SOURCE: Outcome Statistic Report – Call Center Outcome Statistics

standard processes are identified, consistent information is provided and backup training is facilitated.

3. *Turnover rates for CIU staffing are high* - In 2008, there was 100% turnover of CIU Office Technician (OT) staff. In July 2009 there was one Manager (Office Services Supervisor II (OSS II)) and six (6) OTs. Between July 2009 and December 2009, turnover has been 85% (only one OT out of six remained). Currently, there are 1 Manager (OSS II) and 5 OTs (1 vacant), 1 Student Assistant (SA) and 1 Web Administrator. No specific cause was identified for the high turnover rate. High turnover rates provide several management challenges. It was indicated during BPR Study interviews that the CIU may require a higher classification level than an Office Technician (OT) and this may decrease turnover rates.

4. *The call tree was revised based on meeting with Licensing Chief and Executive Director the week of November 23rd* - The revisions are intended to enhance caller experience by improving caller options and routing. Call flows should be regularly monitored to ensure the needs of different caller types are met.

5. *Monthly CIU statistics from Web Center are available and can be used to identify issues and possible improvements* – Regular review and analysis of Web Center statistics and CIU outcome codes summary could identify issues, resulting in changes that increase the quality of the services provided by the CIU. Outcomes codes should be designed to identify issues and possible improvements. The changes could be outside the CIU such as Web site updates, changes to application, or internal policies and procedures.

6. *Between August 2009 and October 2009, the CIU outcome code "Applicant Application questions" totaled between 25% and 33% of all monitored outcome codes (between 2000 and 3000 calls per month)* - The

implementation of the Web Applicant Access System (WAAS) project is expected to show a long-term decrease in calls related to application status checks. Historically after implementations like the WAAS project, there may be a short-term increase if the users have issues, information is incorrect or not presented clearly.

A new outcome code called "Application Status Check" was implemented on November 9th to isolate application status calls from the general category of "Applicant Application Questions". Additional WAAS-related outcome codes implemented include:

- WAAS - General Questions
- WAAS – Web site Support
- WAAS – ATS Number request
- WAAS - Discrepancies

Variances to "Applicant Application questions", "Application Status Check" and the new WAAS outcome codes should be monitored closely and regularly to assess if changes are required in the WAAS project.

The BPR Study team worked with WAAS project staff to provide a brief report with project-specific recommendations prior to the WAAS implementation.

7. *Between August 2009 and October 2009, the CIU outcome code "other" was approximately 25% of all monitored outcome codes (between 2200 and 2300 calls* - "Other" is assigned by agents when there is no other applicable outcome code. As stated before, outcome codes should be designed to identify issues and possible improvements and the amount of calls in this category is large considering there are over 20 outcome codes.

8. *Call statistics are only collected for calls coming into Web Center* - No call statistics are currently collected for calls that go directly to the Executive Office or directly to the Review Staff. The implementation of the WAAS project is expected to show a long-term decrease in calls related to application status checks, but this can only currently be monitored for calls coming through the Web Center. Some type of call statistics may be available for these phone lines through DCA. Through observation and interviews, both the Executive Office and Review Staff receive a considerable amount of calls per day.

9. *The current name, "Consumer Information Unit", may unintentionally result in physicians and other non-consumers calling the Executive Office for assistance.*

4.2 MBC Information Systems Branch (ISB)

ISB provides technical support to the Licensing Program and serves as the liaison between DCA Office of Information Services (OIS) and the Licensing Program Staff for MBC-related changes. Other ISB responsibilities include maintenance and enhancements to the MBC Web site, data extraction and reporting on data from ATS and Consumer Affairs System (CAS). Organizationally, ISB reports to the MBC Deputy Director.

MBC ISB serves as the liaison between DCA Office of Information Services (OIS) and the Licensing Program Staff for MBC-related changes. DCA OIS is responsible for ATS and CAS maintenance and enhancements. These systems are used by the Boards and Bureaus under the DCA organization. DCA-OIS is developing an Agency-wide online application system, BREEZE2, that will meet MBC's application processing needs. It is scheduled for implementation December 2012.

Observations – MBC ISB

1. *There has been a significant increase in the use of ISB resources* – Over the course of the BPR Study, the Licensing Program has leveraged the knowledge of the ISB staff to create and refine reporting using ATS data to streamline Licensing Program functions.

2. *Several new reports have recently been created to assist in performance and workload assessment* - The BPR Study Team worked jointly with Licensing Program staff and ISB on the requirements and development of additional reports to assist the Licensing Program in metric development and workload assessment.

4.3 Graduate Medical Education (GME) Outreach

Graduate Medical Education (GME) Outreach supports the Licensing process by providing education and assistance to GME Program Coordinators and residents preparing to submit their license application. Organizationally, the GME Outreach Coordinator is assigned to the Executive Office, but works closely with the Licensing Program Chief and Review Staff.

It is estimated that 35% of the applications received are from residents actively enrolled in GME programs or planning to start training. With a significant amount of applicants coming from a common source, GME outreach is vital to reiterate policies, procedures, and information that will facilitate the application process for both the applicant and MBC. Additional goals for GME Outreach efforts are to increase the quality of the applications received, decrease the number of calls to the CIU and to the license review staff. This is most efficiently done through GME

Outreach efforts in group settings by identifying common issues and answering frequently asked questions.

The State of California has approximately 9,284 residents and fellows [19] in 850 (est.) Postgraduate Training (PGT) and specialty programs across 175 (est.) teaching hospitals and institutions. Of these 9,284 residents and fellows, it is estimated that 2,000 residents and fellows a year require licensure before July 1 in order to start or continue their postgraduate training. Many fellows are licensed in another state but require California licensure prior to starting their training. For US/CAN Medical School Graduates, licensure is required by the end of their 24th month of training. For IMGs, licensure is required by the end of their 36th month of training. [20] The difference in requirements is due to the additional time afforded to IMGs to familiarize themselves with the unique aspects in U.S. health care delivery systems.

MBC has historically shown a marked increase in applications received during the months of January through March (Q3 based on Fiscal Year July - June). This increase is attributed to residents seeking licensure by July 1.

The GME Outreach Coordinator represents MBC to GME Programs and provides a single point of contact and additional resource for GME Program Directors and Coordinators and residents enrolled in California-based PGT programs. The GME Outreach Coordinator conducts, participates in or provides:

- **Presentations at new resident orientations** – Occurring in June and July, these 20-minute presentations at the major teaching hospitals provide an overview of MBC, the Licensing Program and the resident's responsibilities.
- **Full-day Licensing Fairs** – Are conducted at teaching hospitals to provide assistance to residents who are completing license applications. During the full-day licensing fairs, the MBC GME Coordinator and the GME office make

[19] Medical Education issue of JAMA Sept 23/30, 2009
[20] California Business & Professions Code § 2170 (US/CAN) § 2102 (IMG)

available on-site fingerprint services, a photographer, original document verification, one-on-one assistance, and copying services. The Licensing Fairs are conducted across the state and average two per month.

- **Licensing and Outreach Information Meetings** – Conducted on an as-needed basis, these provide information on general topics related to Licensing. The meetings target GME Directors and Coordinators, but the general public can attend. These types of meetings were conducted in October 2009, one in Oakland and one at UC Irvine. A total of 80 individuals (est.) attended these two meetings. Members of the BPR Study Team attended the Oakland Meeting.
- **Ongoing support to GME Programs** – Throughout the year, GME Program Coordinators will use the GME Outreach Coordinator as a resource for assistance, guidance and obtaining status of residents process toward licensure.

Starting last year, the GME Outreach Coordinator, together with the Licensing Program Chief, worked closely with the teaching hospitals to obtain a consolidated list of residents requiring licensure by July 1. From the consolidated list, MBC identified approximately 1,200 residents and fellows needing licensure. These applications received priority processing and their status was monitored and reported back to the teaching hospitals regularly. This effort assisted the teaching hospitals to ensure application processing was completed and a licensure decision was rendered before July 1. The data collection process was refined this year to include a standard file layout and enhanced instructions to facilitate the collection of data at MBC.

Observations – GME Outreach

1. *Outreach activities do not have quantitative metrics available to assess efficacy and confirm GME program needs are being met* – Current indicators of effective GME outreach are continued and successful working relationships with California's teaching hospitals, GME staff and residents.

Successful GME outreach could be correlated to an earlier submission of license applications or an increase in application quality, but metrics are not in place to fully assess the effectiveness of GME outreach activities. In the October 2009 Outreach meeting in Oakland, participants had several positive comments regarding MBC's GME outreach efforts. Observations by the BPR Study Team were consistent with these comments.

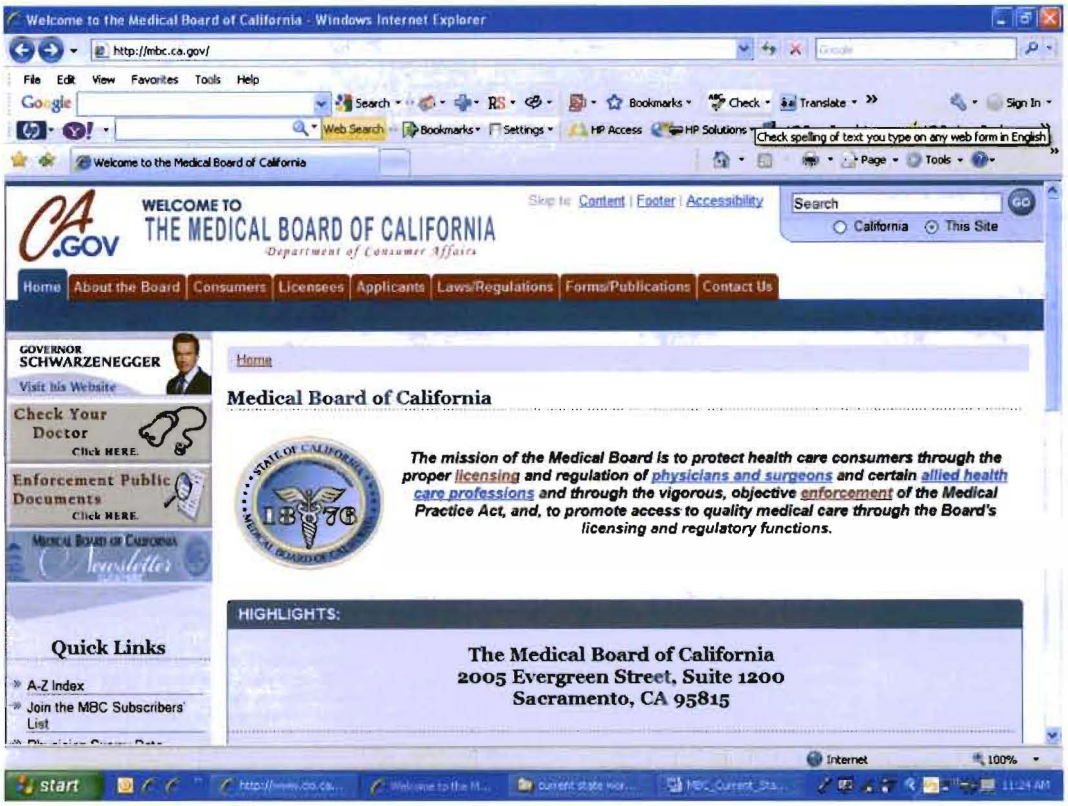
2. *AMA data may have information that MBC could use to identify residents and fellows currently enrolled in GME programs* - This data could be analyzed and provide additional value including potential licensee identification. Further discussion on the potential use of AMA data is provided in the Section 5.2 Postgraduate Training (PGT) Registration Form, page 92.

4.4 The MBC Web Site

The MBC Web site (www.mbc.ca.gov) is the primary communication portal between MBC and the public. Physicians, applicants and healthcare consumers use the Web site to obtain information on the multitude of services that MBC provides. The Web site contains information on applications, license verification, complaint information and MBC activities. It supports the Licensing and Renewal processes by providing information, resources, forms related to these processes and provides the Web site user several avenues to contact MBC for additional information. The Web site was reviewed only as it relates to PTAL, licensing and renewal processing. The Licensing Program is responsible for maintaining the PTAL and License Web site information. Licensing Operations is responsible for the renewal Web site information.

The homepage is shown in the figure below.

Figure 12 - MBC Web Site Homepage



Organizationally, the Web site is the responsibility of ISB and is maintained and updated on an as needed basis. The State of California has Web site standards[21], but the BPR Study Team could not find any additional MBC-specific guidelines for updates. A form is required for Web site updates and submitted to the Web User group. The Web User group meets monthly or every other month to review completed Web site update forms. Cyclical reviews of Web site content do not appear to be conducted to ensure content is valid and current.

The figure below shows the applicant tab and the subtabs under the applicant tab. This area of the MBC Web site is most frequently used by licensure applicants. For IMGs seeking a PTAL, information is contained under the "Quick Links" area within the applicant tab, but is simply a link to the application and instructions.

[21] http://www.cio.ca.gov/statelT/pdf/IOUCA_Usability_Recommendation_Adopted_071406.pdf

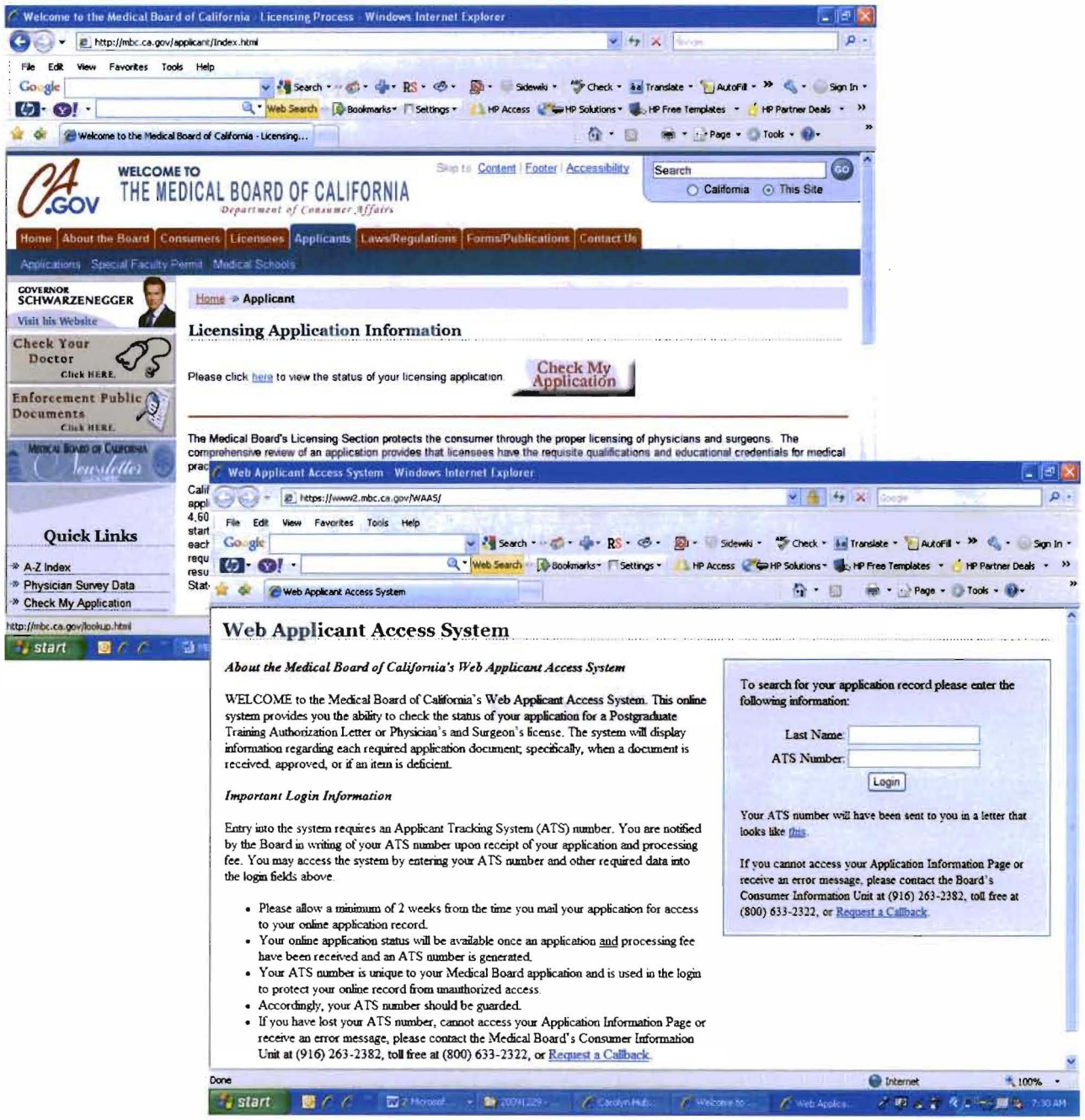
Figure 13 - MBC Web Site Applicant Tab

Web Applicant Access System (WAAS)

A Web site enhancement under development during the BPR Study was the Web Applicant Access System (WAAS) project and was implemented on December 1, 2009. Implementation provides the ability to access license application status using the applicant's unique ID created in ATS. Implementation of this project is intended to increase the applicant's ability to independently perform license and PTAL application status inquiries and decrease the time that MBC staff (CIU and Licensing Program staff) spend responding to these types of inquiries. By decreasing the time Licensing Program staff spends responding to applicant status inquiries, more time is available to complete application processing and answer other types of calls in the CIU.

The following figure shows the Web pages displayed when an applicant accesses the WAAS application.

Figure 14 - WAAS Web Pages



Renewals

From the Licensee Tab from the main web page, the figure below shows the Renewal subtab.

Figure 15 - MBC Web Site Renewal Tab

Webmaster

Web site users have the option to email the Webmaster from three locations:

- A general "email Webmaster" under Customer Service Options listed on the MBC home page
- In the "REQUEST A CALLBACK!" option under the Customer Service Options listed on the MBC home page if an individual would like to contact the Medical Board anonymously
- Under Web site management on the "Contact Us" tab.

Applicants and Licensees can also use the "REQUEST A CALLBACK!" option that emails the CIU and results in a phone call from the CIU. The information required requesting a callback does not have a field to identify what the nature of the request is; the caller has to wait until the CIU contacts the individual to provide additional information. If an applicant or licensee cannot find the information they are seeking on the Web site, their options are to email the webmaster, request a callback or call MBC or the CIU directly. There is currently not a live chat option available through the Web site. A live chat option is available through the Web Center, but would require an assessment of staff skills and additional effort to implement.

The Webmaster receives an average of 300 emails per month from the MBC Web Site. The email is checked at the beginning and throughout the business day. Approximately one-third of the emails come from applicants requesting an application package or fingerprint cards; these emails are forwarded to the CIU Webmaster who sends the requested information. The remaining 200 are regarding laws, regulations, statistical information, or complaints and are received from consumers, physicians and other interested parties. Emails are sent to the appropriate staff. More complex emails are answered by the Web site Webmaster such as scope of practice, training, and supervision requirements for residents.

Observations – MBC Web Site

1. *Limited PTAL information is available on the Web site* – For IMGs seeking a PTAL, the information is contained under the "Quick Links" area within the applicant tab, but is simply a link to the application and instructions. Information on PTALs is embedded in the application instructions, but no information was available on the Web site. It is assumed that IMGs either receive initial information on the PTAL requirements through the GME programs or call the CIU. Additional calls to the CIU may be logged under the outcome code "Applicant Application Questions", making it is difficult to assess PTAL-related calls to the CIU.

2. *Applicant tab on Web site requires format and content updates* – BPR Study Team analysis has concluded that the format and information provided for applicants most likely does not meet their needs. It provides more general licensing information in a narrative format. At the start of the BPR Study the information on the web page provided 2003 – 2004 licensing statistics, but has since been updated.

3. *The MBC Web site is updated as needed; Cyclical reviews do not occur to ensure content is current and user appropriate* - There are multiple MBC components that must be continually coordinated with current, clear, concise and consistent information including:

    - Application instructions
    - Web site content
    - Policies and Procedures (and Decision Log)
    - Outgoing communication

    If information in any of these components is vague, wordy or inconsistent with the other components, then there is a high probability of errors, delays in application processing, confusion and dissatisfaction.

Web site content should be regularly reviewed and updated to support the principle of clear, concise and consistent information and the alignment of the MBC components. Clear, concise and consistent language across the Web site will most likely reduce CIU calls and provide better quality in the applications received at MBC.

4. *Use of the term "Webmaster" on the MBC Web site is different than the generally accepted use of the term "Webmaster" and may cause confusion for Web site users* - "Webmaster" is normally used to describe the individual responsible for the technical aspects of a Web site including design, maintenance and enhancements. Web site users normally contact the Webmaster with Web site issues such as navigation problems or errors in Web site content. MBC's use of the "Webmaster" on the Web site is expanded to include all Web site user communication to MBC; this can include technical issues as well as information or application questions. This may cause confusion and result in additional calls to the CIU. Web sites often use a general mailbox (such as info@mbc.ca..gov) for users to send non-technical questions.

5 Additional Considerations

This section has been included to address additional and relevant licensing-related items identified by MBC staff during the BPR Study but outside the processing and supporting components, Items discussed in this section are FSMB products and services, the Postgraduate Training Registration Form, and the training permit concept.

5.1 FSMB Products and Services

The Federation of State Medical Boards (FSMB) has made available to state Medical Boards a number of services targeted to enhance the efficiency of licensing processes. These products and services include:

- **E-transcripts** – provides an electronic version of the USMLE test score transcript.
- **Federation Credential Verification Service (FCVS)** – A centralized process and repository for state medical Boards to obtain physician's medical credentials.
- **iPickup** – provides electronic copies of FCVS packets available to state Medical Boards.
- **GME Connect** – allows Postgraduate training programs to enter GME credentialing information online through a secured portal.
- **Uniform Application and the State-specific Addendum** – an online application system that can be used in physician licensing.

Expedited Licensure is not a service, but a concept. In its research, the BPR Study Team found documentation on this concept and will provide a brief overview and assessment as it relates to MBC Licensing processes.

MBC uses the E-transcripts service to obtain USMLE scores. MBC accepts FCVS and will use the documentation contained in an FCVS packet as long as the document, including signatures, seals and verifications, meets current California statutes and regulations. MBC is making progress towards the implementation of iPickup. Further assessment of how GME Connect can provide the same information as the current L3A/B Form (Certificate of Completion of ACGME/RCPSC Postgraduate Training) will determine if it is a viable and additional alternative for MBC.

A table with additional information of FSMB Products and Services including expedited licensure and BPR Study observations can be found in Section 9.2, page 152.

5.2 Postgraduate Training (PGT) Registration Form

Individuals enrolled in any California Postgraduate Training (PGT) Program are required by Business and Professions Code § 2065 (US/CAN graduates) and § 2066 (IMGs) to complete a Postgraduate Training Registration Form (Form 07M-157A). A sample of this form is included in Section 9.1.2.

Information on this form includes:

- Demographic information - Name, home/mailing address, Social Security Number, and phone numbers (email address is not requested).
- Education and PGT information - Medical School of Graduation and date, Postgraduate Training program, Accreditation Council for Graduate Medical Education (ACGME) ID, specialty and Program Director information.

According to the Administrative Support Staff, who receive and date stamp the PGT Registration forms, approximately 90% are sent from the California PGT programs in bulk, and the remaining 10% are sent either separately or with the license application. Most of the forms appear to be sent anywhere from two to three months prior to the program start date to three months after, with most being sent from the programs in June and September. The GME Outreach coordinator also obtains completed forms when doing on-site visits.

PGT Registration form processing is different for IMGs and US/CAN because it is unlikely that a US/CAN application file exists at the time a PGT Registration form is received. IMGs will have an application file as they are required by law to obtain a PTAL prior to the start of PG Training. In contrast, the US/CAN Medical School graduate may have an application on file only if they have previously sent in an application for licensure.

The PGT Registration forms for US/CAN Medical School graduates are date stamped by Administrative Support Staff and placed alphabetically in the file drawer at an Administrative Support Staff's desk. They are not checked on ATS or matched up with an application file (because of the small likelihood that an application file exists), unless they are sent in with the application. Forms for US/CAN Medical School graduates are not matched up with the application when the application is received. There has been recent activity with processing the US/CAN PGT Registration forms. The BPR Study team did not do further research as these activities were identified midway through the creation of this report.

The PGT Registration forms for IMGs are currently treated like any other incoming mail - date stamped, checked, logged as received in ATS by Z-project staff. The forms are then distributed to IMG reviewers, who verify the program on the ACGME Web site, log in the information into ATS notes, and place the form in the applicant's file.

The primary purpose of the submission of this form is to comply with the law. In addition to complying with the law, this form provides value to the IMG Review Staff. An IMG with a PTAL can have an application file open for years before obtaining a postgraduate training position. Receipt of this form communicates to MBC that an applicant with a PTAL has been accepted into a PG Training Program within California.

Currently, there is no timeframe specified for submission of this form, no penalty for the PG participant for failure to submit this form, and no cross-check to verify all individuals enrolled in California-based PG Training have submitted a form and are in compliance with Business and Professions Code § 2065 (US/CAN graduates) and § 2066 (IMGs).

Additional Observations

The AMA database may contain resident information for purchase that MBC can use - Research was done by the BPR Study Team to identify and assess alternative methods and sources to obtain the data captured on the PGT Registration Form. It appears that

the AMA may have a large portion of this data available for purchase in the AMA's Physician Professional Data (PPD). This data could be used in lieu of the PGT Registration Form and to meet current statutory compliance requirements. The PPD data could be used to:

- Verify IMGs enrolled in residency programs have a valid PTAL in ATS
- Assist the Licensing Program in workload and staffing projections by identifying the residents needing licensure.

MBC must make the final determination if obtaining the information from a source other than the resident would satisfy compliance with Business and Professions Code § 2065 (US/CAN graduates) and § 2066 (IMGs) and meet MBC's needs. Further discussion is contained in the Infrastructure Recommendations, Section 9.3.1, IF-15.

5.3 Postgraduate (PG) Training Permit Concept

This concept would require all residents to obtain a training permit in order to participate in an ACGME-accredited Postgraduate Training program within California. PG Training Permits would be similar to PTALs. The BPR Study Team was asked to include a brief narrative and assessment of PG Training Permits in this report as it relates to the scope of the BPR Study.

Currently IMGs are required to obtain a PTAL authorizing an individual to participate in Postgraduate training within California. MBC provides a PTAL once an applicant has demonstrated satisfactory completion of education, testing and training requirements and have had no other issues (such as a serious mental health issue, academic problem, dishonesty, or drug or alcohol use) that would adversely affect public safety. The PG Training Permit concept would require US/CAN Medical School graduates to obtain a training permit. It is unclear whether IMGs would continue to receive a PTAL or the PTAL would be discontinued and IMGs would be required to obtain a training permit.

Based on research by the BPR Study Team, there appears to be two justifications on how PG Training permits would provide value:

- Justification #1: Prevention of the workload "crunch" resulting from applicants requiring licensure by July 1. Historically, there is a substantial increase in applications received from January through March every year and this increase can result in a backlog of applications awaiting initial review and application processing through licensure.
- Justification #2: Residents that would be ineligible for licensure due to issues prior to the completion of Medical School might be screened out earlier.

This concept has been previously evaluated by MBC in November 1997 and November 2006. This concept was recently brought up again by an attendee at a GME Outreach meeting in October 2009. The concept was not pursued in 1998 because of substantive changes to the licensing requirements that had recently taken effect. The BPR Study Team is not aware of any advancements of this concept since it was brought up in October 2009. The Federation of State Medical Boards (FSMB) published a report in 1996 on this concept.[22] To implement a Postgraduate Training permit would require:

- *A significant policy shift for MBC.* Currently only IMGs are required by law to obtain authorization prior to the start of a California Postgraduate Training Program. As indicated in the previous section, all individuals enrolled in any California Postgraduate Training Program are required to complete a Postgraduate Training Registration Form (Form 07M-157A) as defined by Business and Professions Code § 2065 (US/CAN graduates) and § 2066 (IMGs).
- *Significant outreach efforts to all impacted entities.*
- *Significant changes to current statutes and/or regulations* which normally take several years.
- *Changes to current process flow* – It is assumed the PG Training process would be similar to the current PTAL process for IMGs. The process changes would be sizable, but could be leveraged from existing processes.
- *Significant increase in staff* for a period of time to address the increased workload. There would essentially be twice the number of applications to process for a period of time that includes the run out of applications under the current statutes and regulations and for the applications under the new statutes and regulations.
- *A comprehensive assessment to determine the likelihood that the PG Training permit process would identify ineligible applicants earlier.* This assessment was not conducted for this BPR Study as it was outside the scope. The level of analysis would need to include a historical study of the applications that have gone to senior-

[22] FSMB Article: http://www.fsmb.org/pdf/1996_grpol_Phys_Enrolled_Postgrad_Training_Programs.pdf

level review and would need to derive a statistically significant correlation between senior-level review outcomes and earlier identification of ineligible applicants. The assessment should also identify impacts to resource and workload and what required activities (for example, statutory and regulatory changes) would be needed.

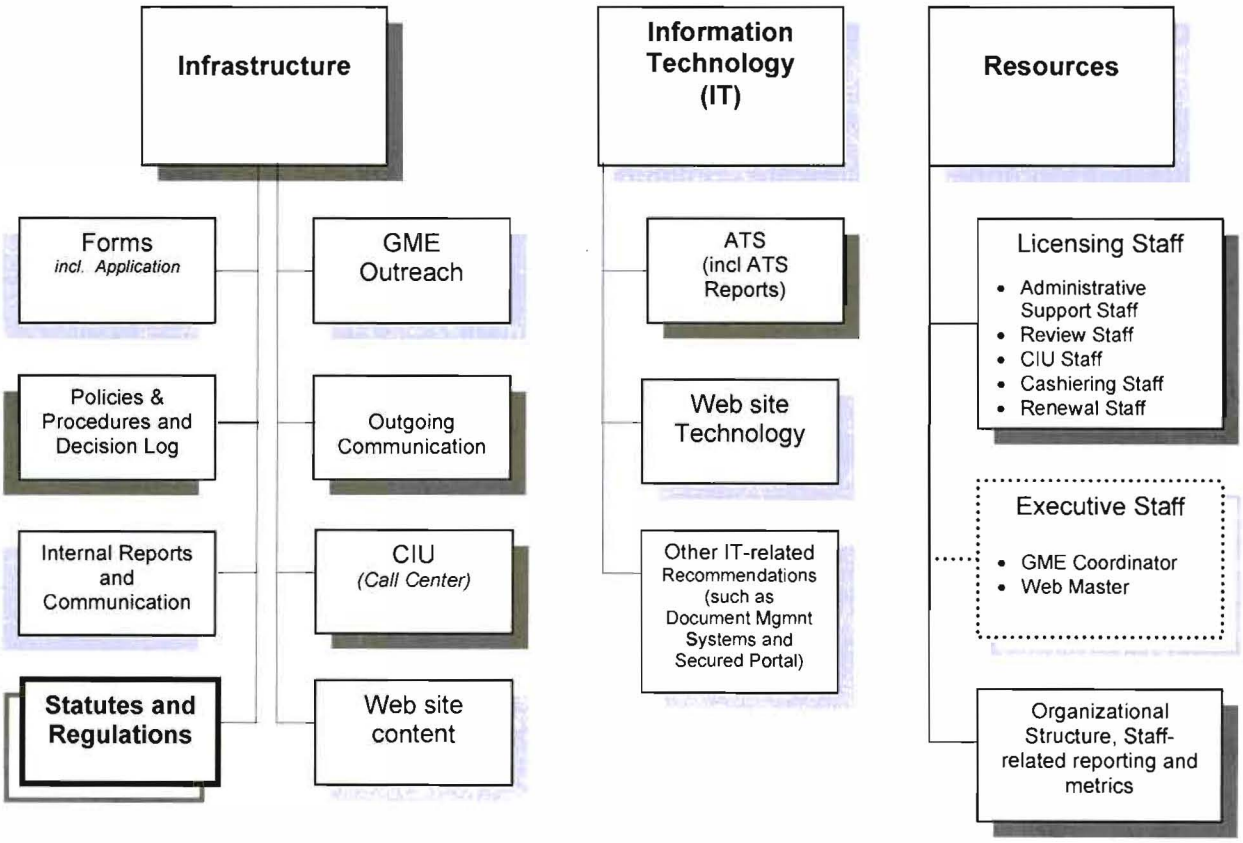
Additional Observations

The justifications identified to the BPR Study Team on how a PG Training Permit would provide value had differing rationale - Justification #1 supports the PG Training Permit concept as the method to prevent the workload "crunch". If the PG Training Permit was implemented, the workload "crunch" would occur prior to the start of PG Training instead of between years 1 and 2 (for US/CAN) and years 2 and 3 (for IMGs). Justification #2 supports the PG Training Permit concept as a method to identify residents earlier that would be ineligible for licensure. If MBC Executive Staff and Board consider the concept of a PG Training Permit to be viable, the BPR Study Team strongly recommends a special study to assess the efficacy of this major policy shift prior to any sizable effort is placed in furthering the PG Training permit concept.

6 Recommendations

Observations across the business processes and support entities were found to have common themes. Recommendations were developed based on these observations and other information gathered and grouped by these themes into recommendation categories. The figure below shows the recommendation categories and what each includes. The categories will also facilitate review and assessment of the recommendations.

Figure 16 – Recommendation Categories



The recommendations included in this section are a collective list identified by either the MBC Licensing Program Staff prior to the start of the BPR Study or the BPR Study Team during the BPR Study. Through a collaborative effort with MBC Licensing Program Staff, the BPR Study Team has taken the recommendations identified prior to the start of the BPR Study and provided information necessary to facilitate assessment and implementation. Recommendations identified by the BPR Study Team during the BPR Study were done in cooperation with the MBC Licensing Program.

Due to various factors related to the current environment, short-term directives, and the anticipated increase in application receipt and workload from January through June, the BPR Study Team informally released several recommendations in advance of the publication of this report as requested by the MBC Licensing Chief. These recommendations are in various stages of implementation.

With the implementation of any of these recommendations, it is strongly recommended that quality assurance measures are continued and new measures are incorporated into the processes where appropriate. Often when objectives are tied to measurement of output (such as increasing the number of initial reviews completed), quality can be comprised. It is necessary that both efficiency and quality be balanced in each and every action supporting MBC's mission of protecting health care consumers through the proper licensing of physician and surgeons.

Additional detail and information on these recommendations, including recommended quantitative and qualitative metrics to assess the efficacy of the each recommendation, can be found in Section 9.3 starting on page 158.

A summary of the recommendations is included in the following table.

Table 4 – Recommendation Summary

The Recommendation Summary table provides the following information:

- **Recommendation** - The recommendation, its ID and category (Infrastructure, IT or Resources) is identified with a brief summary. The brief summary incorporates some observations and anticipated benefits once implemented.
- **Cost Scale and high-level identification of costs** –Costs identified include anticipated expenses, time, resources or anticipated impact to staff or current process. The identified costs are used to determine the value of the recommendation (high/medium/low) on the cost scale.

	Cost Scale
High	Anticipate one or more of the following: significant expense (>$250K), time to complete (> 12 months), change to resources (relative to other recommendations), impact to staff (extensive training), current process (major updates to policies and procedures, application, web site)
Medium	Anticipate one or more of the following: moderate expense (between $50K and $250K), time to complete (between 6 and 12 months), change to resources (relative to other recommendations), impact to staff (minimal training), current process (small updates to manuals, web site, internal/external communication)
Low	Anticipate one or more of the following: minimal expense (< $50K), time to complete (< 6 months), change to resources (relative to other recommendations), impact to staff (minimal training), current process (small updates to manuals, web site, internal/external communication)

- **Benefit Scale and high-level identification of benefits** – Benefits identified include anticipated improvements to the organization, productivity, application processing and customer service as well as anticipated reductions in cost, time or resources. The identified benefits are used to determine the value of the recommendation (high/medium/low) on the benefit scale.

	Benefit Scale
High	Anticipate one or more of the following: significant improvement to organization, productivity, work environment, application processing and customer service or significant reductions in cost, time or resources
Medium	Anticipate one or more of the following: moderate improvement to organization, productivity, work environment, application processing and customer service or moderate reductions in cost, time or

	resources
Low	Anticipate one or more of the following: minimal improvement to organization, productivity, work environment, application processing and customer service or minimal reductions in cost, time or resources

- **Priority** – Priority is assigned to determine target completion date and assist MBC in further planning associated with recommendation implementation.

	Priority Scale definition
High	Recommendation is critical to current and ongoing operations and should be implemented as soon as possible. This recommendation may be a prerequisite for the advancement of other recommendations. Priority should be given to resource allocation for recommendations assessed with a "high" priority.
Medium	Recommendation is important to ongoing operations and will support the creation of a sustainable Licensing program. A recommendation assessed as medium priority may require significant planning, resources or time to implement.
Low	Recommendation is of value to operations or long-term sustainability of the Licensing Program, but not critical or important. A recommendation assessed as low priority may require significant planning, resources or time to implement.

- **Recommended Phase** – Recommendations developed in the BPR Study are a component of the Licensing Program Plan presented by the Licensing Chief to the Board in October 2009. Phase 1 activities were completed by December 2009. Phase 2 identifies activities to be completed within the next 12 months (through December 2010) and Phase 3 identifies activities to be started after January 2011.
- **Target Completion Date** for recommendation to be completed. If the recommendation has intermediate goals (such as an assessment), these are identified within the Target Completion Date.

Table 4 - Recommendation Summary

CATEGORY Sub-Category	ID #	Recommendation	Cost Level	High-level Costs	Benefit Level	High-level Benefits	Priority	Phase	Target Completion Date
INFRA Process +Procedures	IF-1	**Continue to advance Policy and Procedure Manuals** This includes completing the application policies and procedures manual (the physician application review sections are complete), enhancing its format, creating a review and update process that can be used for all policy and procedure manuals and developing licensing renewal policies and procedures. This will support the principles of clear, concise and consistent information and improve consistency in processing. Staff training is required and a dedicated resource is recommended for these tasks.	Medium	• Development time • Dedicated resource • Staff Training and rollout • Cyclical Review and update	High	• Standardized processes • Easier to read and locate information	High	2	Dec 2010
INFRA Process +Procedures	IF-2	**Increase uninterrupted time available for Review tasks** Review Staff estimate two to four hours a day are spent on phone calls and e-mails. Reducing the time spent on phone calls and email will increase time available for review tasks. OPTION 1: Reclassify existing CIU staff and/or augment CIU staff with properly trained staff able to answer calls that currently go to Review Staff. OPTION 2: Temporarily relieve Review Staff of returning e-mails and phone calls within established timeframe when workload is high.	Low	• OPTION 1: Possible need for additional CIU staff, Training • OPTION 2: Increased time for returning calls and emails, possible escalation of calls to Executive Staff	Medium	• Increased time for reviewers to complete initial review and application processing activities.	Medium	OPTION 1: 2 OPTION 2: As needed	OPTION 1: Dec 2010 OPTION 2: As needed
INFRA Process +Procedures	IF-3	**Strengthen program-wide Quality Assurance (QA) processes** Ensuring the application has met all requirements prior to licensure and issuance of PTAL supports the mission of MBC. The current QA program must be maintained including the recently added enhanced QA of deficiency letters for new staff and application set-up and Z-Project. Additional training will ensure Licensing Staff understands QA benefits.	Low	• Time and resources to maintain QA processes • Staff Training • Updating processes and procedures	High	• Standardized processes • Reduced errors • Increased efficiency • Increased metric reliability • Increased staff morale	High	2	May 2010
INFRA Process +Procedures	IF-4	**Create process to capture and assess Staff suggestions** Establishing a repository and process to capture and assess staff suggestions will increase communication, knowledge, and enhance a professional work environment by gathering and documenting staff ideas in policy, procedure, process changes.	Low	• IN PROCESS • Time and resources to review, assess and implement suggestions	High	• Suggestions from staff doing work are often viable and practical • Increased collaboration • Increased morale	Medium	2	Mar 2010
INFRA Process +Procedures	IF-5	**Implement a Continuous Process Improvement (CPI) program** MBC should integrate into its long-range planning, the adoption of a scalable CPI program. This requires executive sponsorship and an organizational leader knowledgeable in the selected CPI methodology. Additional assessment is required.	Medium	• Time and resources to select a CPI methodology • Time and resources to implement the CPI program • Time and resources to maintain the CPI program • Staff training • Updating processes and procedures	High	• Standardized processes • Reduced errors • Increased efficiency • Increased metric reliability • Increased staff morale	Medium	3	Jun 2011 (assess)
INFRA Licensing Application	IF-6	**Revise Application and Instructions** Revise application and instructions based on staff recommendations and a historical study of errors found in application and supporting documentation. This will result in receiving applications with fewer errors, reducing deficiency letters sent to applicants and MBC workload. Subsequent and coordinated changes will be required for Web site content, Policy + Procedure Manuals, outgoing correspondence, CIU scripts.	Medium	• Development + replacement of existing form • Forms management • Staff Training • Cyclical review and update	High	• Clearer information to applicant • Decrease in phone calls • Decrease in application errors	High	2	Oct 2010
INFRA Licensing Application	IF-7	**Implement Application Set-up Worksheet** Application Set-up Worksheet would replace current "pink form" used by Support Staff. Worksheet incorporates all tasks assigned to Support staff in setting up new application file folders and subsequent preliminary review and increases accountability and ability to	Low	• Replace existing form • Forms management • Staff Training • Cyclical review and update	Medium	• Better ability to measure • Increased accountability	Medium	2	Sep 2010

CATEGORY Sub-Category	ID #	Recommendation	Cost Level	High-level Costs	Benefit Level	High-level Benefits	Priority	Phase	Target Completion Date
		measure task completion and accuracy. Information on the form could be used by license and QA reviewers. A sample is included in Section 9 of the BPR Study Report.							
INFRA Licensing Application	IF-8	**Integrate Checklist into Application** This new checklist is intended to be integrated into the application and used by the applicant to verify all required documents and forms are included prior to application submission to MBC. Applicant can also use checklist to verify and identify date documents were requested by external entities (such as transcripts from Medical School). The checklist would be sent in with the application. A sample is included in Section 9 of the BPR Study Report.	Low	• New form • Staff Training • Cyclical Review and update • Possible short-term increase in CIU calls	High	• Provides better guidance to applicant • Allows MBC to obtain add'l info not available on current forms • Increased quality of applications received • Long-term decrease in calls to MBC	Medium	2	Jun 2010
INFRA Licensing Application	IF-9	**Revise Fee Schedule and Licensing Invoice Letter** Current fee schedule and invoice letter are confusing and result in additional work for Cashiering and Licensing staff and possible delays in licensure. Samples of revised form and letter are included in Section 9 of the BPR Study Report.	Low	• Replace existing form • Forms management • Staff Training • Cyclical review and update	Medium	• Clearer information to applicant • Decrease fee-related errors • Decrease in calls to MBC	High	2	Jun 2010
INFRA Licensing Application	IF-10	**Implement PTAL/License Application Update Form** Currently, any update to the PTAL/License application (L1A-L1E) requires a new and fully completed application. There is no apparent benefit and results in additional reviewer time and errors unrelated to the updated information. At one time, a separate Application update form (L8) was used. This recommendation supports the use of an Application update form.	Medium	• Development + replacement of existing form • Forms management • Staff Training • Cyclical review and update	High	• Decrease in application errors	High	2	Sep 2010
INFRA Forms	IF-11.1	**Continue use of FSMB's eTranscripts** eTranscripts provides an electronic version of the USMLE test score transcript through a secured portal. Use of this service is working and should continue.	N/A	N/A	N/A	N/A	N/A	N/A	IMPL
INFRA Forms	IF-11.2	**Continue acceptance of FSMB's FCVS** FCVS creates a Physician Information Profile with primary source verification and documents required for licensure. MBC accepts the documents as long as they meet current statutory and regulatory requirements. Use of this service is working and should continue. MBC should monitor information about the FCVS enhancements scheduled for implementation in 2010 to determine benefit to current MBC processing.	N/A	N/A	N/A	N/A	N/A	N/A	IMPL
INFRA Forms	IF-11.3	**Implement iPickup for electronic FCVS packet** This FSMB service electronically sends FCVS documents to a state Medical Board. It is currently not being used at MBC, but once implemented could save time for both MBC staff and the applicant. A process will need to be established and documented and staff will require training.	Low	• Establish process • Identify staff to receive and process iPickup notifications	Medium	• Only print what's needed • Less mail to process	Medium	2	Jun 2010 (IN PROCESS)
INFRA Forms	IF-11.4	**Assess Use of FSMB's GME Connect info in lieu of L3A/B** (Certificate of Completion of ACGME/RCPSC Postgraduate Training). GME Connect allows GME programs to provide credentialing verifications to FSMB online through a secured portal. GME Connect should be assessed further to determine use and benefit. Options for MBC to assess include accepting this data in the FCVS packet or allowing the submission GME Connect data in hardcopy form with a wet signature to be allowed in lieu of an L3A/B.	Low	• Create or analyze crosswalk between L3A/B and info from GME Connect to determine if its use is feasible.	Medium	• Possibly more efficient process for GME Program to complete	Medium	2	Feb 2011
INFRA Forms	IF-11.5	**Monitor FSMB developments for Uniform Application + State-specific Addendum** These products would replace the Physician Licensing Application (Forms L1A- L1E) and require significant MBC effort to implement. MBC should monitor the status of these products, but focus resources on the development of the Breeze2 system that will replace the Application Tracking System (ATS).	N/A	• N/A	N/A	• N/A	N/A	N/A	N/A

Table 4 - Recommendation Summary

CATEGORY Sub-Category	ID #	Recommendation	Cost Level	High-level Costs	Benefit Level	High-level Benefits	Priority	Phase	Target Completion Date
INFRA PTAL	IF-12	**Resolve Postgraduate Training Authorization Letter (PTAL) issues and implement changes** Current issues include, but are not limited to, statutory and regulatory requirements, PTAL renewal limit and fees, file retention, licensing inventory and workload impact, and Application Tracking System (ATS) constraints.	Medium	• Time and resources for special project and subsequent work • Licensing Committee and Board involvement for policy direction	High	• Better management of PTALs • Better tracking + reporting of PTALs	High	2 (ASSESSMENT) 3 (STATUTORY + REGULATIORY CHANGES)	Dec 2011
INFRA Website	IF-13	**Update MBC Web site content on Applicant Tab** Current Web site information is outdated and incomplete. 1. Update Applicant tab to more applicant-specific information 2. Separate application from instructions 3. Add PTAL-specific tab 4. Limit use of Webmaster to technical-related issues; use general mailbox for non-technical inquiries (for example, info@mbc.ca.gov) 5. Have option for WAAS users to send email to WAASinfo@mbc.ca.gov to reduce CIU calls 6. Add fields to callback info for requestor to include ATS info and nature of inquiry 7. Create cyclical Web site review and update process	Medium	• Resources required to review website, propose updates and implement • Requires a Dedicated and specialized resource • Possible short-term increase in CIU calls because information is in a "different place" • Training for MBC Licensing Program Staff (Review Staff, Executive Admin staff, CIU staff) • Process to check generic mailboxes • Resources to create processes, including cyclical review.	High	• Long-term decrease in phone calls to CIU as Web site should become primary source of information for physicians and healthcare consumers. • Increased quality in application	High	2	Oct 2010
INFRA CIU	IF-14	**Implement Consumer Information Unit (CIU) enhancements** The CIU provides MBC phone support . CIU recommendations include • monthly review of outcome codes to determine subsequent action (for example, • Web site update or need for new outcome code), regular assessment of call tree used when callers phone CIU, and • ability to update Web Center calendar.	Low	• Time and resources to conduct research, review reports	Medium	• Enhanced feedback loop between CIU and other licensing-related components	High	2	Jun 2010 (IN PROCESS)
INFRA GME	IF-15	**Assess use of AMA's Physician Professional Database (PPD)** Preliminary research indicates AMA PPD has data on residents currently enrolled in GME programs. This may provide value to MBC in PTAL verification, PGT registration, workload projections, and targeted outreach.	Medium	• Time and resources to do complete assessment • New process to accept and process AMA file • Revision to current PGT Registration Form processing	High	• Single source for data • Increased accuracy • Reduction (or elimination) of Form 07M-175A • May have other uses	Medium	TBD	Sep 2010
INFRA Other	IF-16	**Evaluate the viability of the Postgraduate (PG) Training Permit Concept** Concept requires PG Training Permits for all residents prior to the start of PG training. This concept was previously evaluated in 1997 and 2006, and identified again in October 2009. BPR Study Team asked to assess. Significant policy shift, statutory and regulatory changes are required. Substantial increase in workload for run out period assuming both old policy and new policy would be in effect for a period of time. Special Study recommended if MBC wants to further consider this concept.	High	• Significant Statutory and regulatory changes • Significant workload increase during "run out" period for existing statutes and regulations • Significant internal and external documentation and communication updates	unknown	• Unknown	Low	3	Sep 2011
IT Management Reports	IT-1	**Implement New Management Report Recommendations** There are over 20 reports identified within this recommendation to assist the Licensing Program. Some were assessed as immediate priority and implemented during the BPR Study to assist in managing application inventory awaiting initial review. Reports assessed as high priority include those associated with: • Application Review Process (through initial review) • PTALs issued • Administrative Support Processes • Pended Mail waiting review • Quality measurements • Real-time management "dashboard" reporting	Medium	• Licensing Program and ISB staff required to assess and prioritize report • Report development • Licensing Program staff to analyze and act on data provided in the reports	High	• Automated reports will increase Review Staff time for application processing • Data can be used for staff planning and performance objective development • Increased accountability to staff	High	2	Jun 2010

Table 4 - Recommendation Summary

CATEGORY Sub-Category	ID #	Recommendation	Cost Level	High-level Costs	Benefit Level	High-level Benefits	Priority	Phase	Target Completion Date
IT Management Reports	IT-2	**Track DCA/ISB requests and action items** Creating a DCA/ISB request and action item log would assist Licensing Program Staff in the identification and tracking of requests to DCA and ISB. Currently these items are not tracked consistently.	Low	• Licensing Staff to create and maintain action item list • DCA/ISB/Licensing Staff to define requirements and implement • Process to be established	High	• Increased communication • Better tracking and accountability	Medium	2	Jun 2010
IT Applicant Tracking System	IT-3	**Evolve ATS to address MBC needs** 1. Modify ATS to allow better tracking of PTALs, regulatory compliance, deficiency reporting. 2. Modify ATS so that data will not be erased if pathway is changed. 3. Modify online payment option to allow separate payments by the applicant. 4. Modify ATS to allow expiration date (or test date) to be captured so that reports (and letters) can be automatically generated if test scores are expiring.	High	• DCA/ISB/Licensing Staff to define requirements and implement	High	• Increased ability for ATS to meet MBC's processing needs	High	2	Dec 2010
IT E-communication	IT-4	**Explore ways to increase use of electronic communication** Increasing use of e-communication with applicants and external entities will reduce overall timeframes and workload. There is currently a heavy dependence on hardcopy communication, although there are areas where e-communication is increasing such as ePickup and email notification to applicant that license application has been approved. Increased use of email for deficiency notices is recommended. Other recommendations in this study support increase use of e-communication.	Medium	• Licensing program and ISB Resources to implement and maintain • Customer/stakeholder learning curve	Medium	• Improved customer satisfaction • Improved staff productivity • Improved stakeholder communications	Medium	2	Jun 2010
IT E-communication	IT-5	**Assess option for DCA/MBC ISB secured portal for electronic L3A/B** Staff takes time ensuring signatures are correct and the seal is valid on Form L3A/B (Certificate of Completion of ACGME/RCPSC Postgraduate Training). Receiving this form via a secured portal would reduce overall processing timelines.	High	• Resource Licensing Program and ISB staff to assess feasibility • Licensing program and ISB resources to implement and maintain • Outreach to GME programs	High	• Reduction in time associated with obtaining L3A/B from GME programs	Medium	2	Jun 2010 Assess Dec 2010 Implement
IT Database	IT-6	**Actively support DCA's development of the BREEZE2 Database System** California Department of Consumer Affairs (DCA) is in the process of developing an Agency-wide application system to replace the current Application Tracking System (ATS). Anticipated implementation is December 2012. MBC involvement is critical so that requirements are identified early in system development. Continued support through implementation will ensure requirements have been appropriately addressed.	High	• Significant cost to DCA/State of California for the development and deployment of new system • Cost of Licensing Program and ISB staff required in support of the planning and turnover to BREEZE2	Medium	• 2010 technology will lead to improvements in Licensing Program processes • Significant management insight into workflow • Lower long-term costs through achieving higher productivity and employee satisfaction • Higher customer satisfaction	High	2 & 3	Dec 2012
IT Document Management	IT-7	**Evaluate use of a Document Management System** There are a wide variety of Document Management Systems (DMS) available that provide better workflow, tracking and reporting and increase use of electronic imaging in processing. Implementing a DMS requires significant planning, resources and training as well as a strong infrastructure to support the substantial changes. BPR Study Report provides State resources for further assessment.	High	• Significant workflow changes • Possibly significant internal and external documentation and communication updates	Medium	• Significantly better and more secure document management • Better workload distribution • Increased tracking • Better management oversight Improved customer satisfaction	Medium	2	Oct 2012
Resources Staffing	R-1	**Advance Staffing Recommendations** This recommendation will address the resource constraints the Licensing Program has experienced over the past several years. In addition, some recommendations identified during this BPR Study require staffing changes. Assumption has been made that the Licensing Program will hire four (4) staff from BCP effective July 1, 2010. Staffing recommendations include reclassification of existing staff and acquisition of seven (7) additional positions through a future BCP.	High	• Create and submit BCP • Hire additional staff • Identifying and training "Floaters" • Additional management, planning and coordination required for float staff • Additional staff needed and trained in both IMG and US/CAN	High	• Increased effectiveness of Licensing Program • Better management and oversight • Reduced staff to manager ratios • Stronger infrastructure increases likelihood of long-term sustainability • Increased capability to plan for and address workload fluctuations	High	2	Oct 2010

Table 4 - Recommendation Summary

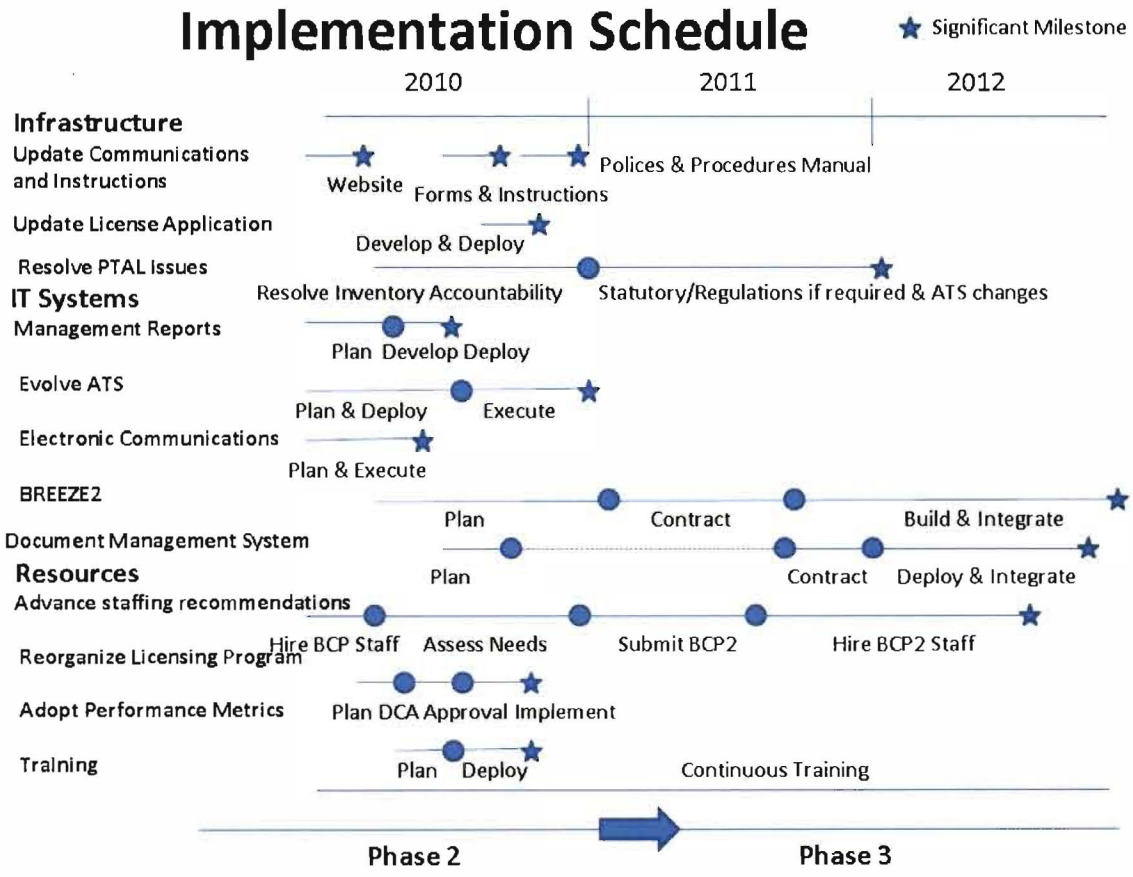
CATEGORY Sub-Category	ID #	Recommendation	Cost Level	High-level Costs	Benefit Level	High-level Benefits	Priority	Phase	Target Completion Date
						• Ability to minimize impact of staff planned and unplanned absences			
Resources Organization	R-2	**Reorganize Licensing Program and reinforce roles and responsibilities** The reorganization will result in functional groupings and includes: 1. Creation of a new Front-end/Back-end unit under Licensing Section 2. Restructure of existing Application Processing Units to focus on only US/CAN or IMG. Currently units do both. 3. Consolidation and realignment of infrastructure-related functions into one unit. Senior Review 2 and Special Programs will also be included in this unit. 4. Additional level of management to support the five (5) units in Licensing Section.	High	• Reorganization from current structure • Potential staff resistance	High	• Increased accountability • Increased reporting • Increased consistency	High	2	Sep 2010
Resources Organization	R-3	**Restructure Administrative Support workflow** Restructuring the workflow will address varied skills sets needed to complete application set-up and preliminary review tasks. It will also allow application files to flow to Review Staff in receipt date order.	Medium	• Initial assessment of skillsets required for each task • Assignment of appropriately skilled staff • Continued assessment of assigned staff • Potential staff resistance as shift from individual tasks to team concept	High	• Increased ability to address varied skillsets needed in front-end tasks • Promote team concept across support staff • Staff will develop expertise in one area more quickly • Faster recognition of workload issues	Medium	2	Sep 2010
Resources Organization	R-4	**Change name of Consumer Information Unit (CIU)** The current name may unintentionally result in physicians and other non-consumers calling the Executive Office for assistance. Recommend change to "Physician and Consumer Information Unit".	Low	• Update Web Center call tree • Update the Web site • Update internal or external documentation and correspondence • Train staff	Medium	• Better customer service • More accurate call metrics (call metrics not captured for Executive Office)	High	2	Sep 2010
Resources Organization	R-5	**Shift clerical tasks done by Review Staff to Support Staff** Identification and alignment of clerical tasks to Support Staff will increase time Review Staff have to complete application review tasks.	Low	• Realignment of currently assigned responsibilities for Review Staff and Support Staff • Increased workload for Support Staff • Additional Training and Quality Review	Medium	• Increase in time for Review Staff to perform application reviews • Application will be more complete when Review Staff starts tasks • Higher job satisfaction for Review Staff • Increased ability for Support Staff to expand skill sets	Medium	2	Jun 2010
Resources Training	R-6	**Continue to create and deploy effective training programs** Current training program for application processing is based on classroom training with real application files, observation and one-on-one mentoring. Continued focus on creating, refining and deploying training programs will benefit the Licensing Program with increased teamwork, collaboration, staff knowledge and skills. Typically when training opportunities are available, there is a higher level of job satisfaction.	Low	• Dedicate resource to create, refine, maintain and deploy training programs • Staff time for training	Medium	• Professionally satisfying work environment • Increased morale • Increased teamwork, collaboration, job satisfaction • Higher work quality	Medium	2	Aug 2010
Resources Performance Metrics	R-7	**Continue to work inventory to achieve initial review within 60 calendar days** This will allow management a reasonable "buffer" of time to identify and address unanticipated issues, such as higher than anticipated staff absences, that could result in a recurrence of a backlog.	Medium	• Working at continued pace	High	• A reasonable "buffer" of time to address unanticipated issues	High	2	Apr 2010
Resources Performance Metrics	R-8	**Establish performance objectives, program-wide staffing plans, and metrics** These management tools will ensure Licensing Program staff has the information to manage workload and resources. The BPR Study Team worked with Licensing Program to develop performance objectives, preliminary staffing plans, and metrics for Application Review Staff to assist in the efforts focused on eliminating the backlog. These tools can be refined and leveraged to create tools for other areas of the Licensing Program.	Low	• Dedicated resource to maintain • Time and resources to do analysis, make adjustments and take corrective action Resources and time to identify, capture and analyze metrics and determine any corrective action	High	• Ability to measure task duration • Ability to identify staffing issues • Increased ability to address workload fluctuations	High	2	Sep 2010

7 Preliminary Implementation Plan

The Preliminary Implementation Plan provided in this section will function as a road map to implement the recommendations identified in Section 6. Based on discussions between the BPR Study Team and MBC Management, this Implementation Plan will be used as a foundation for continued planning and refinements by MBC Licensing Staff in coordination with the Board's Licensing Committee. MBC Licensing Staff must be involved in the process of building a strong Licensing Program by actively participating in the further development and execution of the implementation plan as part of an overall effort to create a more collaborative working environment.

The proposed implementation schedule below represents a balance between the practicalities of limited resources and the necessity to rapidly improve the efficiencies within the Licensing Program. As presented, the majority of the infrastructure and resource recommendations will either be completed or significant progress will be made in 2010. Some of the Information Technology (IT) recommendations are higher cost items and will take until at least 2012 to complete.

Figure 17 - Implementation Schedule



Given the complexity of the overall effort, the relatively "limited" amount of staff effort that can be devoted to these recommendations, and the uncertainty to some of the scope and cost of work identified, it is recommended that the overall work effort be split in two future phases:

- Phase 2 includes the recommendations that will be worked on and/or completed within the next 12 months
- Phase 3 includes longer-term initiatives that are considered cost effective recommendations but beyond the planning horizon and resource allocation of this study or may have limited benefit until further studied. Phase 3 activities will be planned in 2010 or in the case of BREEZE2, supported as part of Phase 2.

The Licensing Committee should be involved in reviewing the list of recommendation and the draft implementation plan with the objective of making refinements and finalizing the Plan's target completion date at the April 2010 Board meeting. The MBC Licensing Chief will provide monthly status reports to the Executive Director and Licensing Committee on the Implementation Plan's progress. A status update will be provided to the Board quarterly as part of the Licensing Committee's report and in the Licensing Chief's report.

The Preliminary Implementation Plan

A preliminary Implementation Plan presented in this section is built around implementing most of the recommendations during 2010. This preliminary Plan outlines the:

- Recommended management approach to executing the work
- Identified resources required to execute the work
- Responsible individual(s) for executing the work

Management Approach

To accomplish this range of work, it is envisioned that a number of different management approaches be used to implement the recommendations:

- **Special Project** – For the most complex issues, a Special Project Team (Special Teams) will be assigned to work through the implementation steps and the Licensing Committee will be called upon to support these efforts. These Special Teams will be comprised of staff from across the MBC organization and, in some cases, other stakeholders will be involved. It is envisioned that a Project Manager will be assigned to lead the overall project, coordinating the efforts to the various people who are providing input to the process.
- **Licensing Program (LP) Project** – For those tasks that are generally smaller in scope, the Licensing staff will be primarily tasked with completing the project with assistance from other staff in MBC as needed. LP projects will be managed by a Licensing Program Manager or a Project Manager, depending on its complexity.
- **Licensing Program and Information Systems Branch (LP/ISB) Project** – Many of these tasks are Information Technology projects and, as such, will need to be managed collaboratively by the Chief of Licensing and the Chief of ISB Branch or their designees.
- **Business As Usual (BAU)** – These tasks should be incorporated into the existing work processes and implemented as part of an on-going continuous improvement program and managed by the Licensing Program Management Team.

In order to accomplish the Implementation Plan, it is recommended that a Continuous Process Improvement Team be established within the Licensing Program. The team will be made up of high performance staff that will be called upon to support individual Continuous Process Improvement initiatives as well as become champions for the overall Continuous Process Improvement effort. It is envisioned that this Team will

rotate its membership over time and that membership be promoted as a step in an individual's career development.

Estimated Resources

The relative level of effort required to execute the tasks in 2010 are estimated to be:

- **Licensing Program Effort** – For each recommendation, the required tasks need to be determined in greater detail and a refined estimate of the staff time required to complete each task will lead to determining the total staff effort needed. Since the Licensing Program's top priority is processing applications within regulatory timeframes, determining which staff and how much time individual staff can devote to these projects must be determined to coordinated the order and pace the recommendations are implemented. The Implementation Plan chart below will be used as a template to coordinate this effort to complete the Phase 1 work currently underway and the recommended work to be executed in 2010 as part of Phase 2.
- **MBC Information Technology Effort** – The same effort described above will be used to determine the IT staffing effort needed and staff assigned to complete the Phase 1 work currently underway and the recommended work to be executed in 2010 as part of Phase 2.
- **Other MBC resources** – Other resources will be required to complete the Phase 1 work currently under way and the recommended work to be executed in 2010 as part of Phase 2. It is anticipated that the total amount of time will be minimal.

It is recognized that the majority of this work will be assigned to staff that have other assigned work and priorities. The Resource Plan assumes that the remaining Budget Change Proposal (BCP) positions will be hired shortly and the temporary staff assigned to the Z-Project and reviewing license applications will remain during this effort and other MBC staff will be available to support this effort.

Table 5 - Preliminary Implementation Plan

ID #	Recommendation	Priority	Target Completion Date	Management Approach	Preliminary Estimate 2010 Resource Requirements					Responsible Individual/Team
					Licensing Program Staff	IT Staff	Project Manager	Other MBC Staff	Total Staff	
IF-1	Continue to advance Policy and Procedure Manuals	High	12/31/10	LP Project	X	0	X	X	X	Project Manager Licensing Committee
IF-2	Increase uninterrupted time available for Review tasks	Medium	12/31/10	BAU	X	0	0	0	X	US/CAN & IMG Licensing Managers
IF-3	Strengthen program-wide Quality Assurance processes	High	05/31/10	LP Project	X	0	X	0	X	QA Team Lead
IF-4	Create process to capture and assess Staff suggestions	Medium	03/31/10	BAU	X	0	0	0	X	US/CAN & IMG Licensing Managers
IF-5	Implement a Continuous Process Improvement program	Medium	06/30/11	LP Project	X	X	X	0	X	Licensing Program Management Team
IF-6	Revise Application and Instructions	High	10/31/10	LP Project	X	0	X	X	X	Project Manager
IF-7	Implement Application Set-up Worksheet	Medium	09/30/10	LP Project	X	0	0	0	X	Project Manager
IF-8	Integrate Checklist into Application	Medium	06/30/10	LP Project	X	0	0	0	X	Project Manager
IF-9	Revise Fee Schedule and Licensing Invoice Letter	High	06/30/10	LP Project	X	0	0	0	X	Project Manager

Resources: 'X' indicates resources will be involved, '0' indicates resources will not be involved

ID #	Recommendation	Priority	Target Completion Date	Management Approach	Preliminary Estimate 2010 Resource Requirements					**Responsible Individual/Team**
					Licensing Program Staff	IT Staff	Project Manager	Other MBC Staff	Total Staff	
IF-10	Implement Application Update Form	High	09/30/10	LP Project	X	0	0	0	X	Project Manager
IF-11	Expand use of FSMB Products	N/A	06/01/10	LP Project	X	0	0	X	0	Project Manager
IF-12	Resolve Postgraduate Training Authorization Letter (PTAL) issues and implement changes	High	12/31/11	Special Project	X	X	X	X	0	Licensing Chief Licensing Committee
IF-13	Update MBC Web site content on Applicant Tab	High	10/31/10	IP/ISB Project	X	X	X	X	X	Project Manager
IF-14	Implement Consumer Information Unit enhancements (CIU)	High	06/30/10	BAU	X	0	X	0	0	CIU Manager
IF-15	Assess use of AMA's Physician Professional Database (PPD)	Medium	09/30/10	LP Project	X	X	X	0	0	US/CAN & IMG Licensing Managers
IF-16	Evaluate the viability of the Postgraduate (PG) Training Permit Concept	Low	09/30/11	Special Project	0	0	0	0	0	Licensing Chief Licensing Committee
IT-1	Implement New Management Report Recommendations	High	06/30/10	IP/ISB Project	X	X	X	X	X	Project Manager

Resources: 'X' indicates resources will be involved, '0' indicates resources will not be involved

ID #	Recommendation	Priority	Target Completion Date	Management Approach	Preliminary Estimate 2010 Resource Requirements					**Responsible Individual/Team**
					Licensing Program Staff	IT Staff	Project Manager	Other MBC Staff	Total Staff	
IT-2	Track DCA/ISB requests and action items	Medium	06/30/10		X	0	0	0	X	*To Be Determined*
IT-3	Evolve ATS to address MBC needs	High	12/31/10	IP/ISB Project	X	X	0	0	X	Project Manager
IT-4	Explore ways to increase use of electronic communications	Medium	06/30/10	IP/ISB Project	X	X	X	0	X	*To Be Determined*
IT-5	Assess approach for DCA/MBC ISB secured portal for electronic L3A/B	Medium	06/30/10	IP/ISB Project	X	X	0	0	X	*To Be Determined*
IT-6	Actively support DCA's development of the BREEZE2 Database System	High	12/31/12	DCA/MBC Project	X	X	0	X	X	ISB Chief Licensing Chief
IT-7	Evaluate use of a Document Management System	Medium	12/31/12	Special Project	X	X	X	0	X	Licensing Chief
R-1	Advance Staffing Recommendations	High	12/31/10	LP Project	X	0	0	X	X	Licensing Program Management Team
R-2	Reorganize Licensing Program and reinforce roles and responsibilities	High	09/30/10	LP Project	X	0	0	X	X	Licensing Program Management Team
R-3	Restructure Administrative Support workflow	Medium	09/30/10	LP Project	X	0	X	0	X	Administrative Supervisors

Resources: 'X' indicates resources will be involved, '0' indicates resources will not be involved

ID #	Recommendation	Priority	Target Completion Date	Management Approach	Preliminary Estimate 2010 Resource Requirements					**Responsible Individual/Team**
					Licensing Program Staff	IT Staff	Project Manager	Other MBC Staff	Total Staff	
R-4	Change name of Consumer Information Unit (CIU)	High	09/30/10	LP Project	X	0	0	X	X	Consumer Information Unit Manager
R-5	Shift clerical tasks done by Review Staff to Support Staff	Medium	06/30/10	LP Project	X	0	0	0	0	Administrative Supervisors
R-6	Continue deploying effective training programs	Medium	08/31/10	LP Project	X	0	0	0	0	Training Supervisor
R-7	Continue to work inventory to achieve initial review within 60 days	High	03/31/10	Special Project	0	0	0	0	0	Licensing Chief
R-8	Establish performance objectives, program-wide staffing plans, and metrics	High	09/30/10	LP Project	X	0	X	0	0	Licensing Program Management Team

Resources: 'X' indicates resources will be involved, '0' indicates resources will not be involved

Roles and Responsibilities

The implementation of the BPR recommendations needs to be embraced as part of a broader continuous improvement process wherein the organization:

- Provides for a higher level of customer satisfaction
- Adapts a culture of embracing change rather than resisting it
- Is organized around functional responsibilities with appropriate levels of supervision
- Is built on trust and respect at all levels
- Has the infrastructure, information technology systems, and resource levels appropriate to execute its mission
- Has the tools and perspective to manage the organization's, as well as. individual workload metrics
- Is a better environment to work and grow in one's career
- Is supported by management to fully implement the recommendations outlined

Given the importance of this effort, it is imperative that the Licensing Program Chief and management staff be provided support from the Executive Director, the Board and the Licensing Committee to assure the implementation of the recommendations:

- **The Licensing Chief** will need to spend a considerable amount of time (up to 30%) managing the implementation of this plan – being responsible both to the Licensing Team team as well as the Executive Director, the Board, and the Licensing Committee for the Plan's execution
- **Members of Licensing Program Management Team,** reporting to the Licensing Chief, will be responsible for the execution of a large portion of the tasks as outlined in the plan
- **A newly formed Continuous Process Improvement Team** will be formed and called upon to execute the work as part of their expanded job descriptions

- A close partnership between the Licensing Program and **Information Systems Branch (ISB)** will be required to coordinate and implement the IT recommendations
- **Other MBC personnel** including IT, GME Outreach manager, will be tasked with implementing specific support activities to execute the recommendations

8 BPR Study Next Steps

The following SOW task will be completed in the next step of the BPR Study:

Task 11: Perform a follow-up audit three months after the final report is issued and revise the recommendations as appropriate

A follow-up audit will occur three months after the submission of the report to evaluate MBC's progress in the assessment and implementation of recommendations identified in this report. The audit will be scheduled for late March 2010.

9 Appendices

This section contains supplementary information referenced in the main body of the report. It has four subsections:

Business Process Flows – This section contains definitions for the business process flow figures used in the process flows. Current staff roles and responsibilities are also identified in this section as they relate to the process flows.

FSMB Products and Services – This section contains supplemental information and observations on the FSMB products and services described in Section 5.1, starting on page 90.

Recommendations – Additional Information – This section includes a further description of the recommendations in Section 6 - Recommendations, starting on page 99. Supporting detail and information is provided to facilitate recommendation evaluation by MBC Licensing Program staff.

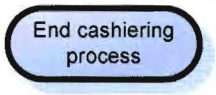
Sample Forms and Web Pages – This section has current and proposed forms and web pages identified throughout the report.

9.1 Business Process Flows

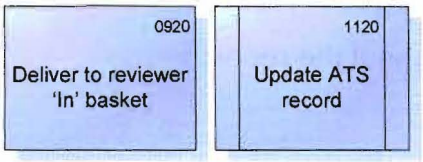
9.1.1 Business Process Flow Figures

The Business Process Flows (flowcharts) created for this BPR Study are comprised of several basic figures:

Terminator: This shape tells you where the flowchart ends.



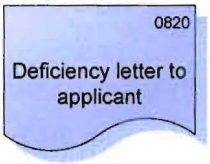
Rectangle: The rectangle is the most common shape. It is used to show a process, task, action, or operation. It shows something that has to be done or an action that has to be taken. The double lined rectangle represents a predefined process, meaning the process is documented in a policy and procedure. The single line rectangle represents a process conducted, but not necessarily documented.



Decision: A decision asks a question. The answer to the question determines which arrow you follow out of the decision shape. The arrows flowing from the decision shape are labeled Yes or No.

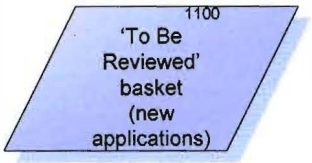
Off Page Connector: This shape means the flow refers to a process flow on another page. Letters in the shape refer you to the appropriate flowchart.

Document: A rectangle with a curved bottom represents a document or report.



Delay: The Delay shape represents a waiting period where no activity is done. Delays should be analyzed to see if they can be minimized or eliminated.

Input : A parallelogram is used to show input. Examples of input are receiving a report, getting mail, getting an application, etc.



The Data Dictionary is used in conjunction with the process flows to provide information in another format or information not captured in the process flows such as:

- Identifier – a unique four-digit number to
- Category and Subcategory - for further identification and grouping
- Description – of
- What group/role performs this function
- Additional Information

Both the Data Dictionary and the process flows are considered "living documents". These documents will need to be maintained and refined through an iterative process of review and updates to remain an effective tool for the Licensing Program Staff.

The Data Dictionary will be provided to MBC under separate cover.

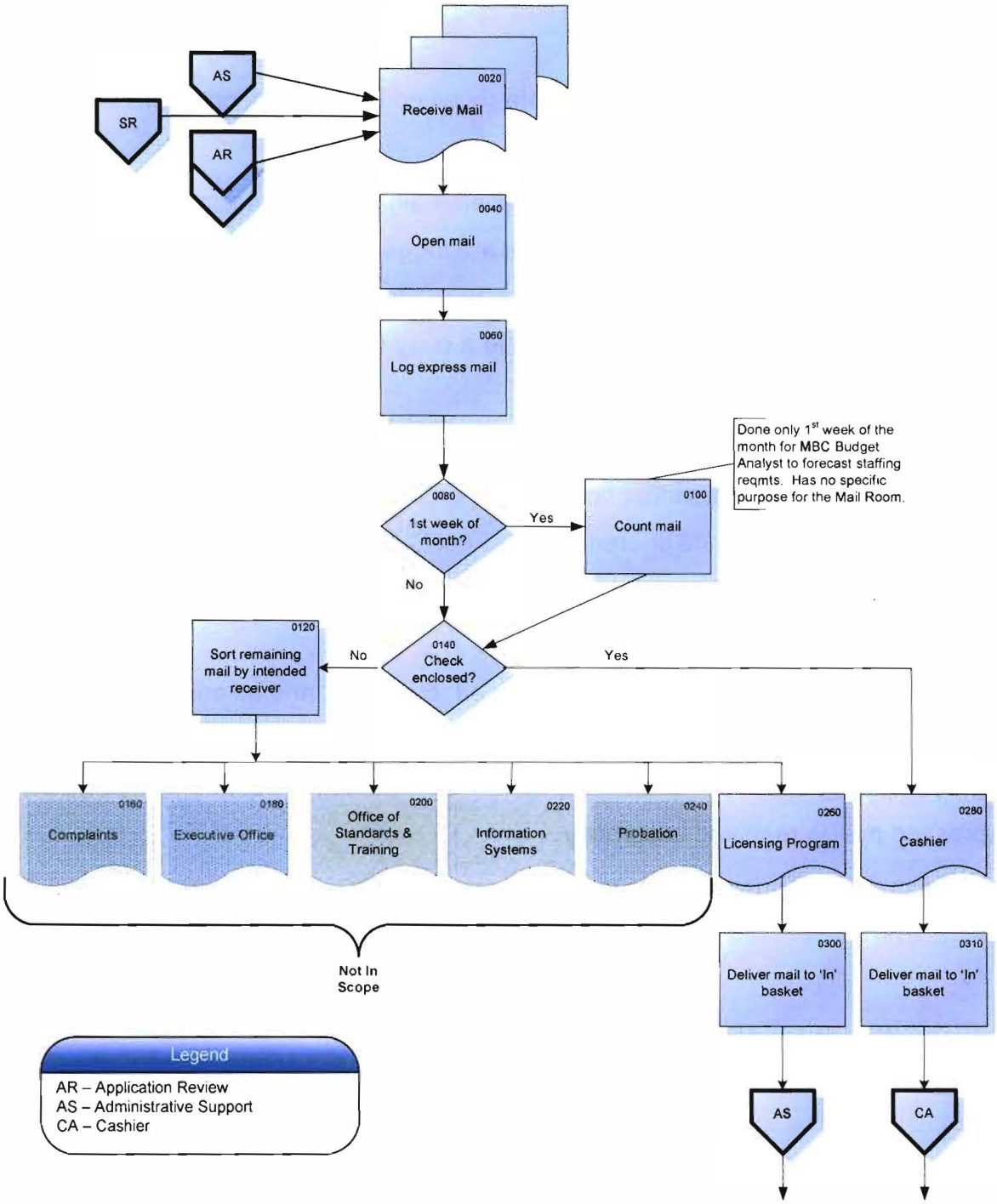
The process flows were developed in Visio based on an agreement with MBC Licensing Staff and MBC Information Systems Branch (ISB). The Data Dictionary was developed in MS-Word. Both the process flows and Data Dictionary were compiled from information gathered through existing documentation made available to the BPR Study Team and interviews with MBC staff. The Process Flows were verified by MBC Staff unless otherwise noted.

9.1.2 Mailroom Business Process

The Mailroom Clerk:

- Opens and date stamps mail with the date received in the mailroom. This is done on each business day.
- Logs Express mail (e.g., FedEx, DHL, certified mail) with the tracking number issued by the delivery service. Tracking numbers are logged in an MS Excel spreadsheet by carrier name, along with a count of the pieces of mail received by that carrier, and the intended receiver. Each unit will receive a copy of the Express Mail log sheet along with their daily mail.
- Counts all USPS general mail the first week of each month. This is done for the MBC Budget Analyst and serves no specific purpose for the mailroom itself. These counts are used to compute shared services costs (money reimbursed to the Board by certain affiliated healing arts programs for services rendered by Medical Board staff).
- Sorts mail by MBC unit. If a check is enclosed, the check and all enclosures are forwarded to the Cashier for processing. Each unit will receive a copy of the Express Mail log sheet along with their daily mail. The log is used to verify that the expressed mail is received accurately.
- Delivers mail each business day to the appropriate MBC unit by early afternoon.

Figure 18 - Business Services – Mail Room Process Flow (MR)



9.1.3 Cashiering Business Process

The Cashiering Staff sorts and processes four general types of mail in which money is included:

New application with a check included – an ATS record is created for the new applicant using the applicant's name, date of birth, social security number, and the payment amount. The check will be tendered and the application forwarded to the Administrative Support Staff Inbox for processing.

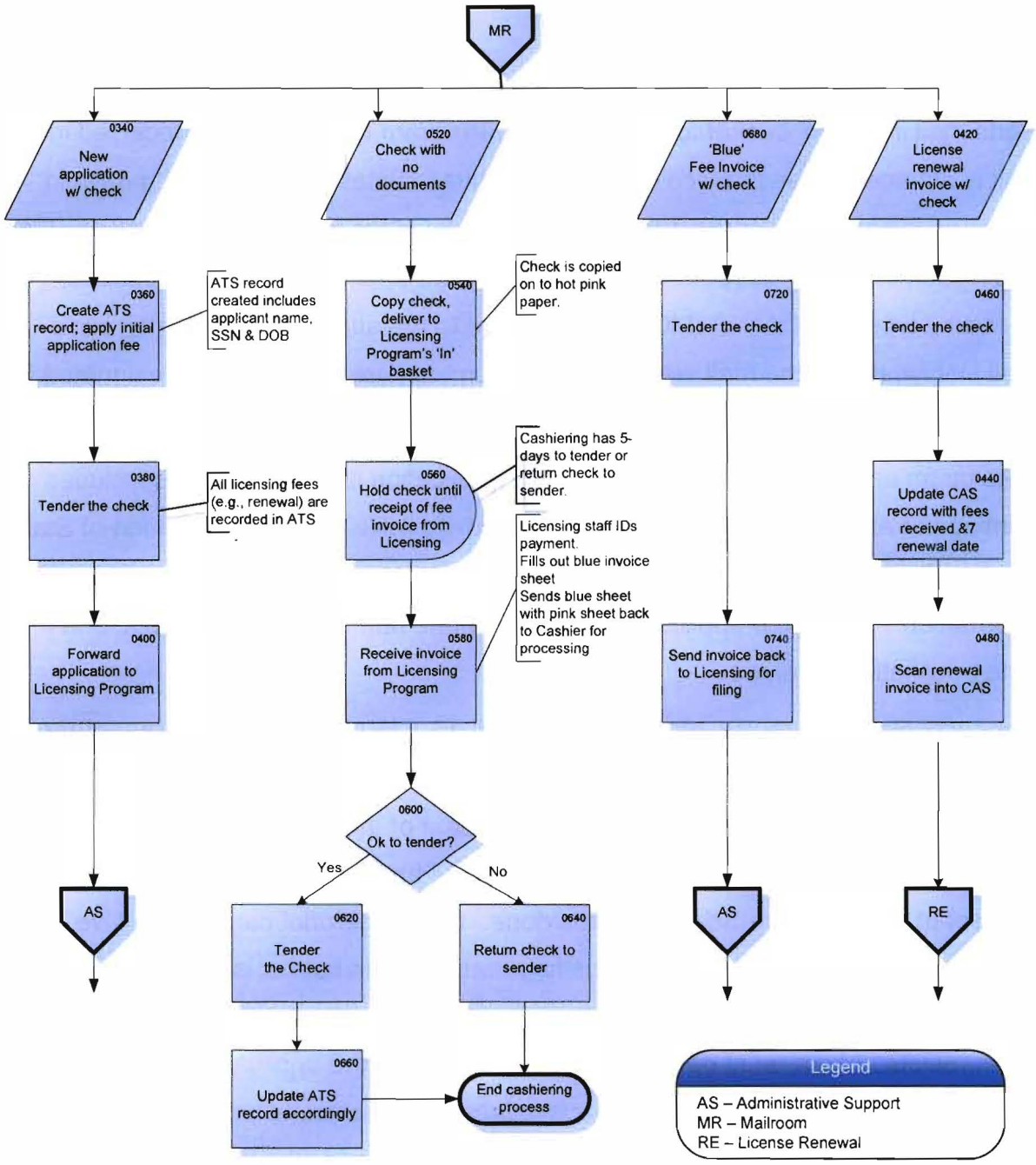
Check with no documents – a copy of the check is made on 'hot pink' paper and forwarded to the Administrative Support Staff Inbox for the Review Staff to research. The original check will be held at the Cashier's until Review Staff responds with a 'blue' fee invoice filled out defining how to apply the received fees and to which ATS record. The instructions may also direct the cashiering staff to return the check to the sender because an ATS record could not be found. The Cashier requests that Review Staff return the completed 'blue' fee invoice within five (5) days, in order to comply with the State Administrative Manual (SAM) guidelines for undeposited receipts[23]. Once staff knows how to apply the check amount, the ATS record will be updated.

Fee invoices with check– applies the payment amount to the corresponding ATS record. The check is tendered and the 'blue' fee invoice is forwarded to Licensing for distribution to the appropriate staff.

License renewal invoices with check– fees received are recorded in ATS and then the Consumer Affairs System (CAS) record is updated to reflect payment of fees. The check will be tendered and the renewal invoice questionnaire will be scanned into CAS.

[23] The State Administrative Manual (SAM), Chapter 8000, §8032.1 states: "Accumulated receipts of any amount will not remain undeposited for more than ten working days".

Figure 19 - Licensing Program – Cashiering Process Flow (CA)



9.1.4 Administrative Support Business Process

Administrative Support Business Process Overview

The Administrative Support Staff:

- Sorts mail in the 'In' basket for the Licensing Program Unit. The date received in the Unit is stamped on each piece of mail. This date initiates the 60- working days in which an initial review of the application must take place and applicant notified of the application status[24]. Supporting documentation for applications is alphabetized, sorted by type (US/CAN or IMG) and delivered to the appropriate staff member's mail slot located in the mail area. These documents are picked up by designated Z-project Staff who will update the ATS record.
- Sets up an applicant file folder when a new application is received. This includes printing the American Medical Association (AMA) profile and the Federation of State Medical Boards (FSMB) check. The ATS record is updated with demographic information such as the applicant's address, phone number, email address, and the date application received.
- Conducts a cursory review of the application (L1A-L1E) for completeness (notary, all boxes filled in). If the application is incorrectly filled out, staff generates an application deficiency letter to advise the applicant of the errors and requests a new application be completed. In addition to review of the application, a check for fingerprint cards or Live Scan receipt is done. If no fingerprint cards or no Live Scan receipt is enclosed, the miscellaneous fingerprints cards basket is checked and the Live Scan folder is checked for Live Scan results. If unable to locate cards or Live Scan results, a fingerprint deficiency letter is mailed to the applicant. If fingerprint cards are enclosed or located in the miscellaneous fingerprints basket, then one card is attached to the application file, the other is placed in the basket for fingerprint

[24] CCR Title 16, § 1319.4

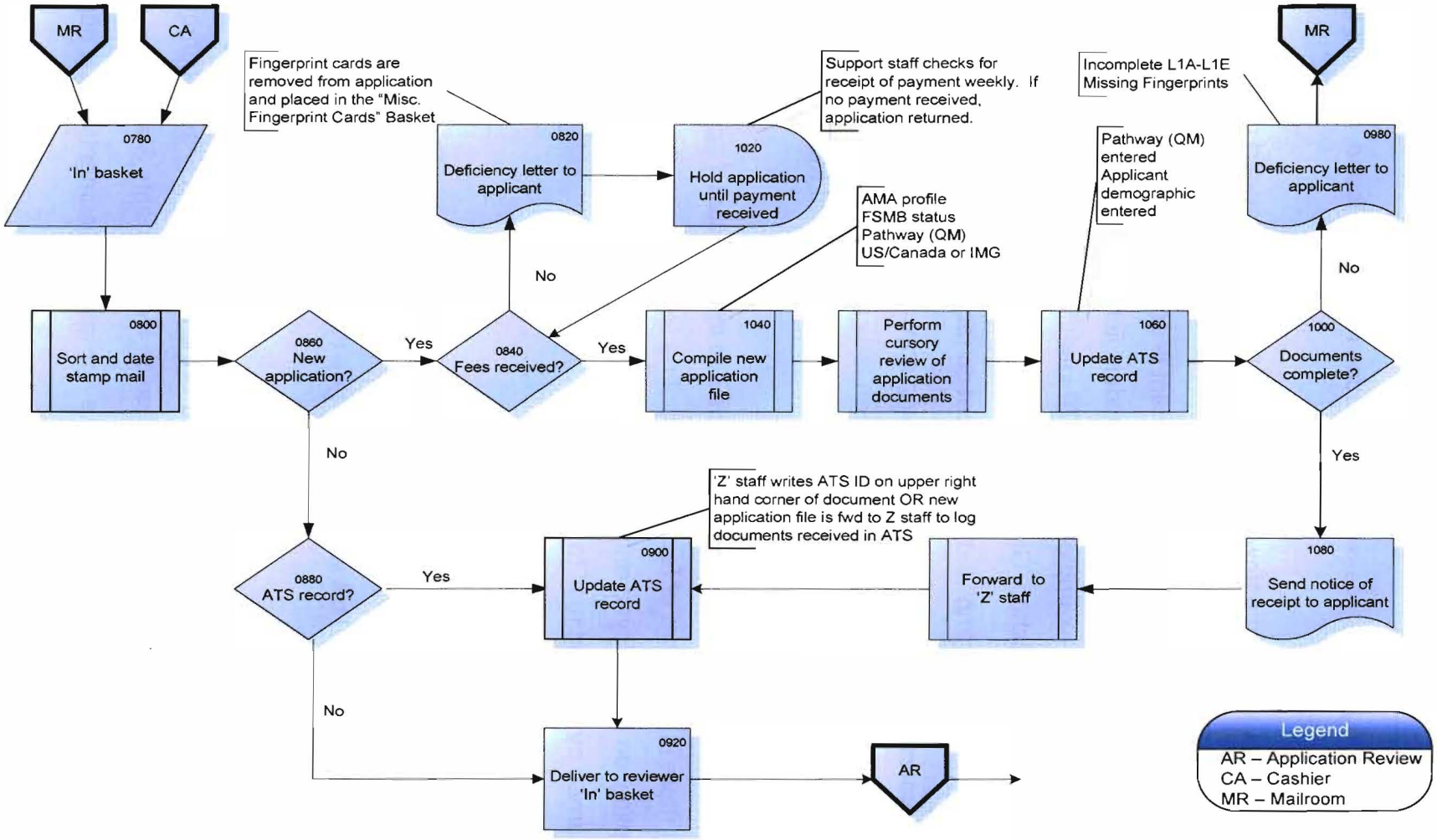
cards waiting to be processed. If Live Scan results are found, they are included in the application file.

- Determines licensing pathway based on information provided on the application L1A or L1B forms and enters pathway on ATS record. The licensing pathway is used to specify the California statute the applicant is applying for licensure under. Within the statute, requirements for licensure are identified (such as postgraduate training and exam scores). For example B&P § 2170 identifies the requirements for licensure for US/CAN Medical School Graduates.
- Generates letter acknowledging application receipt.
- Generates Web Payment letter informing applicant they have 30 days to submit an application or fees will be refunded when fees are received but there is no application. The letter is sent if no application is received two weeks after receipt of payment.
- Generates a deficiency letter and sends it to the applicant if application is received, but there is no record of fees received. If no fees are received within 30 days, the application is destroyed and any original copies of documents (e.g., diploma) are returned by certified mail to the applicant.

The Z-project Staff:

- Receives new application files from Administrative Support Staff. The application and any supporting documentation (i.e., transcripts, diplomas) are recorded in ATS with a 'Z' identifier. This identifier indicates that the documents have been received but not yet reviewed.
- Retrieves loose application documents (i.e., L2 – L6) that have been placed in the appropriate reviewer's mail slot located in the mail area. These documents are recorded in ATS by updating the Application Requirements Status Field with a 'Z'.
- Delivers new application files and loose application documents to the appropriate reviewer's 'In' basket.

Figure 20 - Licensing Program – Administrative Support Process Flow (AS)



9.1.5 Application Review Business Process

Application Review Business Process Overview

The Application Reviewer:

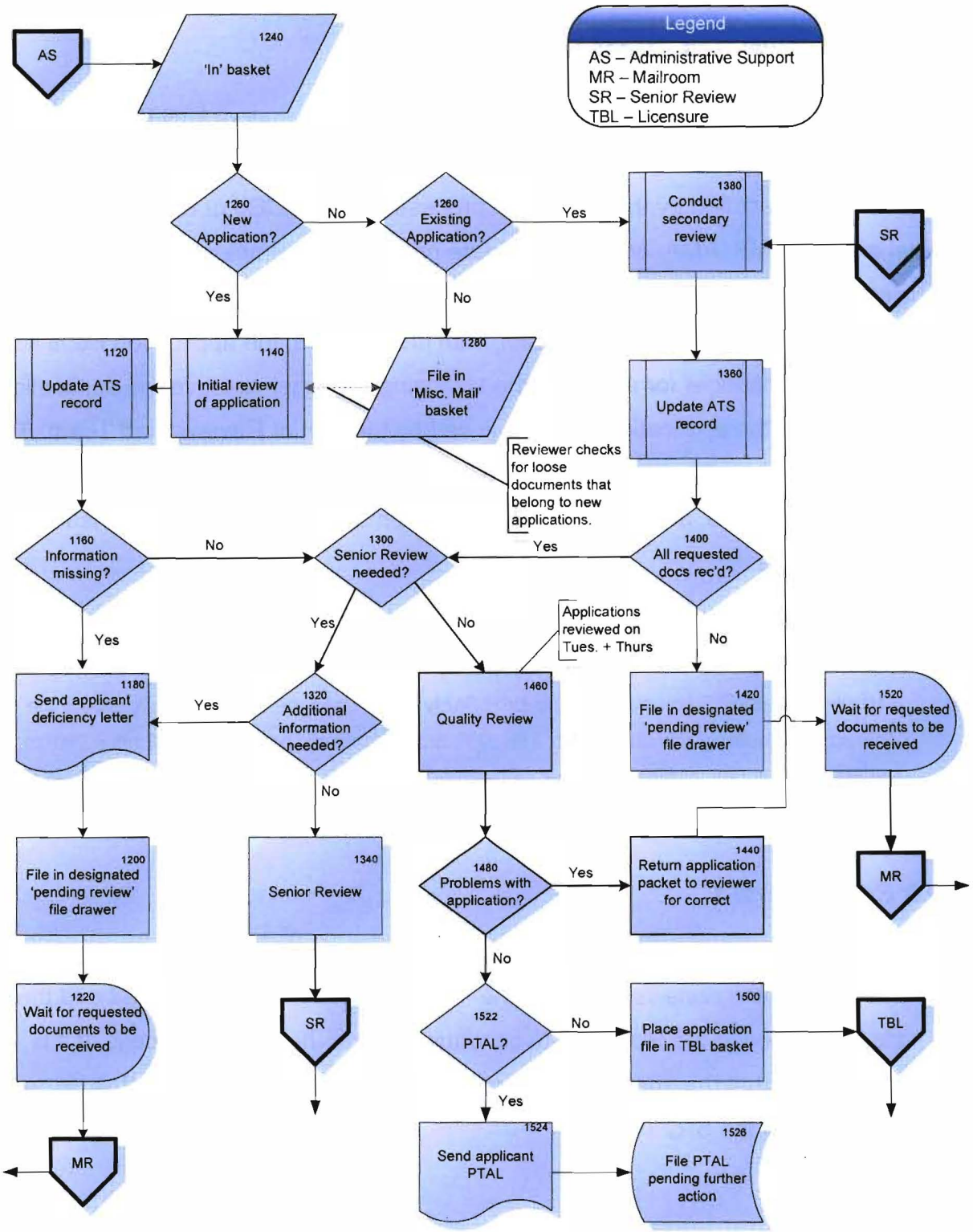
- Conducts initial file reviews. During this review multiple documents are assessed for completeness and accuracy. The ATS record is updated accordingly.
- Generates and sends letters to applicants noting all missing or incomplete documents. Application is filed in the 'pending review' file drawer until receipt of requested document(s).
- Processes documents delivered to 'In' baskets daily. Incoming application documents are reviewed and filed in the appropriate application file. The ATS record is updated. If the document is not acceptable or incomplete, a new document is requested in writing. If an ATS record is not found, the document is filed in the 'Miscellaneous Mail' basket. Miscellaneous mail is checked regularly as new applications arrive.
- Initiates Senior Level Review of an application that meets prerequisite criteria, such as addictions, driving violations (drug or alcohol related), mental health issues, postgraduate training problems, dishonesty, etc.
- Conducts final review of the application file prior to sending it to licensure. This entails a recheck of all documentation to ensure all requirements are met and the ATS record is updated as well as detailing all steps in the ATS notes.
- Receives, responds to, and initiates telephone calls with applicants or those calling on behalf of the applicant. These calls can be as simple as applicant wanting status on his/her application, to the reviewer clarifying missing or corrected information from an international medical school.

- Receives, responds to, and initiates emails. These emails can be as simple as applicant wanting status on his/her application to the reviewer requesting and clarifying missing or corrected documentation from an international medical school.

The Fingerprint Coordinator:

- Is the liaison with the California State Department of Justice (DOJ) regarding status and updates on applicants fingerprint cards and Live Scan submissions.
- Maintains a list of all fingerprint cards sent to DOJ.
- Packages and mails fingerprint cards to DOJ.
- Follows up on fingerprint cards and results that remain outstanding.
- Sorts, matches and distributes DOJ and FBI results to appropriate application reviewer.

Figure 21 - Licensing Program – Application Review Process Flow (AR)



9.1.6 Senior Staff Review Business Process

Senior Review Business Process Overview

Senior Review may be required if an issue exists that may impair or limit the ability of the applicant to practice medicine safely. An issue can be disclosed by an applicant or an issue can be identified by the fingerprint process (through DOJ or the FBI) or another external entity (FSMB, AMA, or a postgraduate program). Examples of issues include serious mental health issues, academic problems, dishonesty and drug or alcohol use. If the issue is determined to require Senior Staff involvement, the application file is sent for the Licensing Manager for review. If the Licensing Manager approve the application for Senior Review the application file is reviewed by the Senior Review Staff Team. This team is comprised of a Senior Review 2 (SR2) Analyst, Deputy Attorney General (DAG), Legal, Executive, and Management staff. Senior Review Staff also consults with Medical consultants.

***NOTE**: Senior Review Staff Business Process Flows are currently in draft format as they have not been finalized by MBC staff. These process flows were being developed in Power Point by MBC staff when the BPR Study started. The BPR Study Team used the draft version to create the Visio copy included in this document. The BPR Study Team did not meet with Senior Staff to confirm the accuracy of these flows as verification is being completed by MBC staff outside the BPR Study.*

Senior Review Level 1

- File sent for review goes to the Licensing Manager who enters required information and reviews the file. If the file is approved, ATS is updated and the file is returned to the Reviewer to continue through the routine process. If it is determined that the application needs to go to Senior Review Level 2, it is forwarded to the SR2 Analyst.

Senior Review Level 2

- If the file is determined to require a Level 2 Senior Review, the SR2 triage Analyst does an initial review. If additional information is necessary, the SR2 triage Analyst requests the information and/or documentation from the original source entity or the applicant.
- Once all information and/or documentation is available, the SR2 Analyst prepares a summary memo and circulates it to the Senior Review Staff Team for review. The Team will meet to discuss the file. If necessary, additional information and/or documentation may be requested of the applicant or other entities.
- Upon completion of the review, the Team will render a recommendation of an unrestricted license, probationary license, public letter of reprimand (PLR), [25]or denial of application.
    - **Unrestricted license** – If the recommendation is for issuance of an unrestricted license, the file is returned to the Reviewer to continue through routine processing.
    - **Probationary license** – If the recommendation is for issuance of a probationary license, the SR2 Analyst prepares a probationary stipulation document. Legal Staff is consulted as needed. The Licensing Chief reviews the document for accuracy. Once the document is ready, the Licensing Chief signed the document and it is mailed to the applicant for consideration of terms.
        - The applicant has 60- days to respond. If no response is received, in most cases the application is deemed withdrawn. The applicant has the opportunity at this point to request an Administrative Law Judge (ALJ) hearing.

[25] Effective January 1, 2009

- Upon an applicant's request for changes to facts or terms, the Licensing Chief and MBC Deputy Director or Executive Director will discuss the request, and if acceptable, a new probationary stipulation document is drafted and the process begins again.
- If the applicant accepts the facts and terms, the probationary stipulation is forwarded to Enforcement where a case in CAS is opened and the Board Members are mailed to probationary stipulation document for a vote.
- If the Board accepts the stipulation, the file is returned to licensing staff to complete the application process. If two (2) Board members vote no, it is brought to the Board for discussion and vote.
- If the Board rejects the stipulation, the SR2 Analyst mails an application denial letter to the applicant. The applicant has the opportunity at this point to request an Administrative Law Judge (ALJ) hearing.
- If the denial is accepted by the applicant, the file is stored in the "Red Drawer" (file room). Enforcement is notified of the status. The applicant is advised he/she can reapply in three (3) years.
- If an ALJ hearing is requested by the applicant, the SR2 Analyst prepares a transmittal and sends to the Supervising DAG. The case is assigned to DAG who will create a Statement of Issues.
- If necessary, DAG and applicant's attorney will discuss a stipulated settlement.
- Enforcement receives the proposed decision and mails to the Board Members for a vote. If the proposed decision recommends an unrestricted license and the Board agrees, the file is returned to the Licensing Staff to complete the file. If the recommendation is for a probationary license and the Board agrees, Enforcement serves decision and order on applicant to the Probation Unit and Licensing. Applicant has an opportunity to petition for reconsideration.

- A hearing is scheduled. The ALJ will issue a proposed decision recommending either (1) unrestricted license, (2) probationary license, (3) Public Letter of Reprimand [26] or (4) denial of application.
- If the proposed decision by the ALJ is for denial and the Board agrees, Enforcement notifies the applicant, at which time he/she may petition for reconsideration.

- **Public Letter of Reprimand** – If the recommendation is for issuance of an license with a Public Letter of Reprimand, the PLR is identified on the Web site for three (3) years after the license is issued. The nature of the PLR is not identified.
- **Denial of application** – if the recommendation is for the denial of the application, then just as with the Board's denial of a probationary stipulation the applicant has the opportunity to accept the decision and re-apply in three (3) years; or request an ALJ hearing.

[26] Effective January 1, 2009

Figure 22 - Senior Review Process Flow (SR) - DRAFT

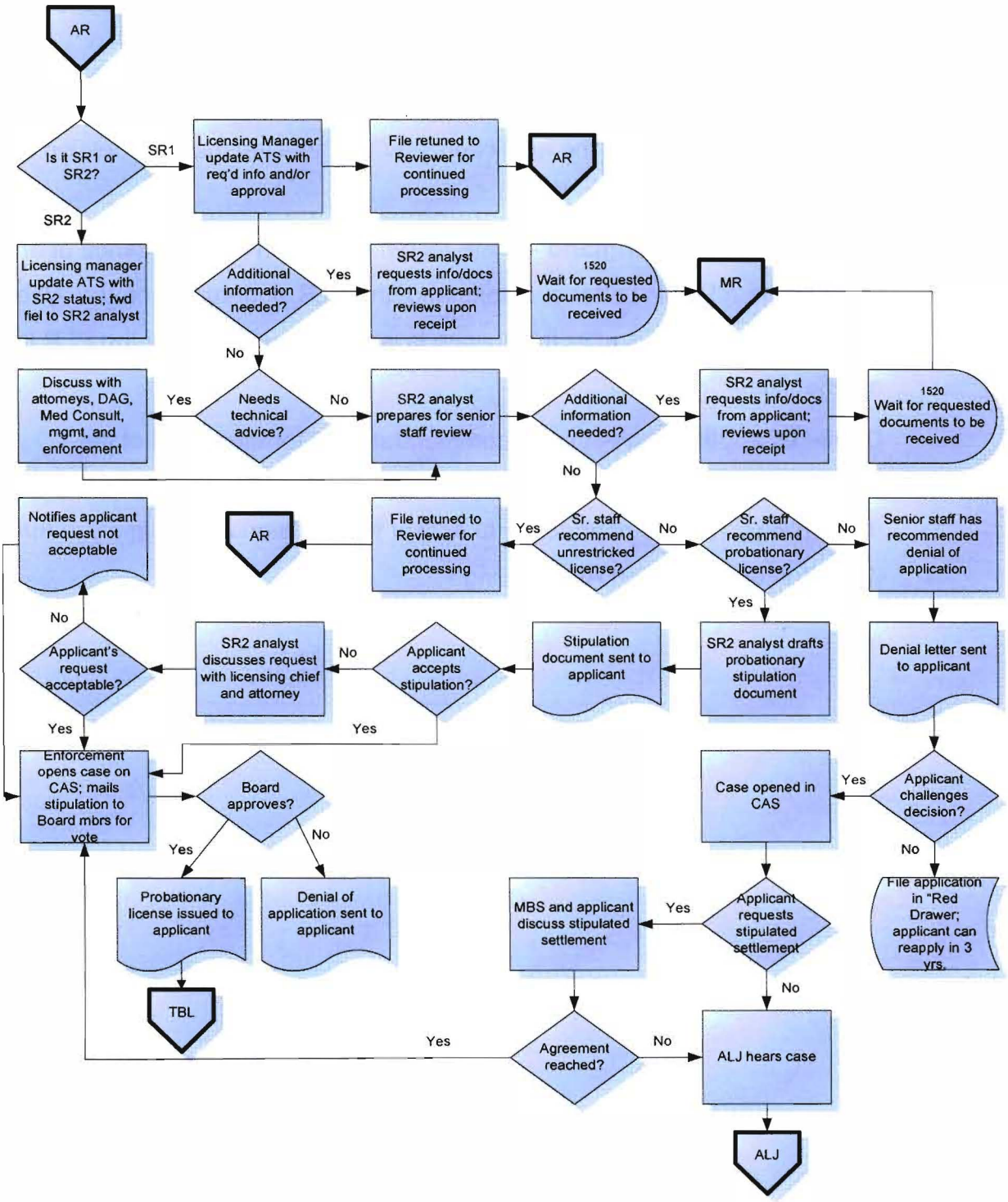
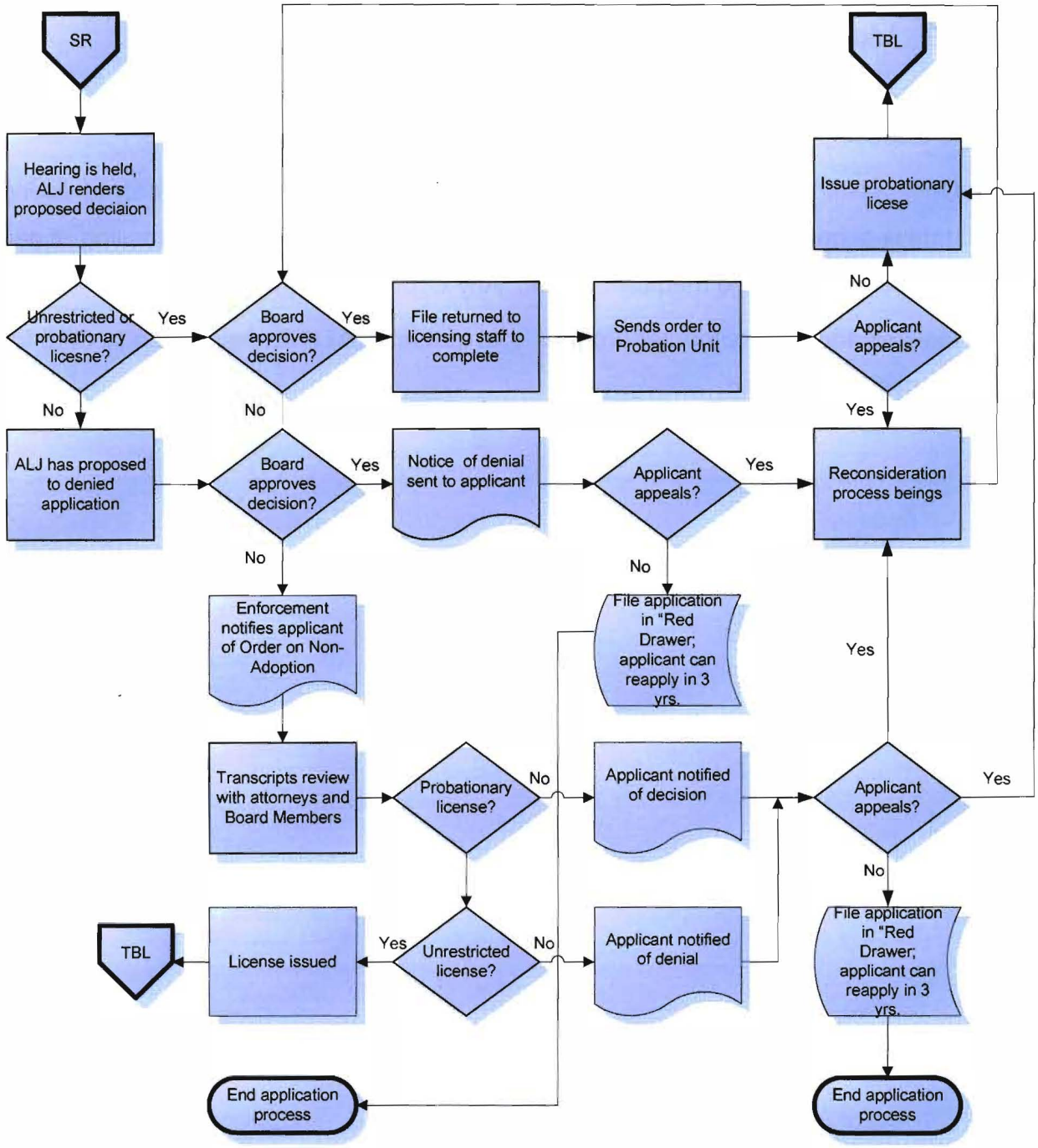


Figure 23 - Licensing Program – Administrative Law Judge Process Flow (ALJ) - DRAFT

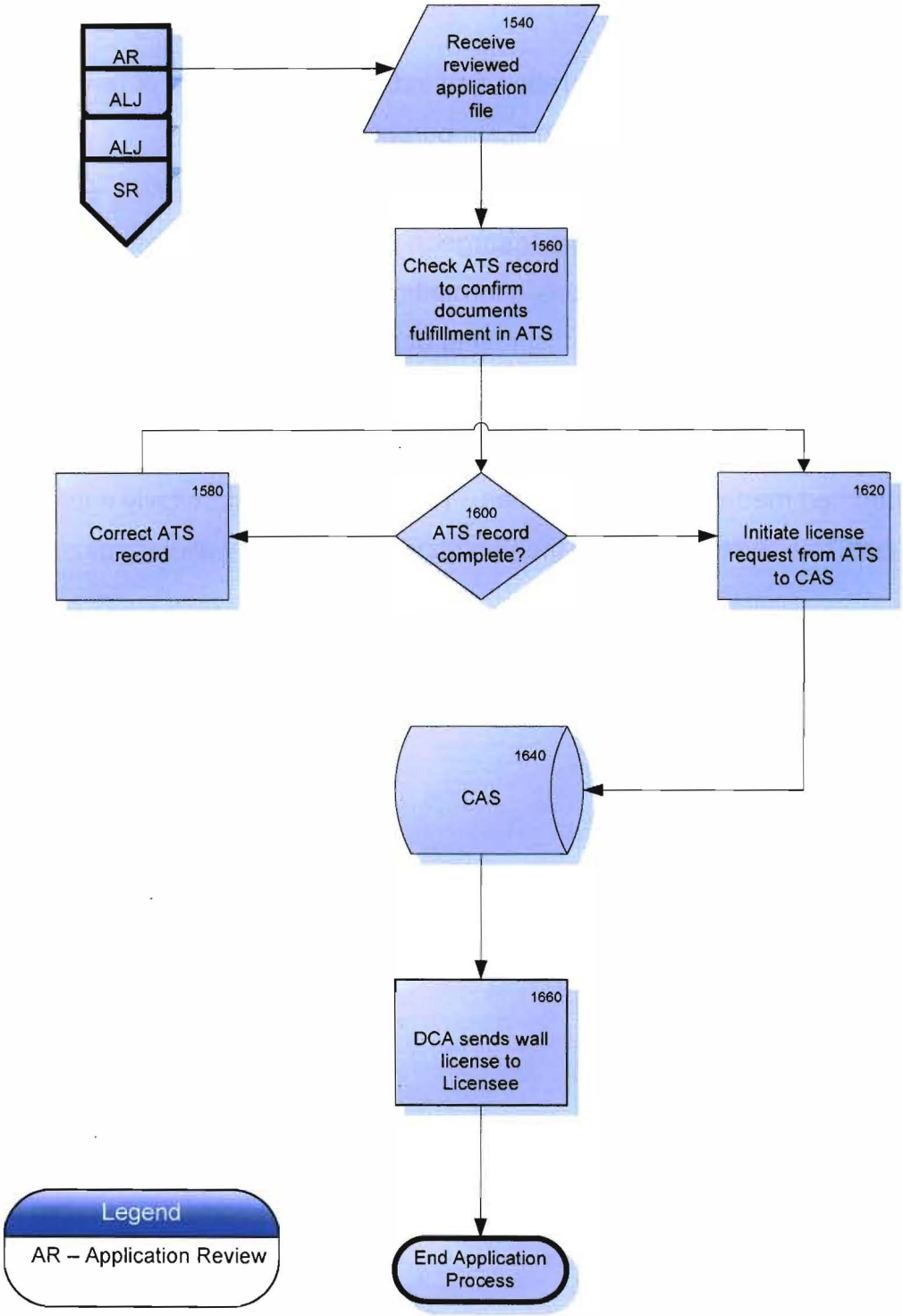


9.1.7 Licensing Business Process

The Licensing Coordinator:

- Conducts final review of the application file with the ATS record to verify all licensing data is accurate prior to submission for a license number. Verifies spelling of name, address, phone, and medical school. Any errors are corrected.
- Initiates and runs computer program that transmits ATS licensing data to CAS for license to be issued.

Figure 24 - Licensing Program – Licensing Process Flow (TBL)

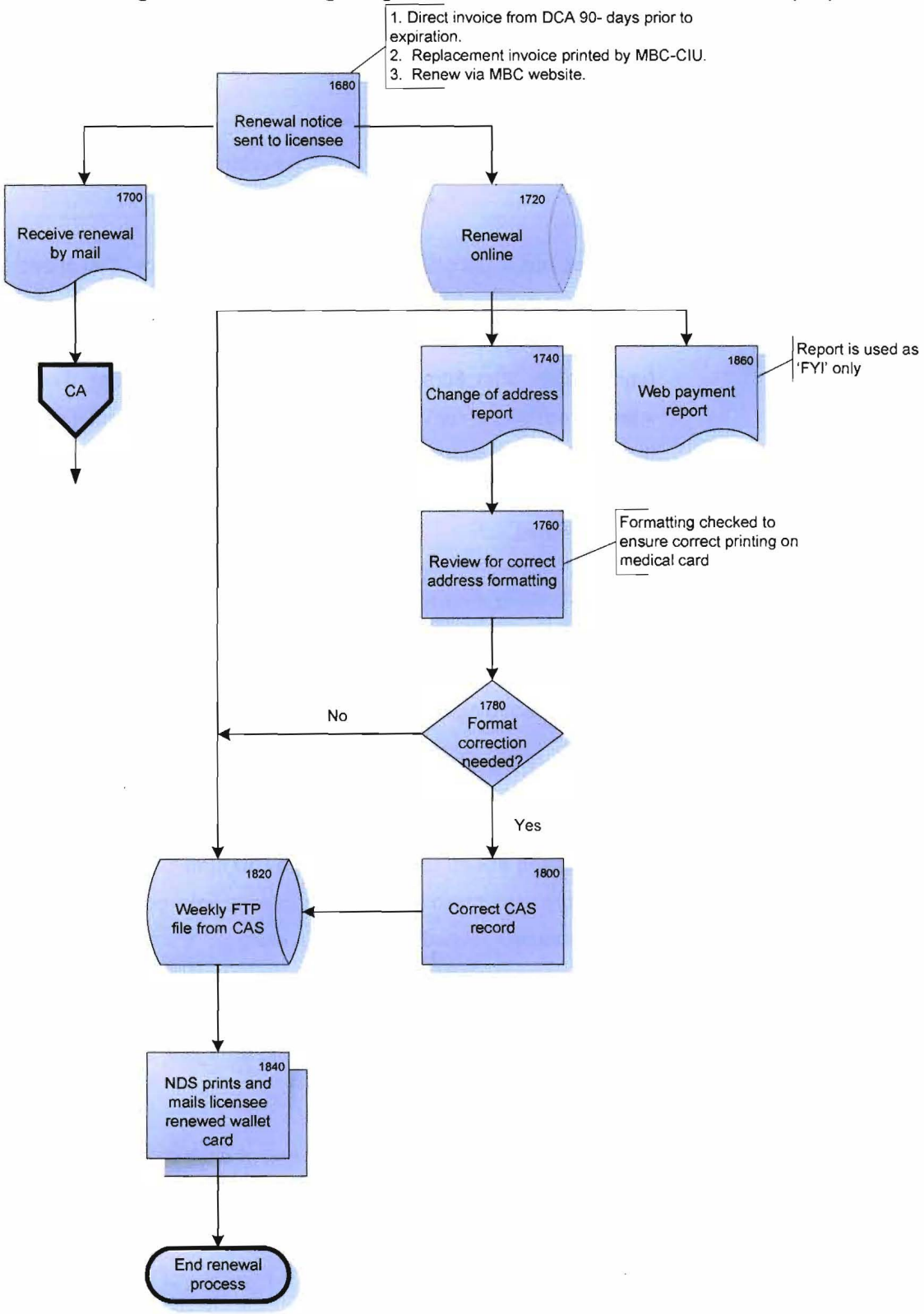


9.1.8 License Renewal Business Process

The Renewal Staff:

- Receive a daily Web Payment report that indicates the number of renewals each day. This report provides no significant purpose for staff.
- Receive a Change of Address report for updates made on the Web during renewal. This report lists all the physician or surgeon names and addresses of which staff visually edits to confirm appropriate formatting of address data. The purpose of this activity is to mitigate potential misprinting of plastic medical cards that are issued upon renewal.
- Initiate a weekly CAS program that generates a report containing all initial, renewal and updated medical card information. The report is electronically submitted to National Data Systems (NDS), the vendor who prints the wallet cards.

Figure 25 - Licensing Program – License Renewal Process Flow (RE)



9.1.9 Consumer Information Unit (CIU) Process

Web Center functionality includes:

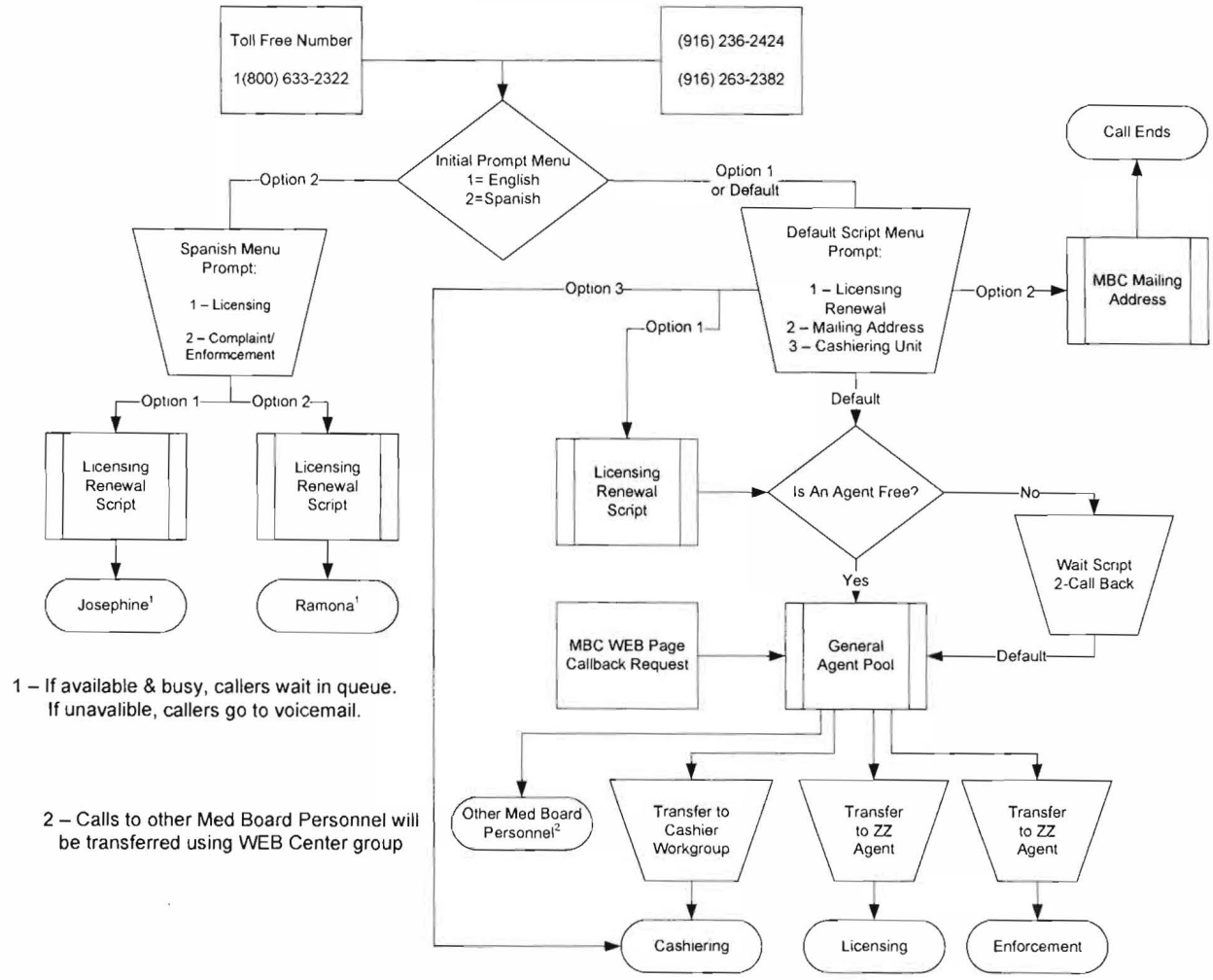
Standard Call Routing	Callers select options through a menu system that routes call to specific agents.
Web Callback	MBC also has a link on its Web site (www.mbc.ca.gov) that allows callers to request a callback. The input fields required for a callback are: name, company, email, phone and an option to schedule the callback (immediately, 30m, 60m, 90m, or a specific date and time). These internet requests enter Web Center like a call, but are sent directly into the Call Center's queue. The program code for the screen layout was provided by Verizon and integrated into the MBC Web site, so it is not easily updated.
Skill-based Routing	This functionality allows employees with special skills to be considered before a standard agent. For example, MBC could implement a tiered system based on the caller's response to the menu system and send them to a specific agent. *The CIU currently uses this functionality for Spanish speaking callers.*
Web Chat	Web Chat is also known as a "live chat". A Web site user could select Web Chat and ask questions directly to CIU staff through the internet. This feature would also allow agents to send links or related information to the customers related to their inquiries. *The CIU does not currently use this functionality.*
Email	When a caller leaves a voice message to an agent, a wav (audio) file is sent to that agent's email address.
Outcomes	Outcome Codes are assigned at the end of each call and specify the subject of the call (applicant question, complaint, fictitious name permit). Reports can be generated based on outcome codes.

Calls that are made to any of the primary public lines enter the Web Center server. Once calls are "inside" the Web Center, they are routed based on preconfigured settings better enable tracking, routing and control over each phone call. The settings are configured by the Web Center Administrator to provide flexibility. Basic settings include:

Menu System	This allows MBC to create custom menus that route calls based on the caller's input
Agents	The CIU staff providing telephone support are called "agents". Each agent has a profile established that includes what workgroups the agent is assigned to, skills set, and controls and restrictions.
Workgroups	All Web Center agents are logically grouped and assigned to a workgroup. These groups dictate what calls will go to which agents. For example, a call center agent is in the Call Center Work Group. Calls coming from the CIU phone lines are configured to route to the Call Center Workgroup and use pre-determined selection criteria to route the call to a specific agent.

The figure below shows the call tree when a caller places a phone call to the CIU.

Figure 26 – Web Center Call Tree



1 – If available & busy, callers wait in queue.
If unavalible, callers go to voicemail.

2 – Calls to other Med Board Personnel will be transferred using WEB Center group

Within the menu system, music is played until an agent for the specific workgroup accepts the call. At 56-second intervals the caller is asked if they wish to input their phone number and receive a callback. If the caller opts to stay on the line, the music will continue playing until an agent accepts the call.

When the agent accepts the call, the caller identifies their specific need and the agent provides the appropriate information or transfers the call to the appropriate entity (such as to a specific Review Staff person). At the end of each call an agent is required to assign an outcome code. Outcomes identify the subject of the call. Reports can be generated based on outcome codes.

Data maintained for calls coming into the Web Center include agent name, length of time, outcome. Statistical reports are produced monthly and include several standard call center metrics such as abandoned call rate, wait times, and answer times.

9.2 FSMB Products and Services – Additional Information

Table 6 - FSMB Products and Services

FSMB Product or Service	Description and Additional Information
eTranscripts	**Description**: Provides an electronic version of the USMLE test score transcript through a secured portal. In addition, if any board action has been reported to FSMB, this information will be included in the eTranscript. This service is available at no charge to Medical Boards. An email notification is sent that the eTranscript is available. eTranscript can be used regardless of a physician's participation in FCVS. If a physician is using the FCVS service, the transcript will be included in the FCVS packet. State Medical Boards are not charged for this service. Fees for a physician to request a transcript be provided to a state Medical Board or other entity are $50. This fee allows for two transcripts to be provided. *The Licensing Program currently uses the eTranscript service. It is a responsibility of an individual in the Administrative Support Staff.* **Observations**: The eTranscript option provides a paperless method for MBC to obtain this information needed to fulfill examination requirements. The process to obtain this information has been established and Administrative Support Staff perform this function, but the BPR Study Team could not find any documented MBC-specific policy and procedures explaining this process. This process in its current state does not have any issues.
FCVS	**Description**: The Federation Credentials Verification Service (FCVS) was developed in 1996 to provide a centralized process and repository for state Medical Boards to obtain physician's medical credentials. The goal of FCVS is to reduce the overall time required to obtain a license. FCVS obtains primary source verification of medical education, postgraduate training, examination history, board action history, board certification and identity and creates a Physician Information Profile (packet) that can be sent to state Medical Boards.

FSMB Product or Service	Description and Additional Information
	The physician incurs all costs associated with the creation of the FCVS profile (packet) and directs where the FCVS packet should be sent. Base Cost is $295, with $50 examination transcript fees, and all shipping costs. IMGs incur additional fees associated with document translation. After an initial FCVS profile has been created there is a $90 charge for updates. A US/CAN FCVS profile takes, on the average, 80 days to create, updates take an average of 30 days. FCVS profile creation for IMGs averages 110 days for creation and 30 days for updates. The creation includes the obtaining several documents from multiple primary sources. Updates are required for any subsequent training. For example, if an FCVS packet is started when a physician is in PGT, updates would be required when PGT training is completed and any other training. Based on a conversation between the BPR Study Team and an FSMB representative, enhancements to FCVS are scheduled for implementation by the end of 2010. *The Licensing Program currently accepts FCVS as long as the documentation meets State of California Requirements.* **Observations**: Only selected documents in the FCVS packet are used in the Licensing Process at MBC and include: the ECFMG Certification, Postgraduate Training verification, the Medical School documents and USMLE scores. They may be used in the application processing as long as they meet statutory and regulatory requirements. The documents that are not used are retained until the application is submitted for licensing and then the unused documents are shredded. It is estimated that in a 40 page FCVS packet, up to 12 pages can be used. MBC allows applicants to use FCVS to submit credentials. FCVS packets are accepted, but not mandated by regulations. It is estimated that about 5% of applicants use FCVS (300 based on 6000 applications a year). Documents contained within the FCVS packet and used as part of the license application must meet current California law related to Licensing requirements. If the contents of the FCVS packet do not meet current California law, a deficiency notice is sent to the applicant and the document must be obtained from the primary source. The receipt of an FCVS packet is identified in ATS in the Notes section. An issue identified in the BPR Study was that FCVS documents sometimes do not

FSMB Product or Service	Description and Additional Information
	meet current California law and may result in a deficiency notice sent to the applicant. Examples include a required document contained a signature that appeared to be computer-generated. In that case, a deficiency notice would be sent to the applicant and the required document would need to be resent to MBC, delaying application processing. Another example is a packet where the Medical School documents were not "seal verified"; this resulted in a deficiency notice and delay. In theory, receiving all credential documents in a packet at the same time should save time. It saves mailroom time, as only one piece of mail is handled. It saves the applicant time as there is one central place that houses their credentials. Based on information gathered during this study, a general statement cannot be made that use of FCVS always facilitates the licensing of an applicant in California. Factors include whether the FCVS packet is in the application file at the time of initial review, if all required documents in the FCVS packet are accepted and if no other deficiencies exist in the application.
iPickup	**Description:** iPickup makes electronic copies of FCVS packets available to state Medical Boards through a secured portal. An email notification is sent that an FCVS packet is available. There are no fees to state Medical Boards or the applicant. This would replace the hardcopy FCVS packets that a state Medical Board currently receives. *The MBC Licensing Program does not currently use iPickup.* **Observations**: The iPickup option provides a paperless method for MBC to obtain FCVS packets. Of a 40-page FCVS packet, it has been estimated that up to 12 pages can be used in application processing. If iPickup is used, only necessary documents would need to be printed; the entire packet could be stored electronically at MBC. Benefits for MBC would be decreased mail at the mailroom, smaller application file size (taking up less file drawer space). Costs would be the time needed to set up process, obtain electronic copies and printing.
GME Connect	**Description:** An FCVS enhancement that allows PGT Programs to enter GME credentialing verifications online through a secured portal. This information is provided to state Medical Boards in the FCVS packet. Forms can also be printed for wet

FSMB Product or Service	Description and Additional Information
	signature. Information includes – Training level, specialty/subspecialty, attendance, completion information and unusual circumstance information (probation, disciplinary actions, behavioral issues). There is no charge to the GME for its use or the state Medical Board. *GME Connect is intended to be used by GME Programs as part of the FCVS Credentialing services. MBC could receive information generated from GME Connect as part of an FCVS packet.* **Observations**: This process is between GME Programs and FCVS. Further assessment would need to verify all information captured in GME Connect is contained on Forms L3A/B (Certificate of Completion of ACGME/RCPSC Postgraduate Training). If all information is in GME Connect, MBC should consider allowing the Postgraduate Training Program to submit a hardcopy form of the GME Connect data with a wet signature from the Program Director and Hospital seal or Notary.
Uniform Application & State-specific Addendum	**Description:** The Uniform Application (UA) is an online form used for Physician Licensing developed by FSMB. The form includes data that is common across multiple states such as demographic information, education and examination history. In addition to the Uniform Application, the State-specific Addendum is used as a supplement to the Uniform Application and contains state-specific questions not on the Uniform Application. The state Medical Board can retrieve the self-reported data through an online secured application or a .pdf option is available. The Uniform Application and the State-specific Addendum are accessed through the FSMB Web site (www.fsmb.org). These products can be part of an FCVS packet or completed separately. If an applicant is using FCVS, 70% of the data is pre-populated from FCVS[27]. Currently there is no cost to the state to develop a State-specific Addendum or use the Uniform Application. In the future, there may be a fee assessed for physicians using these forms. To implement this service, it is estimated to take about four months to complete assessment, develop a State-specific Addendum, test and implement. This timeframe does not include any changes to MBC processes, updates to communication-related components (Web site, policies and procedures,

[27] FSMB presentation: License Portability – Setting the Stage, slide 21: http://www.docboard.org/aim/pdf/es09-fsmb.pdf

FSMB Product or Service	Description and Additional Information
	correspondence), or any technical changes required at MBC. From the documentation available to the BPR Study Team, 20 states are participating in either a paper version of the UA or an electronic version – mainly smaller states, with 15,000 or less licensed physicians. *The Licensing Program does not currently use the Uniform Application or the State-specific Addendum.* **Observations**: Standardized forms are used in other industries with success such as health care claims processing. Although there is currently no direct cost to the state Medical Boards there will be an indirect cost to state Medical Boards in resource time to work with FSMB to develop, implement and maintain the State-specific Addendum and the policies and procedures to go with the new forms and process. Additionally, it is not known if fees will be charged to the physician and how much they would be assessed. The California Department of Consumer Affairs (DCA) is developing an agency-wide online application system that will meet the application processing needs for MBC.
Expedited Licensure	**Description:** Expedited Licensure is a concept that supports license portability, a system of medical licensure that recognizes individual state and territorial jurisdiction while facilitating a process for obtaining and maintaining licenses in multiple states and territories.[28] License portability is considered necessary to address the mobility among physicians, growth of telemedicine and access to care issues. This concept would streamline the process for physicians licensed and in good standing in other states. It would recognize certain requirements as met because another Medical Board has already verified the fulfillment of those requirements. Each state would need to develop its own Expedited Licensure requirements. *MBC has not adopted any Expedited Licensing methodologies.* **Observations**: The term "expedited licensure" is not used at MBC. Business and Professions Codes § 2135 and 2135.5 provides Reciprocity under specific criteria for applicants having held a full and unrestricted license in another state for four or more years. Any other changes to current statutes and regulations could take years from

[28] FSMB presentation: License Portability – Setting the Stage: http://www.docboard.org/aim/pdf/es09-fsmb.pdf

FSMB Product or Service	Description and Additional Information
	concept to implementation.

9.3 Recommendations – Additional Information

Each recommendation identified in this section includes the following information to facilitate evaluation by MBC Licensing Program staff:

- **Cost** - Cost is defined in terms of time, resources, and money, level of effort and magnitude of change.
- **Benefit** – What this recommendation will provide relative to MBC goals.
- **Metrics** – This information will identify metrics that can be used to measure the effectiveness of a recommendation once implemented. Metrics fall into two categories:
    - *Quantitative metrics* describe data in terms of a numerical representation. For example, there were 200 new applications that had an initial review completed in the month of November.
    - *Qualitative metrics* are measures that describe data in subjective terms including quality, relative characteristics, and properties. For example, a recommendation may result in the increased feeling of teamwork across the MBC Licensing Program Staff.

  Quantitative metrics are more precise and often considered more valuable than qualitative metrics. However, there are situations where only qualitative metrics can be derived. In certain cases, it is possible to estimate quantitative metrics from qualitative metrics.

- **Additional Information** – This provides supplemental information related to the recommendation such as additional considerations.

9.3.1 Infrastructure

The section includes recommendations related to:

- Forms
- Policies and Procedures
- Internal Reports and Communications
- GME Outreach
- Outgoing Communication (and Correspondence)
- Consumer Information Unit (CIU)
- Statutes and Regulations

And includes the following recommendations:

Component	Id	Recommendation	Previously Identified by MBC Licensing Program
Infrastructure	IF-1	Continue to advance Policy and Procedure Manuals	✓
	IF-2	Increase Uninterrupted Time Available for Review Tasks	
	IF-3	Strengthen Program-wide Quality Assurance (QA) Processes	✓
	IF-4	Create Process to Capture and Assess Staff Suggestions	✓
	IF-5	Implement a Continuous Process Improvement (CPI) Program	✓
	IF-6	Revise Application and Instructions	✓
	IF-7	Implement Application Set-up Worksheet	
	IF-8	Integrate Checklist into Application	✓
	IF-9	Revise Fee Schedule and Licensing Invoice Letter	
	IF-10	Implement PTAL/License Application Update Form	
	IF-11	Continue use, advancement and monitoring of FSMB Products and Services	✓

Component	Id	Recommendation	Previously Identified by MBC Licensing Program
	IF-12	Resolve PTAL Issues and Implement Changes	
	IF-13	Update MBC Web Site Content for Applicant Tab	✓
	IF-14	Implement CIU Enhancements	✓
	IF-15	Assess Use of AMA's Physician Professional Data (PPD)	
	IF-16	Evaluate Viability of the Postgraduate (PG) Training Permit Concept	✓

IF-1 - Continue to Advance Policy and Procedure Manuals

Recommendations related to policies and procedures manuals include:

- Complete Application Policies & Procedures Manual and Create Update Process
- Enhance the Current Format of the Application Policies & Procedures Manual
- Develop Licensing Renewal Policies & Procedures Manual

Each of these items is discussed separately below. It is also recommended that a dedicated full-time employee be assigned to Policies and Procedure Manual and Decision Log maintenance. Having a dedicated resource will ensure the manual is kept current and activities identified in this recommendation are completed. If a resource is not dedicated to these tasks, it is likely that completion will be delayed due to conflicting priorities.

Complete Application Policies & Procedures Manual and Create Update Process

The primary sections of the Policies & Procedures Manual used in application processing, Sections 2 through 9, appear to have been finalized, but the entire the Policies & Procedures Manual has not been completed. The copy of the Policies & Procedure Manual provided to the BPR Study Team had section placeholders or sections that are not yet completed. Other sections have either not been finalized or not been started due to competing priorities of the current Licensing Program staff responsible for this manual.

In addition, this recommendation includes creation of an iterative process to regularly update the Policies and Procedures Manual and integrate items from the Decision Log. The process will ensure manual integrity and application review consistency.

Cost	• Time to review and update • Time to rollout to staff; may require training for MBC Licensing Program staff

	• Time for cyclical review and update • Dedicated resource to maintain Policies & Procedures Manual and Decision Log
Benefit	• Easier to read and locate information; fewer information "gaps" • Anticipated decrease in application processing errors • Anticipated increase in application processing quality
Metrics	• Qualitative metrics could be obtained through Review Staff and Administrative Support Staff feedback – does the new manual contain what you need to know to do your job? • Quantitative data on Application processing errors is currently collected through existing QA processes. Comparison of data collected prior to the implementation of this recommendation and after the implementation could be used to show a decrease in application processing errors.
Additional Information	• Consideration should be given to have a dedicated resource responsible for the alignment of all communication-related components (Such as Web site, Policies & Procedures (and Decision Log), and outgoing communication) • Policies and Procedures review comments will be provided to MBC under separate cover with Application revision recommendations.

Enhance the Current Format of the Application Policies & Procedures Manual

Enhancing the format of the current Policies and Procedures Manual support the principles of clear, concise and consistent information. In addition, format revisions should be designed to be easy to accomplish and facilitate future manual updates.

Recommended changes include:

- Use of heading and subheading styles within the document
- Different Table of Contents format
- Version Control (including footers and a revision log)
- Enhancing the manual layout using available MS-Word formatting options to increase readability
- Resolution of any missing information or inconsistencies

A sample of the proposed revisions to the Policies and Procedures manual is in Section 9.4.6, on page 248.

Cost	• Time to review and revise format and create iterative process • Time to rollout to staff; may require training for MBC Licensing Program staff • Time for cyclical review and update • Dedicated resource to maintain Policies & Procedures Manual and Decision Log
Benefit	• Easier to read and locate information; fewer information "gaps" • Anticipated decrease in application processing errors • Anticipated increase in application processing quality • Higher rate of autonomy for newer staff; less questions and interruptions to experienced staff • Quicker integration of updates to manual
Metrics	• Qualitative metrics could be obtained through Review Staff and Administrative Support Staff feedback – does the manual (with the Decision Log) contain all the information you need to do your job? • Quantitative data on Application processing errors is currently collected through existing QA processes. Comparison of data collected prior to the implementation of this recommendation and after the implementation could be used to show a decrease in application processing errors.
Additional Information	• Consideration should be given to have a dedicated resource responsible for the alignment of all communication-related components (Such as Web site, Policies & Procedures (and Decision Log), and outgoing communication)

Develop Licensing Renewal Policies & Procedures Manual

It is recommended that policies and procedures be created for the License Renewal process. As discussed in the observations, documented policies and procedures do not exist for the License Renewal processes. It is currently not an issue because of the minimal turnover in the Licensing Renewal staff.

Cost	• Time and resources to develop policies and procedures and an update process

	• Time and resources to maintain policies and procedures
Benefit	• Processing standards are identified • Easier to train new staff with policies and procedures
Metrics	• Quantitative metrics: None • Qualitative metrics: Improved consistency in processing
Additional Information	• Consideration should be given to have a dedicated resource responsible for the alignment of all communication-related components (Such as Web site, Policies & Procedures (and Decision Log), and outgoing communication)

IF-2 – Increase Uninterrupted Time Available For Review Tasks

This recommendation was developed during the time the Licensing program was focused on elimination of the backlog and assessing options that would allow Review Staff to focus on application review. This recommendation should be considered when there is substantial application workload.

OPTION 1 – Reclassifying existing CIU staff and/or augmenting CIU staff with properly trained resources would most likely free up Review Staff time spent on phone calls and emails. Possible changes to the Call Center intake process could limit the types of calls the newer staff would be answering. Reviewer's voicemail greetings could be updated with a message or incoming calls to Review Staff could be rerouted to the CIU for faster service.

Cost	• Reclassifying existing CIU staff • Acquiring and Training new CIU staff • Allocating space and equipment needed for new staff
Benefit	• Increased uninterrupted time for reviewers to complete initial reviews
Metrics	• Increase in initial reviews completed
Additional Information	• Proposal previously submitted to increase CIU by four (4) new staff, but was not approved.

OPTION 2: Temporarily relieve Review Staff from returning emails and phone calls within established timeframe when workload is high – Reviewers indicated they received an email memo indicating an expectation that emails and phone calls would be returned by the end of the following business day. If the timeframe of the current guideline is increased to provide some relief, Web site should be updated to communicate:

- MBC's commitment to completing initial reviews on all applications within regulatory timelines.

- The current receipt date of applications being reviewed (this will require weekly updates to the Web site)

Reviewer's voicemail greetings should also be updated and consistent with the information on the Web site. Once workload has decreased, the response time guideline for emails and phone calls can be resumed.

Cost	• Increased time for email follow-ups and callbacks • Possible escalation of calls to Executive Staff
Benefit	• Increased time for reviewers to complete initial reviews and process applications.
Metrics	• Increase in initial reviews completed
Additional Information	• NONE

IF-3 – Strengthen Program-Wide Quality Assurance (QA) Processes

As discussed in Section 6 - Recommendations, it is strongly recommended that quality assurance measures are continued and new measures are incorporated into the processes where appropriate. Often when the objectives are tied to measurement of output (such as increasing the number of initial reviews completed), quality can be comprised. It is necessary that both efficiency and quality be balanced in each and every action supporting MBC's mission of protecting health care consumers through the proper licensing of physician and surgeons.

Current quality assurance activities performed in the licensing and PTAL processes should be documented and further refined to maximize effectiveness and increase quality and consistency of application processing. Recommendations IF-7, Implement Application Set-up Worksheet, and IF-8, Integrate Checklist into Application, have incorporated additional quality assurance measures and allow quality assurance to be implemented earlier in the process.

Cost	• Time and resources to develop and maintain QA processes • Staff Training • Updating processes and procedures
Benefit	• Standardized processes • Reduced errors • Increased efficiency • Increased metric reliability • Increased staff morale
Metrics	• Quantitative: Reduction in errors, Increase in customer satisfaction • Qualitative: Improved work environment
Additional Information	• NONE

IF-4 - Create Process to Capture and Assess Staff Suggestions

Several process and procedural suggestions were identified in the training sessions for new Licensing Program Staff in October 2009. Existing staff frequently identified process and procedural issues and improvements during the BPR Study interviews. Currently, there is no established method or repository to capture staff suggestions for assessment and implementation. It is recommended that a repository be established to capture and a process developed to assess staff ideas and suggestions for possible implementation.

Cost	• Time and resources to establish process and repository • Time and effort to rollout the process • Time and resources to maintain the repository, assess and implement the recommendations
Benefit	• Suggestions from staff working in the environment are often viable and practical as they are based on knowledge and practical experience • Increased collaboration among the Licensing Program Staff • Increased morale among the Licensing Program Staff
Metrics	• Quantitative metrics: Qualitative metrics could be captured on number of suggestions provided and outcome of suggestions • Qualitative metrics: increased morale, feeling of teamwork
Additional Information	• None

IF-5 – Implement a Continuous Process Improvement (CPI) Program

The BPR Study Team recommends MBC consider the implementation of a Continuous Process Improvement (CPI) program in its long-range planning. The goal of a CPI program is to standardize and streamline processes, eliminate waste, and reduce errors. The benefits of a CPI program include error reduction, increase in efficiency and improved staff morale. Implementing a CPI Program requires executive sponsorship and must be led and championed by an organizational leader with access to knowledge in the selected methodology. There are many CPI methodologies; the most popular include Six Sigma, Lean Thinking, and Theory of Constraints. The table below shows a brief comparison of these CPI methodologies[29].

Table 7 - Comparison of Continuous Process Improvement (CPI) Methodologies

Program	Six Sigma	Lean Thinking	Theory of Constraints
Theory	Reduce variation	Remove Waste	Manage Constraints
Focus	Problem focused	Flow focused	System constraints
Primary Effect	Uniform process output	Reduced flow time	Fast throughput

Additional assessment is required by MBC to determine the CPI methodology that best fits the organization. Work products created for this BPR study, including the Business Process Flows, roles and responsibilities, and observations can be leveraged in the implementation of any CPI methodology.

Cost	• Time and resources to select a CPI methodology • Time and resources to implement the CPI program • Time and resources to maintain the CPI program • Staff Training • Updating processes and procedures
Benefit	• Standardized processes • Reduced errors • Increased efficiency • Increased metric reliability

[29] "Process Improvement – How to Compare Six Sigma, Lean and the Theory of Constraints", Quality Progress – March 2002.

	• Staff empowerment
Metrics	• Varies based on methodology selected
Additional Information	• NONE

IF-6 - Revise Application and Instructions

The BPR Study Team supports MBC's plan to revise the application and instructions. Based on the BPR Study Team's review of the application and application instructions, revising the application and instructions would most likely result in less errors in applications submitted and fewer applicants calling the CIU and Review Staff.

Examples of recommended revisions include:

- Clarify notary area with signature and jurat – notaries are signing on the wrong line
- Reduce 11 pages of instructions
- Group similar questions together on the L1A – L1E
- Add extra line to exam section

Cost	• New/revised forms must go through Forms Management Process • Staff and time to review and update application, instructions and manuals • Possible updates to internal and internal communication • Training for MBC Licensing Program staff • Time and resources for cyclical review and update
Benefit	• Decrease phone calls to CIU or Review Staff as goal is to make instructions more clear and concise • Decrease number of errors found in Application Review • Increased quality of the application packets submitted to MBC
Metrics	• Quantitative metrics may be obtained through ATS to verify decrease in the application errors. This data could be derived from total number of deficiency letters and total number of errors within a deficiency letter. These metrics could be obtained at established intervals (6 months post-implementation and one-year post implementation). • Quantitative metrics from CIU showing possible decrease in CIU calls related to application instruction questions • Qualitative metrics could be obtained through Review Staff Interviews – are the applications received of higher quality? Are there fewer errors?

Additional Information	• Application revision recommendations will be provided to MBC under separate cover with Policies and Procedures review comments.

IF-7 - Implement Application Set-up Worksheet

The Application Set-up Worksheet would replace the current Application Worksheet (a.k.a. the "Pink Form") used by Administrative Support Staff and include tasks defined in Chapter 2 of the Policies and Procedures Manual related to application set-up. The checklist will consolidate and clarify Administrative Support Staff responsibilities related to setting up new application file folders and the subsequent preliminary review. Additional columns identifying task completion date, Administrative Support Staff initials and Quality Assurance (QA) information would assist in workload assessment and performance measurements.

Cost	• Replacement of existing form • New/revised forms must go through Forms Management Process • Training and possible updates to Policies & Procedure Manual • New process can result in uneasiness by staff accustomed to current "Pink" form • Time and resources to complete cyclical review and update of form
Benefit	• Increased ability to measure Administrative Support Staff task completion and accuracy • Better accountability of staff performing the work identified in the new worksheet
Metric	• Dates could be extracted from set-up sheet to determine duration applications are in application set-up and preliminary review. • Qualitative metrics could include staff feedback on usefulness and completeness of form and management feedback if form is helpful for assessing performance, quality and workload.
Additional Information	• The original and proposed *Application Set-up Worksheet* is included in Section 9.4.4.

IF-8 - Integrate Checklist into Application

Checklists are used to verify all required documents and forms are included prior to submission. Use of the Licensing and PTAL Application checklist could provide higher quality applications and fewer deficiencies out of the initial review process.

The Application checklist would be posted to the Web site in the application or the instructions for applicants to use as self-check before mailing application packet to MBC. The checklist and instructions would request the applicant return the completed checklist with the application. This would allow MBC Administrative Support Staff to crosscheck contents of application packet with a completed checklist.

The Application Checklist would also have additional information from the applicant not previously available to MBC (such as date applicant requested forms to be sent from primary source). The checklist would also reinforce that it is the applicant's responsibility to request or send forms to external entities.

If the applicant does not include the checklist in the application package or the checklist is incomplete, it would not constitute a deficiency. For those situations, Administrative Support Staff could complete an application checklist as part of the application set-up and preliminary review.

Cost	• New/revised forms must go through Forms Management Process • Checklist will need to be posted to Web site and included in the application packet • Training for CIU and Review Staff in the event questions arise regarding this Checklist • Possible short-term increase in CIU calls with questions on Application Checklist. A new outcome code should be used to track calls related to the new checklist. This would require documentation updates • Training for Administrative Support Staff to process (but using the form supports tasks related to the preliminary review). • Rollout to Review staff (it is not anticipated that Review staff will have any added responsibility related to this Checklist. It can provide additional information to the Reviewer). • Time for cyclical review and update of the Checklist • Additional document in application folder
Benefit	• Allows applicant to perform self-check before submitting the application packet to MBC resulting in the increased quality of the application packets submitted to MBC • Allows MBC to obtain some additional information (such as date applicant requested forms to be sent from primary source) • May decrease phone calls to CIU as checklist answers some applicant questions • May decrease number of errors found in application review • Format allows cross-check by Administrative Support Staff • Additional information is provided to MBC
Metrics	• Monitor CIU phone calls through an outcome code specific to Checklist questions. Take action based on outcome code • Quantitative metrics could be obtained through ATS to identify if there is a decrease in deficiency notices generated • Qualitative metrics could be obtained through Administrative Support Staff and Review Staff Interviews – are the applications received of higher quality? Are there fewer errors?
Additional Information	• The proposed *Application Checklist* is included in Section 9.4.3. • If the applicant does not include the checklist in the application package, it would <u>not</u> constitute a deficiency

IF-9 - Revise Fee Schedule and Licensing Invoice Letter

Interviews with Cashiering staff identified issues receiving the correct fees from applicants. These issues result in additional work for the Cashiering Staff and the Review Staff and possible delays in licensure. The BPR Study Team reviewed the following fee-related documents:

- The fee schedule included in the PTAL and license application
- The license invoice letter sent to the applicant near the time of licensing if license fees have not yet been received.

The review determined both of these documents require revisions to clarify the information and simplify the format on the documents. Samples of the original and revised fee schedule and licensing invoice letters are included in Section 9.4.2 (Fee Schedule) and 9.4.5 (Licensing Invoice). It is anticipated that the recommended revisions will resolve the identified issues.

Cost	• New/revised forms must go through Forms Management Process • Web site will require update with new fee schedule form • Rollout and training for Cashiering and Licensing Program • Any documentation (Policies and Procedures manual) identifying forms and letters will require updates
Benefit	• Clear and concise information to applicant anticipated to result in less fee-related errors • Decrease in CIU and Cashiering calls related to application questions
Metrics	• Quantitative metrics: Decrease in applicant questions related to fees. Fewer issues found by Cashiering. • Qualitative metrics: None
Additional Information	•

IF-10 - Implement PTAL/License Application Update Form

Under current policy, if an applicant would like to update any information submitted on the L1A-L1E, a new L1A-L1E must be completed. Interviews with Review Staff indicated the updated L1A – L1E often has errors unrelated to the updated information such as blank fields or conflicting information when compared with the previously submitted L1A-L1E. These errors result in the generation of additional deficiency letters, applicant resolution and added time for the applicant to obtain a licensure decision. The revised L1A – L1E requires additional time for Licensing Program staff to compare the original and submitted forms and review the content.

In the past, the L8 form was used by the applicant to provide updated application information. It is recommended that the Licensing Program create a special project to create and implement an update form to replace the use of the L1A – L1E for updates. The L8 can be leverage in the development of the new form.

Cost	• New/revised forms must go through Forms Management Process • Time and resources for MBC to develop new form • Time and resources for any documentation and Web site updates • Time and resources for training Licensing Program staff on new form • Possible short-term increase in CIU calls with questions on new form. A new outcome code should be used to track calls related to the new form.
Benefit	• Decrease in time to review application update • Decrease in errors or conflicts in update form result in fewer deficiency notices and reduced delays in licensure decision
Metrics	• Quantitative metrics: Fewer errors on application updates and decreased time to review updates • Qualitative metrics: None
Additional Information	• There are currently no metrics on what percentage of applications receive an update.

IF-11 – Continue Use, Advancement and Monitoring of FSMB Products and Services

Five (5) FSMB products and services were identified in Section 5.1. The following recommendation addresses the FSMB products and services.

- **eTranscripts** – This service is currently being used by MBC Licensing Program. The BPR Study Team did not have any further recommendations.
- **Federation Credential Verification Service (FCVS)** – The Licensing Program currently accepts FCVS documentation as long as the documentation meets State of California requirements. The BPR Study did not have any further recommendations.
- **iPickup** – The service is currently *not* used by MBC Licensing Program, but MBC is planning on continuing previous efforts to implement iPickup. The BPR Study Team supports MBC's plan to implement. A process will need to be established and documented in the Policies & Procedures manual once it is implemented.
- **GME Connect** – MBC should consider acceptance of a hard copy containing this information with a wet signature in lieu of an L3A/B (Certificate of Completion of ACGME/RCPSC Postgraduate Training). A crosswalk between the two forms identifying any gaps would assist MBC in determining its potential use.
- **Uniform Application and the State-specific Addendum** – Implementation of this will require significant MBC effort. The California Department of Consumer Affairs (DCA) is developing an Agency-wide online application system that will meet the application processing needs for MBC and significant MBC resources will be required to support that effort. In addition, based on the available information related to the Uniform Application and State-specific addendum, it is not known if in the future fees will be assessed for use (See Section 9.2, FSMB Products and Services – Additional Information page 152). The BPR Study Team recommends MBC does not allocate resources to assess or advance the use of Uniform Application and

State-specific Addendum at MBC at this time, but monitor FSMB developments on this product.

IF-12 – Resolve PTAL Issues and Implement Changes

A special project should be initiated to address and resolve the PTAL-related observations discussed in Section 3.8.4 - Observations – Application Review, page 60:

1. **Clarification if statute and/or regulation requires PTAL renewal while applicant is enrolled in a residency program** - Postgraduate Training Registration Form (Form 07M-175A) could be "linked" to a PTAL to extend the expiration of the PTAL as long as the resident continued in the same residency program.
2. **No limit to the number of PTAL renewals that can be issued** – Further research should be done to determine the average number of PTALs issued. This information may be used to determine if PTAL expiration should be extended beyond one year.
3. **No fees are assessed for a PTAL renewal** - Further research should determine PTAL renewal trends. A nominal fee should be considered if PTAL is valid for only one year because of the processing related to the application update.
4. **Files must be retained for several years, and are counted in a Review Staff inventory and overall workload** – A process should be created and a location identified away from the Review Staff to store all files once a PTAL has been issued. If a renewal is requested or a license application is received, Administrative Support Staff can retrieve the application file and provide it to the Review Staff. Once the application file is removed from an individual Review Staff file drawer, it should no longer be counted in the "Application Reviewed Awaiting Documents" category. A separate category of "Active PTALs" should be created. The "Active PTALs" could be managed as a separate special project by a single resource instead of by individual IMG Review Staff.

5. **PTALs require additional data in ATS to be effectively tracked** – The additional data may require a change to the data structure in ATS. Another option the BPR Study Team briefly discussed with ISB was the possibility of creating an additional Qualification Method 2102PTLL to identify License applications that had a PTAL issued. If this option is viable, the data for this applicant would be retained across two ATS records, linked by the ATS id of the PTAL.
6. **PTALs require additional and extended tracking** – There can be two distinct events for an IMG that participates in Postgraduate training in California: (1) An applicant submits an application and receives a PTAL and (2) an applicant that received a PTAL submits an application for licensure. There is a link between these two distinct events and licensure application processing is less complex because several of the documents are in the application file for the PTAL.
7. **PTALS require an additional level of reporting** – Due to the distinct events described above, PTALs require an additional level of reporting. Currently, an ATS record is opened when an applicant submits a PTAL application and can remain open until a license application has been approved; the timeframe can span several years. Current reporting is skewed when comparing licensure across qualification methods or timeframes from application receipt to licensure. PTAL reporting recommendations are included in the Reporting recommendations listed in Section 9.3.2.
8. **Remove applications from Review Staff files once PTAL has been issued and centralize storage** – This is discussed in number 4 above.

Cost	• Time and resources to create a Special Project • Time and resources to review and resolve issues • Space to store Application files with active PTALs • Licensing Committee and Board involvement for policy direction
Benefit	• Decrease in "Applications Reviewed Awaiting Documents" counts • Better management of PTALs • Better tracking of PTALs

	• Enhanced reporting of PTALs • Less files stored in IMG Review Staff files
Metrics	• Quantitative metrics: Enhanced PTAL reporting would provide better metrics • Qualitative metrics: Better PTAL management, tracking and reporting
Additional Information	• NONE

IF-13 – Update MBC Web Site Content on Applicant Tab

Clear, concise and consistent language across the Web site will most likely reduce CIU calls and result in MBC receiving higher quality applications. Web site changes should include:

1. Update application tab to more applicant-specific information (see Section 9.4.6 – sample updated web pages)
2. Separation of application from application instructions
3. Addition of PTAL-specific tab
4. Limiting the use of Webmaster to technical issues related to the MBC Web site. For non-technical inquiries, Web site should be updated to send to a general mailbox such as info@mbc.ca.gov.
5. Ability for applicant to send an email from Web Applicant Access System (WAAS) web page to MBC if there is a question. This may reduce calls to CIU. A separate general mailbox WAASinfo@mbc.ca.gov could be used if the Licensing Program would like to isolate WAAS-related emails, otherwise use info@mbc.ca.gov.
6. Additional fields in callback info where the requestor can include ATS info and the nature of the request so that CIU can be better prepared when returning the call. This may require changes to the CIU process.
7. Creation of a cyclical Web site review and update process

Cost	• Time and resources to review Web site and to create updates • Time and resources to update the Web site • Possible short-term increase in CIU calls with questions because Web site info is in a "different place" • Web site updates require rollout and/or training for MBC Licensing Program staff • Time and resource to check info@mbc.ca.gov and WAASinfo@mbc.ca.gov (this could be the same person that monitors the webmaster mail)

	• Time and resource to create processes • Time and resource to perform cyclical review and update of Web site
Benefit	• May decrease phone calls to CIU as goal should be to make Web site primary source of information for physicians and healthcare consumers.
Metrics	• Decrease in CIU calls • No current metrics are compiled for quality level of incoming applications (number of errors) so no before/after comparisons could be done.
Additional Information	• A sample of updated Web site content is in Section 9.4.6. • Consideration should be given to have a dedicated resource responsible for the alignment of all communication-related components (Such as Web site, Policies & Procedures (and Decision Log), and outgoing communication)

IF-14 – Implement CIU Enhancements

CIU Recommendations based on observations and interviews include:

1. Review Outcome codes and distributions monthly. If a single outcome code is over 15%, determine if additional codes are required. Outcome code "Other" is approximately 25% of total calls. Prior to Web Applicant Access System (WAAS) implementation in December 2009 "Applicant – application questions" totaled between 25% and 33% of outcomes codes.
2. Identify outcome codes statistics that indicate updates are needed to Web site, outgoing correspondence, or policies and procedures.
3. Determine if ATS id can be input prior to connecting with CIU agent; this could save call time once caller and agent are connected.
4. Regularly assess the call tree to determine if modifications are necessary.
5. Identify Web site as alternative to obtain information when caller calls CIU and is waiting in the queue. Call statistics should be tracked to see if there is a decrease in calls and Web site should be monitored to see if there is an increase in Web site traffic.
6. Web Center schedule needs to be fixed to allow scheduling more than one week in advance. Calendar updates should be allowed up to one year in advance. Currently, the calendar required weekly updates to indicate CIU is closed on the first, second and third Friday of the month due to furloughs.

Cost	• Time and resources to do research and updates • Time and management resources to regularly review reports and determine if corrective action is needed
Benefit	• Enhanced feedback loop between CIU and other licensing-related components • Increased focus on callers
Metrics	• Quantitative metrics: CIU call statistics, Web site traffic • Qualitative metrics: NONE

Additional Information	• NONE

IF-15 - Assess Use of AMA's Physician Professional Data (PPD)

It has been determined, at a high-level, that information is available through the AMA that identifies residents currently enrolled in California-based ACGME GME programs. The information is part of the AMA's Physician Professional Data (PPD) and is available for purchase through AMA Database Licensees. The BPR Study Team worked with the MBC GME Outreach Coordinator, a representative from the AMA, and an AMA Database Licensee distributor to determine the availability of data. Possible uses of this data include:

- An alternative method to obtain PGT Registration Form (Form 07M-175A) information
- Ability to verify all IMGs currently enrolled in a California-based ACGME GME program have a valid PTAL on file
- Increased ability for MBC Licensing Program management to project workload by identifying residents that will require licensure
- Increased ability for better and targeted GME outreach

The preliminary evaluation of this data supports this recommendation for MBC Licensing Program to move forward with further assessment to determine if AMA data should be purchase and use of AMA data.

Cost	• Time, resources and effort to complete evaluation of the AMA data • Time and effort to update outgoing communication related to Form 07M-175A if it is determined it is no longer required • Cost to purchase initial data and subsequent updates • Time, resources and effort to analyze the AMA data
Benefit	• Single source for data • Increased accuracy of data • Significant reduction (or elimination) in handling and processing Form 07M-175A processing if it is determined it is no longer required

Metrics	• Quantitative metrics: Processing cost savings if Form 07M-175A is no longer required, more accurate work load projections • Qualitative metrics: Enhanced GME Outreach
Additional Information	• Assessment must include determination if regulatory requirements will be met with AMA data. Currently CCR Title 16 § 2065 and 2066 require a resident to submit a PGT Registration Form (Form 07M-175A)

IF-16 – Evaluate Viability of the Postgraduate (PG) Training Permit Concept

If MBC considers the concept of a PG Training Permit to be viable, the BPR Study Team strongly recommends a special study to assess the efficacy of this major policy shift prior to placing any sizable effort in furthering the PG Training permit concept. The special study would require a comprehensive assessment identifying the likelihood and statistical significance that the PG Training permit process would identify ineligible applicants earlier than the current application process. The study should also assess impacts to resource and workload and identify required activities (for example, statutory and regulatory changes).

Cost	• Additional resources and time to do special study
Benefit	• Benefit stated in other available documentation indicates earlier identification of residents ineligible for licensure. This has not been confirmed.
Metrics	• NONE
Additional Information	• NONE

9.3.2 Information Technology (IT)

The section includes recommendations related to the Applicant Tracking System (ATS) and ATS-based reporting. Additional IT-related recommendations are included in this section if a recommendation would require involvement from ISB or DCA OIS.

Component	Id	Recommendation	Previously Identified by MBC Licensing Program
Information Technology (IT)	IT-1	Implement New Management Reporting Recommendations	✓
	IT-2	Track DCA/ISB Requests and Action Items	✓
	IT-3	Evolve ATS to address MBC needs	
	IT-4	Explore Ways to Increase Use of E-communication	✓
	IT-5	Assess Option for DCA/MBC ISB Secured Portal for Electronic L3A/B	✓
	IT-6	Actively Support DCA's Development of the BREEZE2 Database System	✓
	IT-7	Evaluate use of a Document Management System	

IT-1 – Implement New Management Reporting Recommendations

Additional and enhanced reporting is needed for effective Licensing Program management. Reporting recommendations listed in below are mainly ATS-related; some of the Administrative Support and QA reporting recommendations are outside of ATS, but included here for consistency.

Currently, ATS is not designed to produce these reports, but an ATS ad hoc reporting tool was made available to ISB and the Licensing Program in August 2009 to extract data from ATS and produce reports. The following table provides a summary of the recommended reporting identified in this section with current status and recommended priority (high/med/low). Some of the reporting recommendations identified in this section have already been implemented and are noted as such.

Table 8 - Reporting Recommendation Summary

Category	Id	Report	Is Report being produced? - - - - (A)utomated (M)anual[30]	Recommended Priority
Admin Support	01	How many applications received from mailroom waiting application-set up and preliminary review? (These are applications that have not been entered in ATS and require manual counting)	Yes (M)	n/a
Admin Support	02	Date of applications being currently processed in Administrative Support Processes (These are applications have not been entered in ATS and the information must be manually identified)	Yes (M)	n/a
Admin Support	03	How many applications completed application set-up and preliminary review processes? May require manual counting	No	Med
Admin Support	04	How many applications have been processed through the Z-project	No	Med
App Review	05	Backlog awaiting initial review (90+ days)	Yes (A)	n/a
App Review	06	Inventory awaiting initial review	Yes (A)	n/a

[30] If Manual Reporting is currently done and data is in ATS to produce reports automatically, the BPR Study Team recommends automating the report,

Category	Id	Report	Is Report being produced? ---- (A)utomated (M)anual[30]	Recommended Priority
App Review	07	PTAL and license applications with receipt date >= 1 yr awaiting documents to resolve identified deficiencies	Yes (M)	**High**
App Review	08	Approved PTAL applications with receipt date < 1 yr	Yes (M)	Med
App Review	09	Approved PTAL applications with receipt date >= 1 yr and no update	Yes (M)	Med
App Review	10	Regulatory compliance with the 60-working day initial review timeframe	Yes - adhoc (A)[31]	Med
App/PTAL issued	11	Regulatory compliance with the 100-calendar day licensure decision timeframe	No	Low
Other	12	Pended Mail Waiting for Review	No	**High**
Other	13.1	Deficiency Letter generation - Number of applications that had a deficiency letter generated.	Yes (M)	**High**
Other	13.2	Deficiency Letter generation - The number and type of deficiencies found	No	**High**
Other	13.3	Deficiency Letter generation - Number of applications that had multiple deficiency letters generated.	No	**High**
Other	13.4	Deficiency Letter generation - Time between deficiency letter generation and applicant response.	No	**High**
Other	14	Straight to licensure or PTAL	Yes (M)[32]	**High**
Other	15	Expired Test Scores	No	Low[33]
Other	16	Quality measurements	Yes (M) [34]	**High**
Other	17.1	PTAL - issuance	Yes (M)	**High**
Other	17.2	PTALs – renewal frequency	No	Med
Other	17.3	PTALs – PTAL to license issuance tracking	No	Med
Other	18	Application Outcomes to allow identification of abandoned applications	No	Low[35]
Other	19	Management Dashboard Reporting	Yes (A)	**High**

[31] Produced on an ad hoc basis during BPR study. Information can be derived from weekly inventory reports.
[32] Manual counts are for Applications going straight to Licensure only. No counts are currently available for Applications going straight to PTAL.
[33] Assessed as Low Priority because it is unknown the frequency of test score expiration that occurs, although during BPR Study interviews, test score expiration was identified as an issue in application processing, particularly with International Medical School Graduates (IMG).
[34] Data on current QA findings is collected manually and corrective action taken when appropriate.
[35] Assessed as Low priority because it is unknown if this

Cost	• Licensing Program staff and ISB time to prioritize and assess reports • ISB time to design and develop reports • MBC Licensing Program staff time to analyze report data and take subsequent action
Benefit	• Automation of reports will increase Review Staff time for application processing • The data can be used to assist in development of staffing plans and performance objectives (See Recommendation R-8, Establish program-wide performance objectives, staffing plans and metrics) • Increased accountability
Metrics	• Quantitative – based on report content • Qualitative – Have the report(s) provided better information to Licensing Program management? Have the reports streamlined workflow? Increased Review Staff time?
Additional Information	• NONE

Metric and reporting recommendations have been grouped by application processing order:

- Administrative Support Process (Application Set-up, Preliminary Review, Z-project updates)
- Application Review Process (through Initial Review)
- Application Review Process – Initial Review completed and Awaiting Documents
- Application Review Process – PTAL and License decision rendered

Additional metric and reporting recommendations outside of the Application Process are included at the end of this recommendation.

Administrative Support Process (Application Set-up, Preliminary Review, Z-project updates)

Some of these metrics are manually captured (self-reported) because an ATS record has not yet been created. Recommendation is to produce (or report if manually captured) weekly or monthly.

1. How many applications received from mailroom waiting application-set up and preliminary review? (These are applications that have not been entered in ATS and require manual counting)
2. Date of applications being currently processed in Administrative Support Processes (These are applications have not been entered in ATS and the information must be manually identified)
3. How many applications completed application set-up and preliminary Review? Is it within performance objectives[36]? (These are applications have not been entered in ATS and the information must be manually counted)
4. How many applications have been processed through the Z-project? Is it within performance objectives[37]? NOTE: this information can be derived through ATS data

Application Review Process (through Initial Review)

1. Backlog awaiting initial review (90+ days) - Split by US/CAN, IMG (and PTAL if needed) and Reviewer (or review group) – sorted by first char of last name/ascending, oldest app received date/descending (oldest first).
    - Should also have one list with all Inventory sorted by oldest app received date/descending (oldest first)

[36] complete application set-up and preliminary review within 5 workdays, with a long-term goal of 2-3 workdays
[37] Complete WAAS update within 10-days of document receipt

- This report is currently being produced weekly

2. Inventory awaiting initial review – Split report by US/CAN, IMG (and PTAL if needed) – sorted by first char of last name/ascending, oldest app received date/descending (oldest first). Counts by 90+ days, 61-90 days, 31-60 days, 0-30 days.

   - Should also have one list with all Inventory sorted by oldest app received date/descending (oldest first)
   - This report is currently being produced weekly
   - Exception report should be created to show invalid data combinations such as qualification methods.
   - Another version of this report, to include 75+ days could be produced by reviewer (or reviewer group) to identify short-term (next 2 weeks) workload
   - Once backlog (90+ days) is eliminated, Management may want to split 61-90d into 61-74d and 75-90d since the goal is to get days to initial review down to 60d.

Application Review Process – Initial Review completed and Awaiting Documents

There is a category on the monthly workload report called "Applications Reviewed Awaiting Documents". Applications in this category are waiting documentation for further processing, such as waiting for documentation from an external entity to resolve identified deficiencies. Assumption is this category could include the following groups which are discussed in further detail below.

GROUP	Description
1	PTAL and license applications with receipt date < 1 yr awaiting documents to resolve identified deficiencies
2	PTAL and license applications with receipt date >= 1 yr awaiting documents to resolve identified deficiencies
3	Approved PTAL applications with receipt date < 1 yr
4	Approved PTAL applications with receipt date >= 1 yr and no update

General statistics need to be gathered on this data including application age, Qualification Method (QM) method and which group the application falls into. For

PTALs, general statistics should include date initial PTAL was issued and any renewal information (for each PTAL renewed).

For applications in group 2 (PTAL and license applications with receipt date >= 1 yr awaiting documents to resolve identified deficiencies) and group 4 (Approved PTAL applications with receipt date >= 1 yr and no update), the BPR Study interviews indicated an estimated 50% of applicants will update their application or request the application remain open once they receive notification from the Licensing Program indicating the application will be closed if no update is received, resulting in additional workload for Licensing Program staff.

GROUP 1: *PTAL and License applications with receipt date < 1 yr awaiting documents to resolve identified deficiencies* – These applications are appropriate for Applications Reviewed Awaiting Documents Inventory.

GROUP 2: *PTAL and license applications with receipt date >= 1 yr awaiting documents to resolve identified deficiencies* – Based on current regulations[38], MBC has the authority to close an application when an applicant does not exercise due diligence in the completion of the application. Failure to complete the application within one year constitutes failure to exercise due diligence. MBC may provide the applicant the option to update the application within 30 days or the application will be closed.

To identify application files in this group, extract all ATS records over one year old based on application receipt date that do not have a licensure decision (no license or no PTAL, would be those waiting on documentation). Split by US/CAN, IMG (and PTAL if needed) – sorted by first char of last name (or reviewer group)/ascending, oldest app received date/descending (oldest first). Verify accuracy of the data.

[38] CCR, Title 16 §1306

MBC should work with ISB to determine if letters (or emails) can be automatically generated (through ATS or another automated process) and if ATS can be automatically updated.

This work effort should be conducted semi-annually or quarterly and could be considered a "special project" for an identified resource. If possible, timing of this effort should be considered in the planning to avoid the "peak" period for application processing (January – June).

An additional option for this group is to extract all applications over six months old and send a "reminder" letter or email.

GROUP 3: *Approved PTAL applications with receipt date < 1 yr* – As discussed in the additional observations in the Application Review process, these applications will wait in inventory for at least one year and most likely longer. MBC should consider once PTAL applications have been approved, creating a new inventory category called "Approved PTAL Waiting for action" so these are not counted in the Applications Reviewed Awaiting Documents Inventory.

It may be helpful to the Review Staff if these files are removed from their areas and a process created to retrieve the file if/when a license application is received for an applicant that was issued a PTAL or some other action occurs on the file.

To identify application files in this group, extract only IMG and PTAL – sorted by first char of last name (or reviewer group)/ascending, oldest app received date/descending (oldest first). Verify data is accurate before further action.

GROUP 4: *Approved PTAL applications with receipt date >= 1 yr and no update* – The current PTAL is expired. Based on current regulations[39], MBC has the authority to close an application when an applicant does not exercise due diligence in the completion of the application. Failure to complete the application

[39] CCR, Title 16 §1306

within one year constitutes failure to exercise due diligence. MBC may provide the applicant the option to update the application (requesting a renewal or providing a PGT Registration Form (Form 07M-157A)) within 30 days or the file will be closed.

This work effort should be conducted semi-annually or quarterly and could be considered a "special project" for an identified resource. If possible, timing of this effort should be considered in the planning to avoid the "peak" period for application processing (January – June).

Due to the current focus on initial review of applications, MBC has not processed PGT Registration Forms. Processing those forms is a prerequisite to further MBC action.

To identify application files in this group, extract all ATS records that are considered active, IMG or PTAL, that received a PTAL at least one year ago and have not had a license issued. Sort data by first char of last name (or reviewer group)/ascending, oldest app received date/descending (oldest first). Verify accuracy of the data before further action.

MBC should work with ISB to determine if letters (or emails) can be automatically generated (through ATS or another automated process) and if ATS can be automatically updated.

Application Review Process – PTAL and License decision rendered

1. Regulatory compliance with the 60-working day initial review timeframe – This information is available in ATS and has been provided in adhoc ATS reporting. Metrics are currently available on a summary level and by application type (US/CAN, IMG (and PTAL) applications). Average, minimum and maximum timeframes should also be calculated.

This reporting should be done monthly and included in quarterly and annual reporting to the Board.

2. Regulatory compliance with the 100-calendar day licensure decision timeframe - Current metrics capture total licenses issued and PTALs issued. There are metrics to identify the timeframe from application receipt to licensure, but that timeframe includes the time waiting for deficiencies to be resolved. The time period between the completion of the initial review and the MBC assessment that the application is complete is dependent on the responsiveness applicant and the external entities and is outside of MBC's control. For the purposes of regulatory compliance, this "wait time" occurs prior to the 100-day timeframe. Currently there are no metrics to identify the timeframe between the MBC assessment that the application is complete and the licensure decision.

   Preliminary discussions have occurred between the Licensing Program Management, ISB and the BPR Study Team discussing possible options with current ATS data to capture metrics related to the timeframe between the MBC assessment that the application is complete and the licensure decision. In the current data structure, the date associated with the last document processed may be used to indicate the date the application was assessed as complete. A separate recommendation (See Section 9.3.2) identifies a change in ATS data may be required to easily extract this information. Review Staff will be required to update this field identifying the application has been assessed as complete.

   If data in ATS could identify the "wait time", metrics could be created to determine the length of time it takes for applicant to resolve deficiencies.

   Once these metrics are established, metrics should be reported on a summary level and by application type (US/CAN, IMG (and PTAL) applications) and by review type (standard, Senior Review). Average, minimum and maximum

timeframes should also be calculated. At a minimum, this reporting should be done quarterly and annually.

Additional Reporting Recommendations

1. Pended Mail Waiting for Review – The Mail Room receives mail separate from the initial application, sent either by the applicant or by an external entity. Pended Mail is defined as received mail, identified as belonging to an existing application, but not yet processed by Review Staff. Pended mail often resolves deficiencies identified during the initial review process and is normally processed in the order it is received. The counterpart to Pended Mail is Miscellaneous mail; Mail received, but there is no existing application file. Pended mail is entered into ATS by the Z-project staff soon after receipt so that an applicant checking application status online would know it has been received, but not yet processed. Pended Mail is a large part of the Review Staff workload and should have similar reporting to applications awaiting initial review to show oldest pended mail.
2. Deficiency Letter generation – Deficiency letters are sent to an applicant when an application is assessed as not complete. The letter identifies the deficiencies within the application. Identifying trends in application deficiency letters could result in updates to the application and instructions, policies and procedures, or the Web site. Discussions between Licensing Program Management and ISB would need to occur to determine if metrics are possible with current ATS data. Possible metrics to capture for analysis:
    - Number of applications that had one deficiency letter generated.
    - The number and type of deficiencies found
    - Number of applications that had multiple deficiency letters generated.
    - Time between deficiency letter generation and applicant response.

2. Straight to licensure – The data and metrics are currently available to identify applications that were considered complete *at time of initial review* and went

straight to licensure. The metrics are grouped by US/CAN and IMG. PTAL applications that go straight to licensure are not currently captured.

3. Expired Test Scores – Applications with expired test scores were identified during BPR Study interviews as a recurring issue and more common on IMG license and IMG PTAL applications. No current metrics are captured on applications with expired test scores, so the magnitude of this issue is not known. In the current data structure, expiration dates for test scores are not captured. A separate recommendation (See Section 9.3.2) identifies a change in ATS data may be required to capture this information.

   Once data is available to identify expiration dates for test scores, letters (emails) could be sent to applicants. MBC should work with ISB to determine if letters (or emails) can be automatically generated (through ATS or another automated process) and if ATS can be automatically updated.

   This work effort should be conducted semi-annually or quarterly and could be considered a "special project" for an identified resource. If possible, timing of this effort should be considered in the planning to avoid the "peak" period for application processing (January – June).

4. Quality measurements – Quality Assurance (QA) Review metrics are captured outside of ATS for the Z-project and Application Review processes. These metrics are assessed internally by the Licensing Program to identify trends, additional training needs, possible updates to the application and instructions, policies and procedures and Web site. A recommendation to revise the application set-up worksheet (See Section 9.3.2, IF-7) will provide data to create QA metrics for the Administrative Support processes (application set-up and preliminary review). Currently no data and metrics are available; if an error is made in the Administrative Support process, the Review Staff identify and correct the error before the starting the Initial Review process.

5. PTALs – PTAL issuance is currently tracked manually by the Review Staff. In addition, the current process and ATS data structure retains one application file (and one ATS record) for an applicant that receives a PTAL through licensure. This results in a different level of data collection and metrics to track initial application receipt to PTAL issuance, any PTAL renewals, and the application update that is the license application through licensure decision. MBC should work with ISB to determine how PTAL-specific metrics can be derived.

6. Application Outcomes – On an annual basis, reporting on application outcomes may provide value to MBC. This type of reporting would show the outcome of an application – licensed or not licensed by totals and percentages. Information could be provided in summary and by application type (US/CAN, IMG and PTAL). This information is available currently and was provided in ATS adhoc reporting during the BPR Study, but PTAL information included in the Application outcome report was skewed because of the reporting extract criteria. PTALs would require special reporting due to the current process and ATS data structure. This was discussed in the previous reporting recommendation. MBC would need to work with ISB to determine specific reporting requirements, specifically what would be included in the scope of not licensed (denied, withdrawn, closed, waiting for additional documentation).
7. Management Dashboard Reporting – Included in the weekly status to the Board is a "dashboard" view of application processing statistics including current inventory, application review and PTAL and license issuance. This dashboard reporting should continue and be refined as other types of metrics are available.

IT-2 - Track DCA/ISB Requests and Action Items

A DCA/ISB Request and Action Item log would assist in the identification and tracking of Licensing Program requests to both DCA and ISB.

The log should identify any requests or issues from the Licensing Program that require DCA or ISB services. Information in the log should include: Issue/Request description, whether DCA or ISB, date requested, date completed, point of contact (MBC and DCA or OSB), priority, status and comments.

A potential DCA request identified during the BPR study was to determine if it was possible through DCA to obtain phone and email statistics for Review Staff and phone statistics for Executive Office Administrative Staff.

Cost	• Licensing Staff time to create and maintain action item list • Additional time for DCA/ISB/Licensing Staff to define requirements, test and implement • Licensing Staff time to create process and reporting (if necessary)
Benefit	• Increased communication • Increased tracking and accountability
Metrics	Not applicable
Additional Information	• NONE

IT-3 – Evolve ATS to address MBC needs

ATS-related recommendations identified elsewhere in this report and through BPR Study interviews have been compiled in this section.

ATS issues identified during the BPR Study

ISSUE: Currently in ATS, data is erased when pathway is changed.
RECOMMENDATION: Remediation of ATS is needed to retain data when pathway is changed.

ISSUE: Currently, the online payment option does not accommodate separate payments by the applicant.
RECOMMENDATION: Remediation of ATS is needed to allow online initial license fee payment at a different time than application processing fee payment. Allowing initial license fee payment through the Web site if the application fees were paid via the Web site at an earlier time will expedite the receipt of fees and allow applications to go to licensure more rapidly.

Additional ATS-related modifications identified in other recommendations

1. Allow expiration date (or test date) to be entered so that reports (and perhaps letters) can be automatically generated related to expiring exam scores (Refer to Recommendation IT-1 for more information)
2. Allow enhanced PTAL tracking (Refer to Recommendation IF-12 for more information)
3. Define current fields or add fields to allow better tracking from date Review Staff determined the application is complete to date that application is licensed (Refer to Recommendation IT-1 for more information)
4. Define current fields or add fields to allow better deficiency notice reporting (Refer to Recommendation IT-1 for more information)

Cost	• DCA, ISB and MBC resources to assess, define additional requirements, test and implement
Benefit	• Varies based on specific ATS recommendation • Increased ability for ATS to meet MBC processing needs
Metrics	• Quantitative metrics: Varies based on specific ATS recommendation • Qualitative metrics: Varies based on specific ATS recommendation
Additional Information	• NONE

IT-4 – Explore Ways to Increase Use of E-Communication

There are two areas that use of e-communication should increase: applicant communication and external entity communication.

Based on current processes, there is a heavy dependence on hardcopy correspondence with the applicants. The Licensing and PTAL application provides the applicant an optional field for an email address. Email is sometimes used, but the communication method is primarily based on Review Staff preference. Increasing the use of e-communication with the applicant will streamline correspondence and reduce the time needed to resolve application deficiencies.

The current Licensing process does use email as its primary form of communication to notify applicants that a License application has been approved and to check the website to verify information that will be available to the public.

External entities are responsible for providing supporting documentation in the Licensing and PTAL application process. E-communication with external entities has increased through use of FSMB e-transcript and electronic receipt of fingerprint information. E-communication use with external entities will continue to increase with the implementation of FSMB iPickup for FCVS information and the implementation of a secured portal for Electronic L3A/B (Recommendation IT-5) if deemed feasible.

This recommendation supports further assessment of e-communication uses within the current processes.

Cost	• Time and resource(s) to assess what types of communication can be shifted to electronic forms • Time and resource(s) to create new processes • Staff training for new processes • Process shift may cause staff resistance
Benefit	• Streamlined communication • Improved communication with applicants and external

	entities • Quicker resolution of application deficiency or issues • Reduced mailing costs
Metrics	• Quantitative: Reduced mailing, lower costs, increase in e-mail communication, reduction in overall application processing time • Qualitative: Positive feedback from staff, applicants and external entities
Additional Information	• NONE

IT-5 - Assess Option For DCA/MBC ISB Secured Portal for Electronic L3A/B

Under the current process, the Certificate of Completion of ACGME/RCPSC Postgraduate Training (Form L3A/B) is only accepted in hardcopy with an original signature. ISB had begun research on the feasibility of a secured portal for GME Programs to transmit the L3A/B electronically to MBC. The BPR Study Team does not know the progress or current status of this project, but recommends the research and assessment be completed for further consideration. Electronic transmission of the L3A/B would reduce the current timeframes associated with this form.

Cost	• Time and resources to assess feasibility • Time and resources to implement the process • Time and resources to maintain the process • Time and resources to do outreach
Benefit	• Reduction in time associated with obtaining L3A/B from GME programs.
Metrics	• Quantitative: Reduction in time associated with obtaining L3A/B from GME programs
Additional Information	• This could be rolled out in stages, starting with select GME programs • Assessment should address need for original signature as electronic transmission will not have original signature

IT-6 – Actively Support DCA's Development of the BREEZE2 Database System

The California Department of Consumer Affairs (DCA) is in the process of developing an Agency-wide online application system that is expected to meet the application processing needs for MBC. It is anticipated this system will be implemented by December 2012. Additional information was not available during the MBC BPR Study for further assessment.

It is recommended that Licensing Program staff work with MBC Information Systems Branch (ISB) and DCA and actively participate in all phases of this project. Several observations and recommendations within this BPR Study Report identify items that should be considered for a new system; for example, the ability to generate reports (Recommendation IT-1), ATS-related modifications (Recommendation IT-3) and increase use of E-communication (Recommendation IT-4). It is critical that MBC-specific requirements are identified and included in the early phases of the BREEZE2 Database System development. Equally important is the participation of MBC staff in any testing and verification that those requirements have been appropriately addressed.

Cost	• Time and resource(s) dedicated to the project from requirements through post-implementation • Significant staff training as well as possible cultural shift during testing and implementation phases
Benefit	• An application processing system that meets MBC requirements
Metrics	• Status reports should be provided to track overall project progress and progress of MBC-specific items
Additional Information	• MBC Staff should track requirements provided to BREEZE2 project team and any other MBC-related activities

IT-7 - Evaluate Use of a Document Management System

A Document Management System (DMS) is a system used to track and store electronic documents and/or images of paper. The terms Content Management Systems (CMS), Electronic Document Management Systems (EDMS) are also used to identify document management systems. DMS is a component of an Enterprise Content Management System (ECMS) that integrates document imaging, workflow system and records management.

MBC may benefit from the implementation of a DMS. The BPR Study did not find any reports or other documentation to indicate a DMS has ever been considered. In the past, these types of systems were exclusively for large paper-intensive environments. MBC is relatively small with an annual estimate of 300,000 paper documents.[40]

Implementing an ECMS requires a significant amount of planning and resources and results in major changes to the current paper-intensive processes and workflow, but there are several long term benefits such as:

- Streamlined processes,
- Facilitates workflow
- Improved Tracking
- Reduced processing times

The California Department of Consumer Affairs Agency (DCA) may have an existing Document Management platform available for shared use or there are several other types. Information on California Records and Information Management (CALRIM) is available at http://www.osp.dgs.ca.gov/CalRIM/default.htm. The Web site contains several resources and State guidelines associated with Electronic Document Management

[40] It is estimated each application has an average of 50 documents. Documents include everything sent and received. PTAL and initial license application volume was estimated at 6,200 per year. Renewals were not included because that process is already automated.

Systems. The Request for Information (RFI) process could be leveraged to obtain information from vendors.

A special study to assess the potential use, available options, and impacts of a document management system at MBC should be integrated into a high-level planning efforts. DCA may have an existing Document Management platform available for shared use. Information on California Records and Information Management (CALRIM) is available at http://www.osp.dgs.ca.gov/CalRIM/default.htm. The Web site contains several resources and State guidelines associated with Electronic Document Management Systems. The Request for Information (RFI) process could be leveraged to obtain information from vendors.

This effort should be coordinated with the implementation of DCA's BREEZE2 Database discussed in the previous recommendation, IT-6.

Cost	• Time and resources to create assessment • If DMS is implemented, there will be significant changes to all areas of the Licensing Program
Benefit	• Improved tracking • Streamlined processes • Facilitated workflow
Metrics	• Defined within Document Management System
Additional Information	• NONE

9.3.3 Resources

The section includes recommendations related to:

- Licensing Staff (Administrative Support Staff, Review Staff, CIU Staff, Cashiering Staff, and Renewal Staff)
- Executive Staff (GME Coordinator and Web Master)
- Organizational structure, staff-related reporting and metrics

and includes the following recommendations:

Component	Id	Recommendation	Previously Identified by MBC Licensing Program
Resource	R-1	Advance Staffing Recommendations	✓
	R-2	Reorganize Licensing Program and Reinforce Roles and Responsibilities	
	R-3	Restructure Administrative Support Workflow	
	R-4	Change Name of Consumer Information Unit (CIU)	
	R-5	Shift Clerical Tasks done by Review Staff To Support Staff	✓
	R-6	Continue to Create and Deploy Effective Training Programs	✓
	R-7	Continue to Work Inventory to Achieve Initial Review within 60 Calendar Days	
	R-8	Establish Program-wide Performance Objectives, Staffing Plans, and Metrics	

R-1 – Advance Staffing Recommendations

Several staffing-related challenges have been identified across different areas in the BPR Study:

1. California state government is experiencing its largest wave of retiring state employees in history. The CPR report, published in 2004, estimated between 34 and 49% of the States workforce (70,000 and 100,000) would be eligible for retirement between 2004 and 2009.[41] These retirements also result in a "brain drain" of the most experienced and knowledgeable staff and magnify the impact of the loss of resources. IMG Review staff had 50% attrition due to retirements.
2. Mandated furloughs have reduced the available staff hours.
3. Unreasonable staff to management ratios (20:1) for the Licensing Program Staff responsible for application processing.
4. The need for staffing flexibility to address workload fluctuations, particularly during the January – June timeframe.
5. The high concentration of temporary staff (Student Assistants and Retired Annuitants) on the Z-project.
6. The delay of several non-urgent but important projects (completion of policies and procedures manual, due diligence) due to competing priorities such as application processing and training new staff.
7. Increases in application volume and complexity over the past several years.
8. Annual increase in application volume requiring Senior Reviews.
9. Lack of centralized management for Administrative Support Staff.
10. High turnover rates in the CIU staff.

[41] CPR Study (2004) - Creating a Workforce Plan for California State Employees
http://cpr.ca.gov/CPR_Report/Issues_and_Recommendations/Chapter_7_Statewide_Operations/Personnel_Management/SO43.html

11. "Floaters" are temporary staff. Currently, Student Assistants are used as floaters to conduct initial reviews for US/CAN applications. Two (2) Retired Annuitants are used as floaters for IMG applications most recently when staff retired as new employees were in their training period.

The following recommendations have been developed to address the staffing-related challenges identified above:

1. *Acquire two (2) additional managers under Licensing to reduce current manager to staff ratio (one from BCP)* to reduce staff to manager ratio to a more reasonable level for the application processing functions.

2. *Acquire one (1) additional manager under Licensing for Front-end processing functions* to replace temporary manager leaving January 2010.

3. *Acquire one (1) SSM II manager to oversee the 5 SSMI licensing managers.*

4. *Acquire three (3) new AGPA level new staff (2 from BCP) for senior review, quality review and training coordinator* to address increase and complexity of Senior Review and to ensure training programs are continually improved to meet current Licensing Program needs.

5. *Acquire two (2) new SSA positions (in addition to two hired 11/1/09 for IMG reviews) to act as staff "floaters"* to address workload fluctuations in US/CAN and IMG applications due to inventory fluctuations through the year, core staff absences and other short-term needs. "Floaters" should be permanent staff, not temporary staff, trained in one or more specific areas with no regular assigned workload. Current "floaters" are temporary staff; use of temporary staff presents a business risk.

6. *Acquire two (2) additional MST for US review (from BCP) to address identified resource shortage.*

7. *Acquire 2 permanent staff for Z-project (1 from BCP)* to reduce the current project risk associated with the staffing this project with non-permanent staff.

8. *Reclassify 2 front-end staff to MST level due to address changes in duties.* This is due to the varied skill sets required in the Administrative Support Staff application processing tasks.

9. *Continue use of Retired Annuitants, Student Assistants and overtime when workload is heavy* to address annual workload fluctuations.

10. *Reclassify CIU staff to higher level to recruit higher qualified staff to handle more complex licensing calls* normally referred to Review Staff and to lower high rate of turnover.

11. *Acquire one (1) dedicated resource responsible for the alignment of all communication-related components* (Such as Web site content, Policies & Procedures, Decision Log, and internal and external application-related communication).

12. *Acquire one (1) dedicated resource for performance reporting and ISB liaison.* There are a sufficient number of recommendations in these areas that once implemented, will require a dedicated resource to manage ongoing activities.

It is possible that additional CIU staff will be required, although it could not be determined how many additional CIU staff may be needed at this time. Call statistics for Review Staff and Executive Administrative Staff are not available to estimate the number of calls that could be rerouted to the CIU. Recommendations specific to routing calls to the CIU may be offset by the anticipated decrease in the calls due to the implementation of the WAAS project and upgrading job classification for CIU staff.

The table below provides a summary of the recommended staffing changes. Included in the table is the current staffing and staff added in FY10/11 as a result of the approved BCP.

Table 9 – Licensing Section - Current and Recommended Staffing[42]

Classification	Current Staff	Staff BCP will add in FY 10/11	Add'l Staff BPR Study Recommends	Notes
Staff Services Manager II (SSM II)	0	+0	+1	**BPR Study:** For managing 5 SSM I
Staff Services Manager I (SSM I)	2	+1	+2	**BPR Study:** Additional SSM I (2) to reduce staff to manager ratio and reorganize units to have similar functions.
Associate Government Program Analyst (AGPA)	3	+2	+2	**Current:** Special Pgms + Senior Review (1), IMG School approval + Senior Review (1), Training + Policies & Procedures + ATS (1) **BCP:** Senior Review (1), QA (1) **BPR Study**: Separate Training from Policies + Procedures (1), Reports + ATS and other infrastructure items (1)
Staff Services Analyst (SSA)	11[43]	+2	+2	**Current:** IMG Application + Caseload **BCP:** IMG Application + Caseload (2). **BPR Study**: "floaters" + assigned infrastructure (2)
Management Service Technician (MST)	7	+2	+2	**Current:** Licensing (1), US Applications + Caseload (6) **BCP:** US Applications + Caseload (2) **BPR Study**: Upgrade 2 OT to MST: Z-project (1) and restructure duties for front end staff (1)
Office Technician (OT)	3	+1[44]	-2	**Current:** Licensing and Application Support (3) **BCP:** Licensing and Application Support (1). **BPR Study**: Upgrade 2 OT to MST
** *Total Permanent Staff* **	***26***	***+8***	***+7***	
Retired Annuitant (RA)[45]	6	+0	+0	**Current:** IMG Application + Caseload RA-SSA (5),

[42] No staffing additions or reductions were identified for the Licensing Operations Section.
[43] One (1) of the 11 SSA staff is equivalent to 0.6 FTE.
[44] One (1) OT identified is equivalent to 0.8 FTE.
[45] One (1) Retired Annuitant (RA) is equivalent to 0.5 FTE. Six (6) RA staff equal 3.0 FTE.

Classification	Current Staff	Staff BCP will add in FY 10/11	Add'l Staff BPR Study Recommends	Notes
				Z-Project RA-MST (1)
Student Assistant (SA)[46]	8	+0	-8[47]	**Current:** US Application (5), Z-Project (2), Licensing Imaging (1) **BPR Study:** Reduction can occur once seven (7) permanent staff has been allocated.
** *Total Temporary Staff* **	***14***	***+0***	***-8***	
** ***Total Staff*** **	**40**	**+8**	**+7**	**BPR Study:** 3 managers, 4 professional staff (training, reports + infrastructure projects, floaters, Z project, restructured front-end staff)

[46] One (1) Student Assistant (SA) is equivalent to *up to* 0.75 FTE. Eight (8) SA staff equal *up to* 6.0 FTE.
[47] Reduction can occur once seven (7) permanent staff has been allocated.

The following table describes California civil service classifications and associated typical duties within the Licensing Program.

Table 10- Job Classification and Typical Duties

Classification	Typical Duties
Staff Services Manager I (SSM I)	Supervises and direct the daily activities of professional and technical staff responsible for review of applications; Conducts and directs workload and staffing standards issues; provides program expertise; acts as licensing technical expert
Associate Governmental Program Analyst (AGPA)	Performs the most difficult and complex research and analysis license application files such as Senior Review level 2, assessment of special training programs for physicians; develop and conduct staff training. Act as subject matter expert on Special Training Programs; Conduct analysis on statutes and regulations; Act as Lead analyst and consultant to management and/or appointed Board members; responsible for understanding and creating comprehensive management tools and data reports; Serves as liaison between MBC and ISB and DCA for technical systems; prepares licensing business process documentation; maintains Policy & Procedures manual; functions as lead analyst and performs quality control.
Staff Services Analyst (SSA)	Performs more complex analytical work associated with license application files such as review of International Medical School Graduate (IMG) applications. Receives, evaluates and recommends action on IMG license applications using evaluative, interpretive and constructive analysis; verifies completeness of application and supporting documentation, authenticates documents, examines for possible fraud. Consults with program manager for technical expertise on atypical applications.
Management Services Technician (MST)	Performs technical and analytical work associated with license application files such as review of U.S./CAN applications. Evaluates and recommends action on U.S./CAN license applications using evaluative, interpretive and constructive analysis; verifies completeness of application and supporting documentation, authenticates documents, examines for possible fraud. Consults with SSA and AGPA for technical expertise on atypical applications.
Office Technician (OT)	Provides clerical and administrative support to professional staff. Sorts mail, compiles new application file for subsequent processing, performs cursory review of documents, performs preliminary update of ATS data, and compiles fingerprint information.

Cost	• Time and resources to create BCP • Acquisition of additional resources • Reclassification of existing staff
Benefit	• Increased effectiveness of Licensing Program • Stronger infrastructure increases the likelihood of long-term sustainability • Increased capability to plan for and address annual workload fluctuations
Metrics	• Quantitative metrics: N/A • Qualitative metrics: N/A
Additional Information	• For additional information, refer to Recommendation R-2, Reorganize Licensing program and reinforce roles and responsibilities

R-2 – Reorganize Licensing Program and Reinforce Roles and Responsibilities

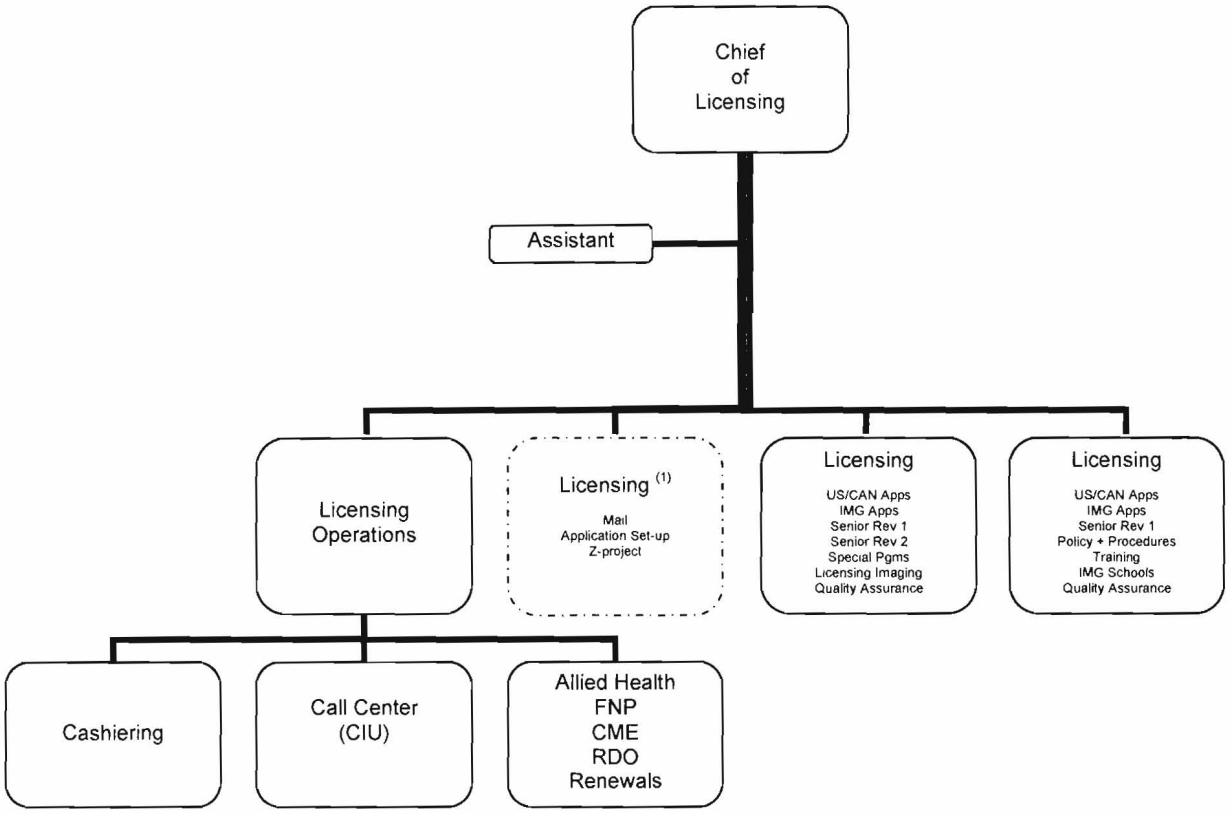
Several observations point to the need for reorganization of the Licensing Program into logical functional groups to better address the needs of the Licensing Program. This recommendation assumes all staffing recommendations identified in the previous recommendation, R-1, are implemented. Organizational changes could be modified if implemented before all staffing recommendations. Proposed organizational changes for the Licensing Program include:

- Creation of a new Front-end/Back-end unit under the Licensing Section with a permanent dedicated manager. This will include the front end-functions: Mail, Application set-up and the Z-project and the back-end functions: Licensing, Imaging and Renewals. Currently:
    - There is no permanent and centralized front-end unit. Under the Licensing Program structure, staff performing front-end tasks are organizationally supervised by multiple managers. A Manager has been temporarily assigned from the Enforcement Program to Front-end Staff, but is scheduled to leave January 2010.
    - The back-end functions are organizationally with Allied Health and Fictitious Name Permits (FNP) under the Licensing Operations.
- Restructure existing Application Processing Units to focus on only US/CAN or IMG. Currently the two units both do US/CAN and IMG application processing.
- Consolidation and realignment of infrastructure-related functions into one unit. Currently, infrastructure-related activities are spread across the Licensing Section. Infrastructure activities will increase with implementation of recommendations identified in this report. This unit will also be responsible for Senior Review 2 and Special Programs.

- Additional level of management to support the increase from two (2) to five (5) units in the Licensing Section. This level of management will report directly to the Licensing Program Chief.

The following figure shows the current Licensing Program Organization:

Figure 27 - Licensing Program – CURRENT

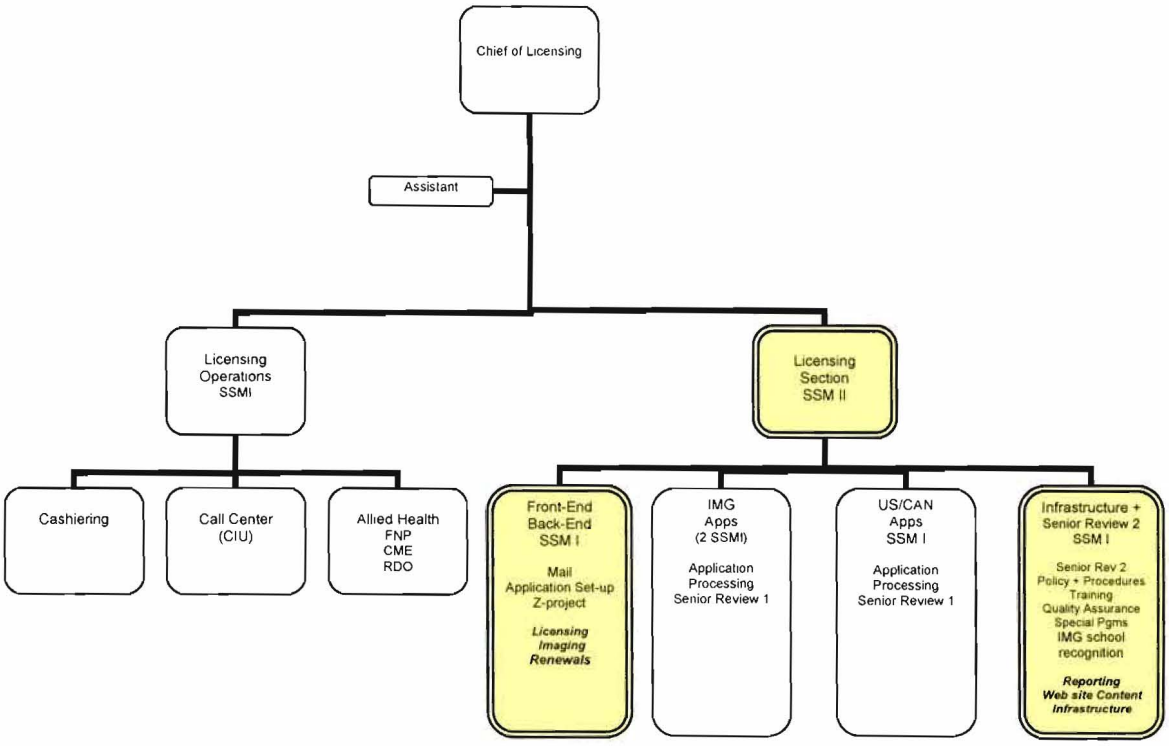


NOTES:

(1) Temporary reassignment from Enforcement – primary purpose was to establish WAAS program and organize new application file set-up duties for front-end staff.

The following figure shows the proposed Licensing Program Organization and assumes that all staffing recommendations identified in the previous recommendation, R-1, are implemented:

Figure 28 - Licensing Program – PROPOSED



Cost	• Change in current staff reporting – this may result in some staff pushback • Possible updates to internal policies and procedures
Benefit	• More consistent management • Better accountability and reporting • Better organizational alignment into functional groups • More appropriate staff to manager ratios
Metrics	• Quantitative: Increased reporting • Qualitative: Increased teamwork and staff satisfaction, increased ability to manage staff and workload
Additional Information	• A Manager has been temporarily assigned from the Enforcement Program to Front-end Staff starting October 1, 2009, but is scheduled to leave January 2010.

R-3 – Restructure Administrative Support Workflow

Restructuring the application set-up and preliminary review workflow in the Administrative Support process will address the varied skills required to complete the tasks. By compartmentalizing tasks, applications will have one entry and one exit point in the Administrative Support process. This will allow application files to get to Review Staff in receipt date order.

It has been determined that select Administrative Support positions will need to be reclassified due to the varied skillset required in front-end processing; this is discussed in Recommendation R-1, Advance Staffing Recommendations. Once the restructuring is implemented, regular and continued evaluation will ensure staff and workload balance are maintained with required tasks.

Cost	• Initial assessment of skillsets and required tasks • Continued assessment of staff assigned • Potential staff resistance as shift from completing tasks individually to team
Benefit	• Ability to address varied skillsets needed in front-end tasks • Promote "team" concept across Administrative Support Staff • Staff will develop expertise quickly in a few areas rather than mastering all Administrative Support Staff tasks, which takes more time • Faster recognition of workload issues and bottlenecks
Metric	• Currently, no performance metrics are collected for Administrative Support Staff functions. A separate recommendation is included in this document to collect metrics surrounding Administrative Support Staff tasks. • Based on current volume of applications received, three Administrative Support Staff needs to process approximately 130 new applications a week.
Additional Information	• Recommendation does require significant assessment and planning prior to implementation.

R-4 - Change Name of Consumer Information Unit (CIU)

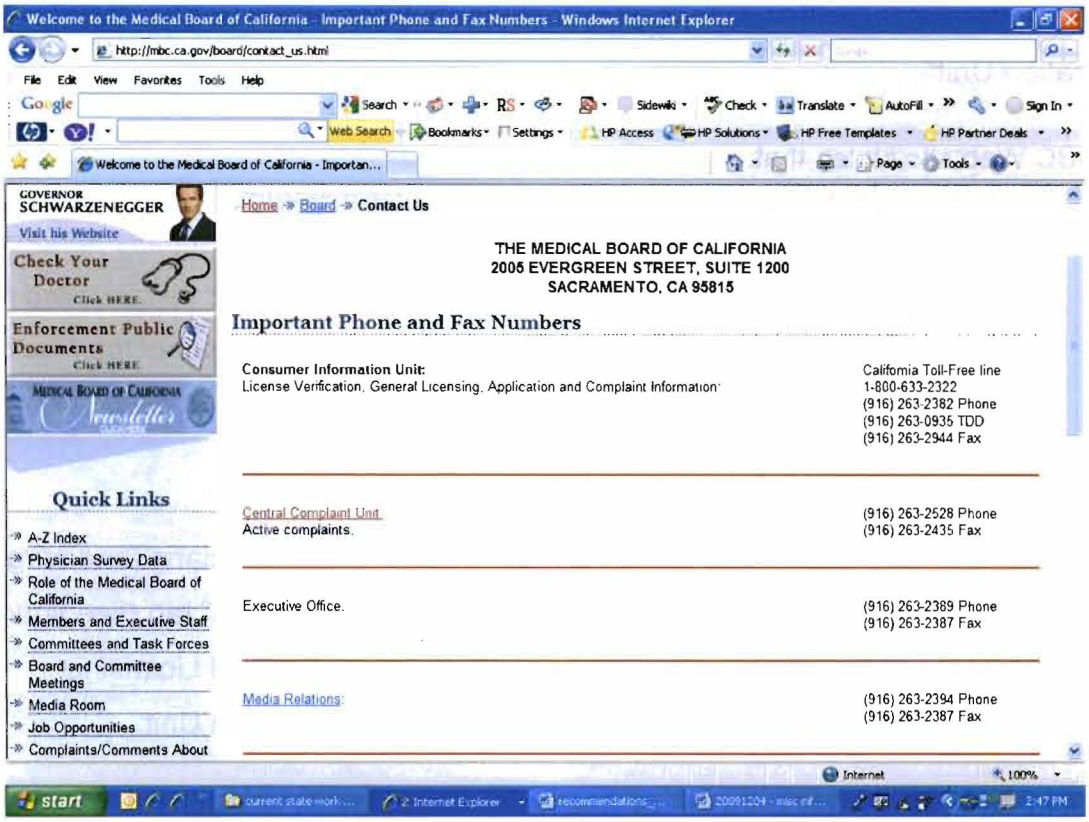
This recommendation is to update the name of the CIU to more accurately reflect who it serves. Options include "Physicians and Consumers Information Unit" or "MBC Information Unit".

The MBC Web site states that:

> *"The mission of the Medical Board is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professions and through the vigorous, objective enforcement of the Medical Practice Act, and, to promote access to quality medical care through the Board's licensing and regulatory functions"*

The mission statement identifies health care consumers and physicians (and surgeons) as separate entities. On the MBC Web site, Under the "Contact Us" tab (see figure below), the name of the unit to call for License Verification, General Licensing, Application and Complaint Information is the Consumer Information Unit.

Figure 29 - MBC Web Site "Contact Us" Tab



The name "Consumer Information Unit" may unintentionally result in physicians looking for another unit to contact for licensing and renewal questions, since physicians and surgeons may not consider themselves consumers. Following the information on the web page, the next reasonable choice would be the Executive Office. The BPR Study Team was located close to the Executive Office Administrative staff and did notice a significant number of calls to the Executive Office result in a transfer to the CIU. Metrics are not available to assess the number of incoming calls to the Executive Office that result in a transfer to the CIU.

The CIU phone greeting has recently been changed to identify itself to callers as the "Physician and Consumer Information Unit", but the Web site and other correspondence has not been updated to reflect the change.

Cost	• Time and resources to update the Web site (incl. appropriate review process) • Time and resources to update the Web Center call tree • Time and resources to update forms (incl. appropriate review process) • Time and resources to update correspondence (incl. appropriate review process) • Staff training
Benefit	• Probable reduction in calls to Executive Office Administrative Staff • Better call metrics
Metrics	• Quantitative metrics: NONE • Qualitative metrics: Executive Office Administrative Staff will experience less phone call disruptions
Additional Information	• NONE

R-5 - Shift Clerical Tasks Done by Review Staff to Support Staff

Interviews with MBC Licensing Program Staff identified that under the current process, there are clerical tasks performed by the Review Staff that may be more appropriate under the Administrative Support Staff functions.

Administrative Support processes should be expanded to include processing "Miscellaneous Mail" described on page 57 and other clerical tasks, such as putting the documents in the mandatory order prescribed in the Policies & Procedures Manual that are currently being done by Review Staff. This change will allow:

- The Administrative Support Staff to provide a more complete application file to the Review Staff
- The Review Staff to have less clerical tasks and focus on analytical tasks related to the Initial Review
- Overall, identification and assessment of clerical tasks performed by Review Staff should continue to determine if it is feasible to shift tasks to Administrative Support Staff.

Cost	• Realignment of current assigned responsibilities for both Review Staff and Administrative Support Staff • Possible need for additional Administrative Support Staff • Increased workload for Administrative Support Staff • Possible resistance from Staff • Additional Training and Quality Review
Benefit	• Increased time for Review Staff to perform initial reviews and other analytical tasks. Review Staff will no longer be sorting through Miscellaneous Mail. • Applications will be more complete when Review Staff starts initial review • Clerical tasks are aligned with clerical staff
Metrics	• Quality Assurance (QA) metrics are recommended to ensure mail is processed correctly. Risk is that "Miscellaneous Mail" is

	not handled correctly and an inaccurate deficiency notice is sent to an applicant. This risk exists in the current process.
Additional Information	• Compared with the other recommendations identified in this document, this recommendation is a significant change for Licensing Program Staff. Additional assessment and planning is required if this recommendation is selected for implementation. Special attention is needed to assess available Administrative Support Staff and skillset. Implementation must be carefully planned so that dramatic changes are not being implemented during "peak" periods or while there is a backlog, as often changes show a temporary decline in productivity until Staff is comfortable with the changes. • The BPR Study Team is aware that in the past, processing Miscellaneous Mail was a Administrative Support Staff function. Further planning and remediation will be necessary to ensure the issues that caused Review Staff to take over the Miscellaneous Mail function are addressed appropriately.

R-6 – Continue to Create and Deploy Effective Training Programs

Multi-day training programs were developed and deployed during September and October 2009 to train newly hired Administrative Support, Review Staff and CIU staff. The training included an overview of MBC and topics specific to an individual's role and responsibilities. Efforts must continue with a dedicated resource to maintain and refine existing training programs and develop new training programs based on identified needs; this will create a professionally satisfying work environment for MBC staff.

Cost	• Dedicated resource allocated to create, refine, maintain and deploy training programs • Staff time for training
Benefit	• Professionally satisfying work environment for MBC staff
Metrics	• Quantitative: Staff feedback in the form of surveys can be used to identify quality of training. QA metrics should be used to assess efficacy in training programs. • Qualitative: Staff surveys, increase in Quality measurements
Additional Information	• NONE

R-7 – Continue to Work Inventory to Achieve Initial Review Within 60 Calendar Days

As described in Section 3 - Licensing and Postgraduate Training Authorization Letter (PTAL) Processes, current regulations require the initial review of an application completed and the applicant informed of any deficiencies within 60 working days (approximately 90 calendar days) from the application receipt date.[48] At the start of the BPR Study, application inventory was in a backlog status; initial reviews were not being completed within the regulatory timeframe of 90 calendar days. Significant effort and focus was placed on the elimination of the backlog and the backlog was eliminated by December 23, 2009. The reports and work products developed during the BPR Study provide better tools for management to identify aging inventory, staffing needs, and workload fluctuations. Use of these tools will prevent the recurrence of a backlog.

The BPR Study Team recommends that Licensing Program staff continue to work at its current pace until initial review is completed within 60 calendar days. Creating a 30-day "buffer" of time will allow the Licensing Program Management staff sufficient time to identify and address issues, such as multiple staff absences or extended absences, that may cause a recurrence of a backlog situation.

The initial review time should not drop below 60 calendar days. As discussed in Section 3.8.4 - Observations – Application Review page 52, the period of time between application receipt and the start of initial review allows the required supporting documentation to be received and processed. Based on discussion with MBC Licensing Program Staff, it is assumed if initial reviews were completed any sooner than 60 days, there would be an increase in deficiency notices generated due to supporting documentation not yet received.

[48] CCR, Title 16 §1319.4

Cost	• Continue working at the current pace – additional analysis needed to determine estimated duration • Probable continuation of overtime – additional analysis is needed to determine overtime needs
Benefit	• Creation of appropriate "buffer" of time to identify and address issues that may cause recurrence of backlog
Metrics	• Quantitative: Downward trend for application age, distribution of older applications • Qualitative: Improved staff morale
Additional Information	• NONE

R-8 – Establish Program-wide Performance Objectives, Staffing Plans, and Metrics

Performance Objectives

Performance objectives provide goals and are used to develop staffing plans, identify resource issues (shortages and overages) and assess actual performance. Performance objectives should be established for all areas within the Licensing Program. Performance objectives should also be refined to contain a quality component; when the objectives are tied to only a measurement of output (such as increasing the number of initial reviews completed), often quality can be comprised.

Based on historical data, high-level application processing performance objectives should be based on receiving approximately 130 new applications a week. During "peak times" (January – March), goals should be based on receiving 150 new applications a week. Lower level application processing performance objectives should be based on:

- Staff experience level
- Application type - there is an observed difference in the complexity and volume of supporting documentation between IMG and US/CAN applications
- Case load
- Other staff responsibilities – including reviewing pended mail, responding to phone and email inquiries and meetings

The BPR Study Team worked with MBC Licensing Program staff to create preliminary performance objectives for the Application Review staff. Quality measurements were not integrated into these preliminary performance objectives, but should be in the near future. The BPR Study Team discussed with MBC Staff the feasibility of performance objectives for Administrative Support Staff, but objectives have not yet been developed. The CIU has not established Performance objectives.

Staffing Plans

Staffing plans use performance objectives and available staff to identify how current workload will be completed. A staffing plan includes:

- Existing staff and planned new hires
- Furlough days, holidays, vacation, and personal time off
- Reasonable and estimated unanticipated time off for illness and other emergencies
- Performance objectives for each individual staff based on assignment and experience

Staffing Plans should be reviewed and assessed weekly with adjustments made to address current workload. This review and assessment is also used to identify staffing shortages or overages and help determine if it is a short-term or long-term issue; this information is necessary to identify the appropriate corrective action. Information from the plans and performance tracking should be made available to staff to show plan and progress; it is important everyone is made aware of the work to be done and energized toward the same goal.

The BPR Study Team worked with MBC Licensing Program staff to create preliminary staffing plans for the Application Review staff. The Staffing Plan template developed for the Application Review staff can be leveraged for other areas in the Licensing Program. For Application Processing, staffing plans can be created up to three months in advance now that the Licensing Program has better workload (inventory) reporting and historical data on application receipts.

Performance Metrics

Metrics provide information on the actual work completed. Performance metrics should be compared with the performance objectives. The comparison may result in or

Adjustments to the performance objectives or in some cases, individual staff performance metrics that consistently fall below performance objectives can indicate additional training or other remediation is needed. Performance objectives and metrics should be continually monitored and refined.

The Licensing Program established Review Staff performance metrics prior to the start of the BPR Study. These metrics required Review Staff to perform manual counts because automated reporting of ATS data was not yet available. An adhoc reporting tool was procured in August 2009, shortly before the start of the BPR Study. The BPR Study Team worked with MBC Licensing staff and ISB to identify the metrics that could derived from the available data. ISB and the MBC Licensing staff are working towards automation of these reports in addition to other metric-related reports. The process to develop performance metrics for application review can be leveraged in other areas of application processing. Other types of performance metric reporting is discussed in Recommendation IT-1.

The Consumer Information Unit (CIU) currently has performance metrics produced automatically through Web Center. .

It is also recommended to assign dedicated staff to update and maintain performance objectives, staffing plans and performance metrics. Currently, some of the work is done by individuals assigned other duties including application review. Often when resources are not dedicated to this effort, competing and higher priorities can prevent ongoing use of these management tools.

Cost	• Staff time to create and maintain performance objectives, staffing plan and metrics • Staff time to review and analyze performance metrics and then recommend and implement corrective action • New concept may cause initial staff resistance
Benefit	• Better management tools • Increased ability to plan for workload fluctuations, identify issues in advance, prevent recurrence of backlog

	• Increased communication between management and staff related to objectives and workload
Metrics	• Quantitative metrics will be created as part of this recommendation
Additional Information	• All objectives should be consistent with timeframes communicated in external communication (Web site content, correspondence, reporting) • Initial goal for Administrative Support Staff is to complete application set-up and preliminary review within 5 workdays, with a long-term goal of 2-3 workdays. Z-project goals should be consistent with processing timeframes communicated outward related to the Web Applicant Access System (WAAS) project. Currently the processing timeframe identified on the Web site is ten days.

9.4 Sample Forms and Web Pages

9.4.1 Postgraduate Training Registration Form (Form 07M-175a)

NOTE: This form required no updates and is included as reference

STATE OF CALIFORNIA – STATE AND CONSUMER SERVICES AGENCY — ARNOLD SCHWARZENEGGER, *Governor*

Consumer Affairs

MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(800) 633-2322 (916) 263-2382 FAX (916) 263-2487
www.mbc.ca.gov

POSTGRADUATE TRAINING REGISTRATION FORM

To be completed by every medical graduate who is not licensed in California and who will commence an ACGME/RCPSC accredited postgraduate training program in California. Please complete the information below and return this form to the Licensing Program of the Medical Board of California at the above address. The filing of this form with the Board will fulfill the registration requirements specified by law.

1. NAME: Last	First	Middle	
2. Date of Birth: ___ ___/___ ___/___ ___ ___ ___	3. U.S. Social Security Number: ___ ___ ___/___ ___/___ ___ ___ ___		
4. Home/Mailing Address:			
5. Telephone Numbers: (include area code)	Home	Work	Cell
6. Name and Address of Medical School of Graduation:		7. Date Medical Degree Issued ___ ___/___ ___/___ ___ ___ ___	
8. Is this your first postgraduate training year in the U.S.? ❑ Yes ❑ No	9. If no, list all other ACGME/RCPSC accredited postgraduate training programs in which you participated, whether or not the program was completed or credit was granted.		
10. Name and address of facility where training is to be completed:		ACGME 10 digit program number ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	
11. Name of the program director:	12. Program director's telephone number: ( )		
13. List categorical specialty area of training to be completed:			
14. Beginning & Ending Dates of this program: From ___ ___/___ ___/___ ___ ___ ___ To ___ ___/___ ___/___ ___ ___ ___			
15. I HEREBY DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT I HAVE READ THE LAWS, AND THAT THE FOREGOING INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT. Signature _____ Date _____			
COMPLETION OF THIS FORM IS REQUIRED BY SECTIONS 2065 AND 2066 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE.			

07M-175A (Rev. 12/05)

9.4.2 Revised Licensing Fee Schedule

Applicant Last Name	Applicant First Name	Date of Birth
**** DRAFT ****	**** DRAFT ****	MM/DD/YYYY

FEE SCHEDULE Application for Physician's and Surgeon's License
- or -
Post Graduate Training Authorization Letter (PTAL)

Pay online at http://www.dca.ca.gov/proflic/medicalbd.shtml -or- Make certified check, cashier's check, money order or personal check payable to: MEDICAL BOARD OF CALIFORNIA (Fees are subject to change)			**Amt Enclosed**
Part 1: Application Fee			
Total Non-Refundable Application Fee The application fee includes a Non-Refundable Fingerprint Processing Fee of $51.00. DOJ Fingerprint processing is required. Fingerprint fees do "not" include any additional fees that may be incurred through the party that rolls or electronically scans your fingerprints	Required	**$ 493.00**	
Part 2: License Fee (only applicable for those applying for a Physician & Surgeon's License)			
Initial License Fees are required, but may be deferred until application has been approved. To reduce delays in issuing a license, remit the initial license fee at the time you submit this license application. If license fees are deferred, you will be invoiced for the initial license fee once the license application has been approved and this may cause a delay in issuing the license. **Initial License Fee ($808.00) or Reduced Initial License Fee ($416.50)** - If you are actively participating in an ACGME/RCPSC accredited training program at the time of licensure you may be eligible for the reduced initial licensing fee. To verify your current enrollment and participation, you will need to submit Form L4 (Certificate of Current Postgraduate Training Enrollment) along with your payment. **Initial License Fee Refund** - If you are not issued a license but have paid the initial license fees, the license fees will be refunded to you. **Initial License Expiration** - Upon final approval of your initial license application, your California Physician and Surgeon license will be issued and valid for up to two years. The license expiration date is based on your birth month. If you wait until your birth month for licensure, your license will be valid for the full 24-month period. Should you choose to be licensed as soon as possible, this time will be shortened to as few as 13 months – dependent upon your birth month.			
Initial License Fee -or- Reduced Initial License Fee	Required	**$ 808.00** - or - **$416.50**	
Part 3: Voluntary Fee			
You may voluntarily contribute $25.00 to provide training for family physicians and other primary care providers who will serve medically underserved rural and inner city Californians, refugees, the frail elderly and people with AIDS. *This voluntary program was established as a result of legislation authored by the late Dr. William Filante and is supported by the California Medical Association, the California Academy of Family Physicians and other leading health care organizations. Dr. Filante's bill authorized the State's Office of Statewide Health Planning and Development (OSHPD) to accept contributions from certain foundations, health maintenance organizations, health insurers, and other entities to augment this primary care training programs, which are located in hospitals throughout California.*			
Family Physician Training Fee	Voluntary	**$ 25.00**	
		TOTAL FEES ENCLOSED	

Original:

STATE AND CONSUMER SERVICES AGENCY- *Department of Consumer Affairs* ARNOLD SCHWARZENEGGER, *Governor*

MEDICAL BOARD OF CALIFORNIA
Licensing Program

FEE SCHEDULE: APPLICATION FOR PHYSICIAN'S & SURGEON'S LICENSE OR POSTGRADUATE TRAINING AUTHORIZATION LETTER (PTAL)

APPLICATION FEES

1. **Required Non-refundable Application Fee:** **$442.00**

2. **Required Non-refundable Fingerprint Processing Fee:** ..... **$ 51.00**
Fingerprint processing fee is required by the DOJ. Additional fees may be incurred through the party which rolls or electronically scans your fingerprints.

3. **TOTAL REQUIRED NON-REFUNDABLE APPLICATION FEES:** ..... **$ 493.00**

LICENSE FEES

4. **Initial License Fee:** **$808.00**

You may wish to remit the initial license fee with your application and fingerprint fees to reduce processing time. The initial license fee is $808.00. However, if you are currently enrolled in an approved ACGME or RCPSC accredited training program, you are eligible for the reduced initial licensing fee of $416.50. To verify your current enrollment in a training program, you will need to submit a *Certificate of Current Postgraduate Training Enrollment (Form L4)* along with the $416.50 reduced initial licensing fee.

PLEASE NOTE: Both the initial license fee and the reduced license fee specified above include a *mandatory* payment of $25 to the Physician Corps Loan Repayment Program per section 2436.5 of the Business and Professions Code. The payment must be made at the time of application for initial licensure. Applicants for a PTAL are not required to pay the licensing fee at the time the application is submitted but the applicable fees must be paid prior to the issuance of a medical license.

Upon final approval, your California Physician and Surgeon license will be issued and will be valid for up to two years; the expiration date is based on your birth month. If you wait until your birth month for licensure, your license will be valid for a full 24-month period. Should you choose to be licensed as soon as possible, this time will be shortened to as few as 13 months - dependent upon your birth month. It is only necessary to wait until the birth month, not the exact date of birth.

5. **VOLUNTARY** $25 FAMILY PHYSICIAN TRAINING FEE ***(please see below for information)***
   ☐ Please check here if you wish to contribute to the Physician Training Fund and ADD $25.00 to your payment ..... $ 25.00

You may voluntarily contribute $25 to provide training for family physicians and other primary care providers who will serve medically underserved rural and inner city Californians, refugees, the frail elderly, and people with AIDS.

This voluntary program was established as a result of legislation authored by the late Dr. William Filante and is supported by the California Medical Association, the California Academy of Family Physicians and other leading health care organizations. Dr. Filante's bill authorized the State's Office of Statewide Health Planning and Development (OSHPD) to accept contributions from certain foundations, health maintenance organizations, health insurers, and other entities to augment these primary care training programs, which are located in hospitals throughout California.

TOTAL (APPLICATION PLUS LICENSING) FEES ENCLOSED ..... **$ _____ .00**

MAKE CERTIFIED CHECKS, CASHIER'S CHECKS, MONEY ORDERS, OR PERSONAL CHECKS PAYABLE TO:
MEDICAL BOARD OF CALIFORNIA

(Fees subject to change)

07A-03 (Revised 07/01/09)

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831 (800) 633-2322 (916) 263-2382 FAX: (916) 263-2567 www.mbc.ca.gov

9.4.3 Sample Application Checklist

APPLICATION CHECKLIST

*****Please include with the application package*****

Applicant Last Name:	Applicant First Name:	Applicant Date of Birth: MM / DD / YYYY
Applicant Other Last Name:	Applicant Other First Name:	For MBC Use Only (ATS #)
Medical School (check one) ☐ US/CAN ☐ IMG	Type of Form (check one) ☐ LICENSE ☐ PTAL	For MBC Use Only (QM (Pathway))

If your are using the assistance of a Licensing Service Provider, please indicate name (e.g., FCVS):	For Applicant Use	Additional Comments	For MBC Use
Fees for ALL Applicants			
• Completed Application Fee Schedule.....	☐		☐
• Check or Money order.....	☐		☐
OR			
• Copy of online payment receipt.....	☐		☐
Forms L1A-L1E : *Application for Physician's & Surgeon's License OR Postgraduate Training Authorization Letter*			
Current Version of Forms			
• L1A - 4/2008 version.....	☐		☐
• L1B – 12/05 version.....	☐		☐
• L1C – 12/05 version.....	☐		☐
• L1D – 12/05 version.....	☐		☐
• L1E – 11/4/08 version.....	☐		☐
• No blank fields.....	☐		☐
• Public address used, not personal address.....	☐		☐
• Each page has Name and Date of Birth	☐		☐
• Applicant's name is printed on the "By" line in notary box on L1E.....	☐		☐
• Notarized.....	☐		☐
Fingerprints			
• Copy of Livescan Receipt (CA only).....	☐		☐
OR			
• Two (2) completed fingerprint cards.....	☐		☐
Supporting documentation (as applicable):			
• Official medical school transcript.....	☐		☐
• Official examination scores.....	☐		☐
• Certified copy of medical degree.....	☐		☐
• Official Letters of Good Standing.....	☐		☐
• Detailed narrative to support a 'Yes' response to questions 14 -38.....	☐		☐
Form L2: *Certificate of Medical Education*			
• Current L2 – 12/05 version.....	☐		☐
• Mailed to each medical school attended.....	☐		☐
• Date(s) mailed (put in additional comments box).....			
Forms L3A – L3B: *Certificate of Completion of ACGME/RCPSC Postgraduate Training* ****** Not Required for PTA L******			
• Current L3A/B – 12/05 version.....	☐		☐
• Part 1 completed by applicant.....	☐		☐
• Mailed to each postgraduate training program attended...	☐		☐
• Date(s) mailed (put in additional comments box).....			

APPLICATION_CHECKLIST_final Page 1 of 2

APPLICATION CHECKLIST

*****Please include with the application package*****

	For Applicant Use	Additional Comments	For MBC Use
Form L4: *Certificate of Current Postgraduate Training Enrollment* **** If Applicable*** *** Not Required for PTAL ****			
• Current L4 – 12/05 version	☐		☐
• Part 1 completed by applicant	☐		☐
• Mailed to current postgraduate training program	☐		☐
• Date(s) mailed (put in additional comments box)			

*****IMG ONLY FORMS *****

Form L5: *Certificate of Clinical Clerkships*			
• Current L5 – 12/05 version	☐		☐
• Part 1 completed by applicant	☐		☐
• Mailed to each medical school attended	☐		☐
• Date(s) mailed (put in additional comments box)			
Form L6: *Certificate of Clinical Training* **** If applicable ****			
• Current L6 – 12/05 version	☐		☐
• Part 1 completed by applicant	☐		☐
• Mailed to each clinical clerkship completed	☐		☐
• Date(s) mailed (put in additional comments box)			

Applicant Last Name:	Applicant First Name:	Date of Birth: MM - DD - YYYY

9.4.4 Revised Application Set-Up Worksheet

NEW APPLICATION SET UP WORKSHEET

Application Received Date:	ATS Number:
Applicant Last Name:	Applicant First Name:
Applicant Other Last Name:	Applicant Other First Name:
Medical School (check one) ☐ US/CAN ☐ IMG	Qualification Method (Pathway):

			Task Completion Date	Support Staff Initials	For QA Use
1	ATS Update	☐ Qualification method (Pathway) ☐ License class ☐ File location ☐ Received Date ☐ Personal detail screen			
2	Fingerprints	☐ (1) Card included in file ☐ (1) Card sent for processing ☐ Livescan results in file ☐ Fingerprint deficiency letter sent			
3	L1A – L1E Forms	☐ Application Checklist verified ☐ Requested Addendum – Form(s): ☐ Requested new L1E			
4	Application Received Letter	☐ Mailed			
5	AMA Profile	☐ Printed, in file ☐ No match			
6	FSMB – Physician Data Center	☐ Checked ☐ Board Action in File			
7	Original Documents (e.g., Diploma)	☐ Photocopy in file ☐ Returned to applicant			
8	Other Documents in File	☐ L2 ☐ L3A/B ☐ L4 ☐ L5 ☐ L6 ☐ Examination scores ☐ Certified copy of medical degree ☐ Official Letters of Good Standing ☐ Medical school transcript ☐ ECFMG certificate/status letter			
9	'Z' Project' ATS Update	☐ *Application Requirement Status Field* complete			

NEW APPLICATION FILE WORKSHEET_final Page 1 of 1

Original:

Application Worksheet

ATS#_____

APPLICANT'S NAME: _____

_____Rcvd Application with $_____ _____Rcvd Web Payment of $_____

_____Rcvd Web Application

FINGERPRINTS: _____Rcvd FP Cards _____Rcvd copy of Live Scan Form
_____Rcvd Neither with Application (Checked FP Basket & L/S Folder)

_____Processed One Fingerprint Card _____Extra Fingerprint Card In File

_____Received Live Scan Clearance _____Live Scan Clearance Not in Folder

_____Mailed Fingerprint Letter Requesting: _____Live Scan _____Two FP cards

_____Returned FP cards for completion

_____Requested new L1A-E ("by" line error on Form L1E)

_____Requested Addendum (Form(s) L1_____, Question(s) #_____left blank)

_____Printed AMA Profile _____AMA No Match

_____Mailed Postcard _____No Postcard Received

_____FSMB Checked

_____FSMB Board Action In File

_____Returned Original Documents

_____REVIEWED APPLICATION _____PATHWAY

_____Check/Update Person Detail Screen
_____Log in All Items Received on ATS Notes
_____Fulfill Items on Application Requirement Screen

_____Mailed Status Letter

_____

_____

_____

_____

_____

_____

9.4.5 Revised Licensing Invoice

STATE AND CONSUMER SERVICES AGENCY- *Department of Consumer Affairs* ARNOLD SCHWARZENEGGER, *Governor*

MEDICAL BOARD OF CALIFORNIA
Licensing Program

<Date>

<Applicant Name>
<Applicant Address>
<Applicant City, State, ZIP>

RE: ATS#:

Dear Applicant:

This is to inform you that your Physician's and Surgeon's application for medical licensure in California has been approved. In order to issue the license, payment of the initial licensing fee in the amount of $ 000.00 is required. Please complete the bottom portion of this letter and return to the Board with your payment. Failure to submit the bottom portion will cause a delay in the issuance of your license.

Upon receipt of your initial license fee, your application will be submitted for licensing immediately, unless otherwise requested. The Board licenses at least once a week and licensure documents are mailed approximately two to four weeks thereafter. All license numbers, once issued, are available on our website at http://mbc.ca.gov/loookup.html

If you have any questions please contact the Customer Information Unit at: (800) 633-2322 or in writing at the address noted below.

Sincerely,

Medical Board of California

LICENSING FEE INVOICE

ATS Number: <FILL IN>

Name: <FILL IN> (Last) <FILL IN> (First) <OPT> (MI)

Birth Date: MM / DD / YYYY **Amount Due:** $ 0.00

ABOVE FEE(S): ☐ *76T* ($783) ☐ *76V* ($391.50) ☐ *APP* ($442) ☐ FP ($51) *VL3* ($25)

(Please make your certified check, cashier's check, or money order payable to Medical Board of California)

NOTE: PAYMENTS RECEIVED WITHOUT THIS INVOICE MAY DELAY PROCESSING

CASHIERING OFFICE USE ONLY:

Receipt #: _____ Date Received: _____ Amount: _____ Initials: _____

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831 (916) 263-2382 (800) 633-2322 FAX: (916) 263-2487 www.mbc.ca.gov

Original:

STATE AND CONSUMER SERVICES AGENCY - *Department of Consumer Affairs* ARNOLD SCHWARZENEGGER, *Governor*

MEDICAL BOARD OF CALIFORNIA
Licensing Program

LICENSING FEE INVOICE

ATS NUMBER

Name:_____, _____ _____
(Last) **(First)** **(MI)**

Birth Date: _____ **Amount Due: $**_____

Please make your certified check, cashier's check, or money order payable to Medical Board of California

Note: PAYMENTS RECEIVED WITHOUT THIS INVOICE MAY DELAY PROCESSING OF YOUR APPLICATION.

LICENSING OFFICE USE ONLY:

US or IMG
(Circle One)

ABOVE FEE(S): *76T* ($783) *76V* ($391.50) *APP* ($442) **FP** ($51) *VL3* ($25) **Staff Initials** _____
(Circle the applicable account code)

TRANSFER FEES

Transfer fees
From Account: _____ATS #: _____ Receipt #: _____ Date Received:_____

Transfer fees
To Account: _____ ATS #:_____ Include payment above? Yes or No
(Circle One)

Note to cashier staff:

_____

_____

_____

_____

CASHIERING OFFICE USE ONLY:

Receipt #: _____ Date Received: _____ Amount: _____Initials:_____

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831 (916) 263-2382 (800) 633-2322 FAX: (916) 263-2487 www.mbc.ca.gov

C:\Users\cdyo\AppData\Local\Microsoft\Windows\Temporary Internet Files\OLKE3CF\Fee_Invoice_Revised_8-11-09.docx

9.4.6 Reformatted Policies and Procedures Manual Sample

	MEDICAL BOARD OF CALIFORNIA PHYSICIANS AND SURGEONS LICENSING PROGRAM POLICY and PROCEDURE MANUAL	*Policy Number*	
		Effective Date	MMD/DD/YY
	Subject GENERAL APPLICATION INSTRUCTIONS	*Page*	1 of 6
		Supersedes	07/01/06

I. **PURPOSE**

To define policy and procedures of the Licensing Program with respect to processing of an application for Physicians and Surgeons or Postgraduate Training Authorization.

II. **POLICY STATEMENT**

A. Every applicant for a physician's and surgeon's license shall comply with the requirements of Article 4 of the Business and Professional Code, known as the Medical Practices Act.

B. Each application shall be made upon the L1A – L1E provided by the Licensing Program, and each application form must contain the applicant's signature verifying under penalty of perjury that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct.1

C. Each application shall include the following:

1. A diploma issued by an approved medical school

2. An official transcript

3. Other information concerning the professional instruction and preliminary education of the applicant, if applicable

4. Either fingerprint cards or a copy of a completed Live Scan form.2

D. Every application shall be accompanied by the application fee effective at the time the application is received.3

E. Within 60 working days of receipt of an application pursuant to B&P Code sections 2102, 2103, 2135, or 2151, the Licensing Program shall inform the applicant in writing whether the application for licensure or PTAL is complete and accepted for filing or deficient and what specific information or documentation is required to complete the application.4

F. Within 100 calendar days from the date of filing of a complete application, the Licensing Program shall inform he applicant in writing of the Programs decision regarding the application for licensure.5

III. **DEFINITIONS**

A. Not applicable for this section

IV. ***APPLICATION OF POLICY***

1 Medical Practices Act § 2081
2 Medical Practices Act § 2082
3 Medical Practices Act § 2083
4 Title 16, Division 13, Chapter 1, Article 5, § 1319.4(a)
5 Title 16, Division 13, Chapter 1, Article 5, § 1319.4(b)

B. Set up a new application file:

1. **Application Type** – Determine if the application is for a License, a PTAL, or is an update to an application for License or PTAL.

2 **Application Version** – Confirm the applicant has completed the current application form. Check the lower left corner of the application form.

   a. If the incorrect version, mail the applicant ATS notice #40 to request that the correct version of the application be completed (Forms L1A – L1E).

3. **School Code** – Locate Form L1A Box 11 to identify from which medical school the applicant graduated.

   a. Look up school code on the School Code List (g://licensing;/schoolcode/schoolcodemasterlist.xls) **OR** on your hardcopy list.

   b. Write the school code in the shaded "School Code" box at the bottom of Form L1A.

   c. If the medical school is not on the school code list:

      i. Check with staff person responsible for updating codes to confirm whether the school is an approved or recognized medical school.

      ii. If approved submit a written request to the responsible staff person to have new school code assigned. Once assigned see Step (b) above.

      iii. If the school is not approved or recognized by the Board, send the applicant ATS Notice #15 and close the file on ATS. See Chapter 21 for instructions.

4. **License Pathway** – Determine the applicant's qualification method by checking:

   a. Whether or not a previous CA license is reported on Form L1A Box 10

   b. Written examinations noted on Form L1A Box 13

   c. Whether or not any postgraduate training is noted on Form L1B Box 14

   d. Whether or not any licenses are noted on Form L1B Box 15

5. **License Pathway Sticker** – Put the appropriate colored sticker reflecting the applicant's qualification method on the file folder tab.

6. **Miscellaneous Mail** – Check you miscellaneous mail and merge any items found with the application file. If the applicant has noted an "Other Name' on Form L1A.

7. **Fingerprints** – Applicant must submit either two (2) fingerprint cards **OR** a Live Scan receipt.

   a. Fingerprint Cards:

      i. **Missing cards**: Check miscellaneous fingerprint basket and imminent fingerprint basket. If still not found, mail applicant ATS Notice #40 with two(2) blank fingerprint cards.

      ii. **Cards Included**: Staple one (1) card to the left hand side of the file. Send the second for processing.

   b. Live Scan Receipt (California Residents ONLY):

      i. **Missing receipt**: Check miscellaneous fingerprint folders and imminent fingerprint basket. If still not located, mail applicant ATS Notice #40 with a blank Live Scan Form.

      ii. **Receipt Included**: Retain in file.

8. Update Applicant Tracking System (ATS)

   a. See Chapter 21 for ATS instructions

C. Initial review of application:

1. Mandatory order of files:

   a. ATS notes, address change, Fee invoices

   b. Application update, latest to earliest:

      i. Name change documents

      ii. National Practitioner Data Bank (NPDB) Reports

      iii. Federation of State Medical Boards (FSMB) Reports

      iv. Hospital privileges documentation

      v. Malpractice documents and explanations

      vi. Background checks, criminal conviction documentation, and explanations

      vii. Traffic convictions documentation and explanations

   c. Educational Commission for Foreign Medical Graduates (ECFMG) Certificate Status Report (Form 282B) – **IMG ONLY**

d. Examination scores:

   i. State Board Examinations

   ii. Licentiate of the Medical Council of Canada (LMCC)

   iii. Federation Licensing Examination (FLEX)

   iv. Special Purpose Examination (SPEX)

   v. National Board of Medical Examiners (NBME)

   vi. United States Medial License Examination (USMLE)

   vii. Medial Board of California Oral Examination (earliest to latest)

e. Good Faith Effort documentation – **IMG ONLY**

f. Dental and Osteopathic curriculums and letters

g. Certificate of Medical Education (Form L2) earliest to latest

   i. Explanations for leaves of absence

   ii. Extended curriculums

   iii. Disciplinary actions

   iv. Probationary actions

h. Medical School Transcripts, earliest to latest:

   i. **IMG ONLY:**

      A. Certification of translator

      B. Translation

      C. Transcript

i. Medical School Diploma:

   i. **IMG ONLY:**

      A. Diploma

      B. Certification of translator

      C. Translation

D. ACTA (required of some Mexico graduates)

E. Certification so translator

F. Translation

G. Social Service (required of Mexico graduates)

H. Certification so translator

I. Translation

b. Letter from Fifth Pathway Program – **IMG ONLY**

c. Original California Wall Certificate, if applicable

i. Notarized letter regarding the status of the original certificate (lost, stolen, destroyed), if applicable

d. Letters of Good Standing

e. Postgraduate Training Authorization Letter(s), latest to earliest – **IMG ONLY**

f. Certification of Completion of ACGME/RCPSC Postgraduate Training (Form L3A/B), earliest to latest

i. Specialty Board Certifications

ii. Explanations and documentation of withdrawals, transfers

iii. Description of four (4) months general medicine

iv. Documentation and explanations of program discipline

v. Documentation and explanations of program failures

g. Certificate of Current Postgraduate Training Enrollment (Form L4), if applicable

i. Documentation of cease and desist training

ii. Professional activities

h. Clinical Worksheet (Form L5) – **IMG ONLY**

i. Documentation in other formats of undergraduate clinical clerkships

ii. Fifth Pathway breakdowns

iii. Proposal and confirmation of remedial training

iv. Internships

v. Internado (Mexico graduates)

i. Certificate of Clinical Training (Form L6), earliest to latest – **IMG ONLY**

j. Returned originals form (earliest to latest)

k. American Medical Association (AMA) Physician Profile

l. Staple Fingerprint Clearances and Arrest Reports to left side of file

2. Forward application file to the appropriate Application Reviewer for processing

VI. ***RESPONSIBILITY***

A. Supervisors/Managers are responsible for implementing the program in a consistent and equitable manner.

SPONSOR

Chief of Licensing

REVIEW CYCLE

Circular

APPROVAL

_____ _____

Chief of Licensing Date

Original:

PROCEDURE -
Every applicant must submit an Initial and Update Application for Physician's and Surgeon's License OR Postgraduate Training Authorization Letter (Forms L1A through L1E). The application allows the applicant to indicate for which of the following he or she is apply:

1. **Licensure** – requesting issuance of a physician's and surgeon's license
2. **Postgraduate Training Authorization Letter (PTAL)** – for international medical school graduates applying for an authorization letter to participate in an ACGME-accredited postgraduate training program within California.
3. **Update** - person has a pending application on file and wants to keep the file open/active.

Listed below are the **minimum required application and supporting materials** for medical licensure for a domestic medical school graduate (US or Canada):

- Application Forms L1A-L1E
- Two fingerprint cards or copy of Live Scan form
- Fees of $493.00 or copy of online payment receipt
- Official examination scores received directly from the reporting agency
- Form L2
- Official medical school transcript
- Certified copy of medical degree
- Official Letters of Good Standing (if applicable)
- Form L3A-L3B
- Form L4 (if applicable)
- License fees

Please follow the below steps to set up an application file, and conduct a preliminary review to ensure all required documents have been submitted:

Set up a new application file:

Step:	Action	
A.	**Type of Application Submitted** - Ensure that the application being reviewed is the application for Initial and Update Application for Physician's and Surgeon's License or Postgraduate Training Authorization Letter. Look at the top of L1A to see which type of application the applicant has submitted (License/PTAL/Update). It is not uncommon for the applicant to mark the wrong box or leave the boxes blank. A new application is not required if either instance occurs.	
B.	**Application Revision Date** - Has the applicant completed the current application form provided by the Board? Check the revision date in the lower left corner of the application form. The current accepted version has a revision date of 4/2008 on Form L1A, a revision date of 12/05 on Forms L1B, L1C,and L1D, and a revision date of 11/4/08 on Form L1E.	
	IF:	THEN:
	The applicant used an old version of the Board's application:	Mail the applicant ATS notice # 40 and request a new completed application (Forms L1A-E)

C.	School Code – Review question # 11 to see from which medical school the applicant graduated. Look up the school code on the Excel School Code list (g:/licensing/school code/schoolcodemasterlist.xls) OR on your hard copy list. Write the school code in the shaded "School Code" box at the bottom of Form L1A.	
	IF:	THEN:
	The medical school is not on the school code list	Immediately check with the staff person in charge of updating the codes and confirm the school is an approved or recognized medical school. If it is, submit a written request to the staff person for a new school code to be assigned. Once you have the new code, update the "School Code" field on the L1A. If the school is not approved or recognized by the Board, mail the applicant ATS notice # 15 to advise the applicant that the medical school is not approved/recognized and that the unexpended portion of the applicant's processing fee will be refunded along with any licensing fee submitted. Close the file on ATS – see Chapter 21 for instructions.
D.	**Licensing Pathway** - Determine the applicant's qualification method (pathway to licensure, Chapter 1, Pages 4 and 5) by checking: • The medical school issuing the medical degree on L1A • Written examinations noted on L1A • Whether or not any postgraduate training is noted on L1B • Whether or not any licenses are noted on L1B. • Whether or not a previous CA license is reported on question # 10 on L1A	
E.	**License Pathway Sticker** - Put the appropriate colored sticker reflecting the applicant's qualification method on the file folder tab.	
F.	**Miscellaneous Mail** – Check your miscellaneous mail and merge any items found with the application file. If the applicant has noted an "Other Name" on Form L1A, check the miscellaneous mail folders under this name also.	
G.	**Fingerprints** - Check file for fingerprint card, live scan receipt, or letter mailed to the applicant from support staff, requesting either fingerprint cards or live scan.	
	IF:	THEN:

	If none of the required fingerprint documents are located:	Check the miscellaneous fingerprint folders and imminent fingerprint basket. Place clearances found in the miscellaneous folder in your file. Process cards found in the imminent fingerprint basket. See Chapter 11 for instructions on fingerprint processing. If still not found, check with support staff and if necessary request that support staff mail a Live Scan form or fingerprint card to the applicant. Update ATS notes to indicate the date Live Scan or fingerprint cards were mailed to the applicant.
H.	**Update the Applicant Tracking System (ATS)** – (see Chapter 21 for ATS instructions) **Enter the following:** • Qualification method (pathway) • License class (A, C, or G) • File location is US or IMG (until file is reviewed) • For applicants who paid online (web applicants) make sure the received date (Rec Dt in middle of License Application screen on ATS) is the date when both the fees and application were received in the office. Web applicants often pay first then mail the application later – in this instance the received date would be the date the application was received. Use the date of receipt of the last item (application or application processing fee). • Update the person detail screen with the applicant's first, middle (if any), last name, date of birth, social security number, gender, address of record, telephone numbers, and e-mail address (optional).	
I.	File application folder into the designated "pending review" file drawer in your cubicle	

Initial Review of the application (within 60 business days of receipt per CCR 1319.4):

Step:	Action
J.	Put file into order per the Mandatory Order of Files document (see Chapter 2, page x for instructions)
K.	Remove all staples from the documents; keep them in the mandatory order.
L.	Staple the Fingerprint documents to left side of file folder.
M.	Review application and note needed items.

N.	For any missing information, refer to the correct section in this manual relative to the particular question and/or form and applicable deficiency letter.	
O.	**Review application for missing information.** All questions must be answered and all supporting documents must have been submitted to the Board unless otherwise noted. If one or more questions on the application have been left blank, the applicant is required to complete a new application (L1A-E). The Board's legal counsel has determined that once an application has been signed and notarized additional information may not be added. As such, a new application is required. When reviewing the application forms, use the "MBC Use Only" squares in the gray margin, to check off when a question has been answered AND when the supporting documentation has been provided and approved. Review the L1E to ensure the appropriate photograph has been provided and that the form is signed and notarized correctly.	
	IF:	**THEN:**
	The applicant left one or more questions blank:	Using the gray "MBC Use Only" section of the application, use a red pen to indicate the areas where the applicant was missing information. Also, photocopy the page containing the missing information/blank answer, and return it to the applicant as evidence of the incomplete application. Mail applicant ATS notice # 40 to request a new completed application (L1A-E)
P.	If the application is determined to be complete, see Chapter ? for instructions on submitting a completed application for licensing.	

The Mandatory Order of Files for U.S. and Canadian medical school graduates is as follows:

1.	ATS Notes Address Change Fee Invoices
2	Application Update (Initial AND Update Application For Physician's and Surgeon's License OR Postgraduate Training Authorization Letter - Forms L1A-L1E) latest to earliest
3	Initial AND Update Application For Physician's and Surgeon's License OR Postgraduate Training Authorization Letter - Forms L1A-L1E • Name change documents • National Practitioner Data Bank (NPDB) Reports • Federation of State Medical Boards (FSMB) Reports • Hospital privileges documentation • Malpractice documents and explanations • Rap sheets, criminal conviction documentation, and explanations • Traffic convictions documentation and explanations
4	Examination Scores: • State Board Examinations • Licentiate of the Medical Council of Canada (LMCC) • Federation Licensing Examination (FLEX) • Special Purpose Examination (SPEX) • National Board of Medical Examiners (NBME) • United States Medical License Examination (USMLE) • Medical Board of California Oral Examination (earliest to latest)
5	Dental and Osteopathic curriculums and letters
6	Certificate of Medical Education (Form L2; earliest to latest) • Explanations for leaves of absence, extended curriculums, disciplinary, and probationary actions
7	Medical School Transcripts (earliest to latest)
8	Medical School Diploma
9	Original California Wall Certificate – (applicant re-applying for licensure per CA B&P Code section 2428) OR Notarized Letter regarding the status of the original certificate (lost, stolen, destroyed)
10	Letters of Good Standing • State/province/country license discipline documentation and explanations • CAS 610 screen printout for applicants re-applying for licensure per CA B&P Code section 2428

11	Certification of Completion of ACGME/RCPSC Postgraduate Training (Form L3A/B; earliest to latest) • Specialty Board Certifications • Explanations and documentation of withdrawals, transfers • Description of four months general medicine • Documentation and explanations of program discipline • Documentation and explanations of program failures
12	Certificate of Current Postgraduate Training Enrollment (Form L4 - eligibility for reduced initial license fee) • Documentation of cease and desist training • Professional Activities
13	Returned Originals form (earliest to latest)
14	American Medical Association (AMA) Physician Profile
15	Fingerprint Clearances and Arrest Reports (RAP sheets) – stapled to the left side of the file until the applicant is ready to be licensed. Once the file is approved for licensure, the Licensing Technician (Cindy Rogalski) will remove and shred the DOJ and FBI fingerprint responses.

9.4.7 MBC Web Site – Revised Applicant Tab

Page 1 Revised

Home ->**applicant**

Licensing Process

Attention: Osteopathic Physicians and Surgeons - If you are applying for licensure as an osteopathic physician and surgeon, please contact the **Osteopathic Medical Board of California at** (916) 928-8390 for an application and further information.

Attention: International Medical School Graduates - If you are an International Medical School Graduate seeking the Postgraduate Training Authorization Letter (PTAL) allowing you to apply to a California Postgraduate Training Program <click here>

Attention: If you have already submitted an application and want to check the status of your application online *<click here>* or email info@mbc.ca.gov

General Information on the Licensing Process

Submit the application, fees and documentation at least six (6) to nine (9) months before licensure is needed - Applicants are strongly encouraged to submit the license application, fees and supporting documentation at least **six to nine months before licensure is needed.** Documentation is required from several different entities in order to complete the application file. Due to the complexity of each application file, MBC cannot identify all variables that may cause additional review and subsequent delays. Therefore, it is not possible to provide assurances that any applicant will be licensed by a specific date.

MBC is a law enforcement agency - <insert narrative from GME outreach materials>

Licensure Requirements

- For graduates of U.S. or Canadian Medical Schools and in Postgraduate Training, Business requires licensure ....
- For graduates of International Medical Schools and in Postgraduate Training <cite statute> requires licensure .....
- For all others <cite statutes> requires licensure

Licensure Application, Forms and Documentation – The Applicant is required to complete the license application, provide fingerprints and other documentation. The applicant is also responsible for requesting additional information from other entities such as Medical School and Postgraduate Training Program(s). Read the application instructions carefully. Unnecessary delays can be avoided if application is completed correctly and accurately. The list of forms and documentation are listed on the next page.

Fees – **The Licensing application fee is $493. The initial licensing fee is $808.** If eligible for reduced initial licensing fee, the amount is $416.50. See application for Application Instructions and Fee Schedule for more information. **Do not send cash**

- Make your cashier's check. personal check or money order payable to the Medical Board of California
- Mail your application and fee to:
  Medical Board of California
  2005 Evergreen Street, Suite 1200
  Sacramento, CA 95815

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Home ->applicant ->**additional info**

Licensing Process

Application Process

The application process cannot begin without payment of application fee and receipt of the application. Once the application and fees have been received, applications are reviewed in the order received. Pursuant to §1319.4, MBC staff must complete the initial review within 60 *working days*. After the initial review is complete, the applicant is notified in writing of the application status and given an itemized list of documents needed to complete the file. These subsequent documents also will be reviewed in order of receipt. Once all documentation is received, reviewed and accepted, MBC has 100 calendar days to determine its licensure decision.

Application, Forms and Payment

- Application Instructions and Checklist ***<click here>***
- Fingerprinting for California residents: Livescan Form and Livescan locations
- Fingerprinting for non-California residents: <insert requirements or link>
- Online Licensing Application Payment ***<click here>***
- U.S./Canadian Medical School Graduate Application, and Fee Schedule (fill-in) - ***<click here>***
- International Medical School Graduate Application and Fee Schedule (fill-in) - ***<click here>***

Additional Information related to the Application, Forms and Payment

- NEW MANDATORY FEE EFFECTIVE JANUARY 1, 2009 <can this line be removed?>
- Examination Scores
- Federation Credentials Verification Service Application
- Convictions - How it Might Affect a License / PTAL Application

Need additional info? <link to send an email to info@mbc.ca.gov> or call CIU 1-800-633-2322

Page 1 - Original

Licensing Application Information

Please click here to view the status of your licensing application:

The Medical Board's Licensing Section protects the consumer through the proper licensing of physicians and surgeons. The comprehensive review of an application provides that licensees have the requisite qualifications and educational credentials for medical practice.

California's licensing requirements remain among the more stringent in the nation; nevertheless, an ever-increasing number of applicants seek licensure in California. During the 2008-2009 fiscal year, over 6,000 applications were received by the Board and over 4,600 licenses were granted. Applicants should recognize that the application review process can be lengthy, and are encouraged to start the application process at least **six to nine months** before they need licensure. While the sense of urgency experienced by each applicant is understood, the licensing staff is responsible for reviewing many files, and cannot complete the review of a file if required documents are missing. Oftentimes, the missing documents must be obtained from distant medical schools or programs, resulting in more delays. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, which does not provide for any waivers to be granted by staff or by the Board.

- The Board is only accepting applications with the following revision dates: 12/05 and 04/08.
- Applications are reviewed in the order of receipt.
- Applicants should submit all required documentation as soon as possible; however, without both the application and fees, staff cannot begin the initial review process.
- Fingerprint cards should be submitted early in the process, preferably with the application and fees, because this security clearance is lengthy.
- Do *not* wait to submit an application until all documentation is complete, because that will significantly delay the fingerprint card processing.

Once an application has been received, staff must complete the initial review within 60 working days, although this often occurs in less time. The applicant is then notified in writing of the application status and given an itemized list of documents needed to complete the file. These subsequent documents also will be reviewed in order of receipt.

The review of applications filed by US/Canadian medical graduates is fairly routine. When delays occur, they generally result from the required FBI fingerprint clearance, which may take a few months.

While the review of applications filed by international graduates is more complex, delays usually are the result of education and training which does not meet the standard required in law and which therefore must be

remediated. Other extensive delays occur as applicants try to obtain documents from foreign institutions or when certified translations are needed.

Lastly, when all documents have been submitted and an application is complete, regulations allow an additional 100 days for processing. This time frame may include a senior management review of complex files and a request for clarification of some documented information.

The Board cannot predict the variables that may cause delays as each application is reviewed. Therefore, it is not possible to provide assurances that any applicant will be licensed by a specific date.

Continue

Page 2 – Original

Home ->applicant ->**additional info**

Licensing Process

Online Licensing Application Payment

NEW MANDATORY FEE EFFECTIVE JANUARY 1, 2009

- U.S./Canadian Medical School Graduate Application - *Fill-In*
- International Medical School Graduate Application - *Fill-In*
- California ACGME Approved Postgraduate Training Program: Postgraduate Training Registration Form
- Live Scan Form
- Live Scan Locations
- Examination Scores
- Federation Credentials Verification Service Application
- Convictions - How it Might Affect a License / PTAL Application

Attention: Osteopathic Physicians and Surgeons

Do not complete this application packet if you are applying for licensure as an osteopathic physician and surgeon. Please contact the Osteopathic Medical Board of California at (916) 928-8390 for an application and further information.

MEDICAL BOARD STAFF REPORT – EDUCATION COMMITTEE

DATE REPORT ISSUED: December 1, 2009
SUBJECT: Amendment of regulation; Acceptable Written Examinations
STAFF CONTACT: Janie Cordray

RECOMMENDATIONS AND REQUESTED ACTION:

Staff is recommending the Board's regulation relating to acceptable written examinations be amended to include USMLE steps 1 & 2 combined with NBME part 3. Staff is asking the members to allow the scheduling of a regulatory hearing at the next Board meeting.

SUMMARY:

CCR Title 16, section 1328, enumerates the combination of written examinations that are acceptable to the Board for the issuance of an initial physician & surgeon license. The regulations were last amended in 1999 to reflect the new USMLE steps 1, 2 and 3. At that time, staff and members attempted to imagine all of the possible legitimate combinations of examinations that future applicants would need to have recognized. Until very recently, their best guess has been adequate.

At present, however, the Board has received an applicant under section 2170 of the Business & Professions Code that is unable to be licensed because her examinations do not meet the regulatory requirement. Over 10 years ago, she took the NBME 3 prior to taking Steps 1 & 2 of the USMLE, and two weeks prior to the Federation of State Medical Board's offering of USMLE step 3.

While it would appear that this situation is rare, it is likely to occur again. As all of these exams are legitimate paths toward licensure, it is necessary to establish the acceptability of this combination of examinations in regulation.

CONCLUSION:

The Board should amend the regulations to recognize USMLE steps 1and 2 and NBME step 3 as a acceptable combination of examinations for licensure. Without doing so, applicants like the one described will either have to take USMLE step 3 (over 10 years after graduation), find another pathway in which to become licensed, or not be licensed in California. None of these alternatives are fair or practical.

FISCAL CONSIDERATIONS:

There is no substantial cost to promulgating regulations; however, there may be substantial legal costs in the future if the regulation is not amended.

PREVIOUS MBC AND/OR COMMITTEE ACTION:

The Division of Licensing first promulgated the regulation to establish the acceptable written examination in 1979. Since then, the Division has amended the regulations to reflect the changes in the written examination offerings. The latest amendment was adopted in 1999, and reflected the establishment of the USMLE parts 1, 2 and 3.

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: January 29, 2010
ATTENTION: Medical Board of California
DEPARTMENT: Licensing Operations
SUBJECT: Midwifery Advisory Council (MAC) Vacancies
STAFF CONTACT: Deborah Pellegrini, Chief

REQUESTED ACTION: Re-appoint Licensed Midwife, Faith Gibson, to the MAC's vacant Licensed Midwife position.

STAFF RECOMMENDATION: Staff recommend that the Board accept this request to re-appoint Licensed Midwife Faith Gibson to a three-year term with the MAC.

EXECUTIVE SUMMARY: Business and Professions Code section 2509 states that the Board shall create and appoint a Midwifery Advisory Council consisting of licensees of the board in good standing, who need not be members of the Board, and members of the public who have an interest in midwifery practice, including, but not limited to, home births. At least one-half of the council members shall be California licensed midwives.

A memorandum dated January 17, 2007, was submitted to the Board regarding establishment of the MAC and staff recommendations. The Board approved the make-up of six members including three licensed midwives and three public members, of which two are obstetrician/ gynecologists and one is a member of the Board.

Faith Gibson has actively participated in the Board's implementation of the midwifery licensure law since 1994 and has been a Licensed Midwife since September 1997. Ms. Gibson has been a home birth midwife for 34 years and has been involved in statewide and national politics for midwifery for the majority of these years. Ms. Gibson is one of the original members of the MAC. Her term expires January 2010 and she would like to continue to serve on the MAC.

FISCAL CONSIDERATIONS:
None.

PREVIOUS MBC AND/OR COUNCIL ACTION:
Not applicable.

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: January 29, 2010
ATTENTION: Medical Board of California
DEPARTMENT: Licensing Operations
SUBJECT: Midwifery Advisory Council (MAC) Vacancies
STAFF CONTACT: Deborah Pellegrini, Chief

REQUESTED ACTION: Re-appoint Ruth Haskins, M.D., to the vacant Obstetrician/Gynecologist position.

STAFF RECOMMENDATION: Staff recommend that the Board accept this request to re-appoint Obstetrician/Gynecologist Ruth Haskins, M.D., to a three-year term with the MAC.

EXECUTIVE SUMMARY: Business and Professions Code section 2509 states that the board shall create and appoint a Midwifery Advisory Council consisting of licensees of the board in good standing, who need not be members of the board, and members of the public who have an interest in midwifery practice, including, but not limited to, home births. At least one-half of the council members shall be California licensed midwives.

A memorandum dated January 17, 2007, was submitted to the Board regarding establishment of the MAC and staff recommendations. The Board approved the make-up of six members including three licensed midwives and three public members, of which two are obstetrician/ gynecologists and one is a member of the Board.

Dr. Haskins served on active duty until 1993 in the U.S. Air Force, attaining the rank of Major before opening her own private practice. She moved to Fair Oaks, CA and practiced at Mercy San Juan Hospital and Sutter Roseville hospitals in 1993. She sold her private practice and joined the U.C. Davis Medical Group, where, until June of 2008, she practiced at the Women's Center of Folsom.

Dr. Haskins is actively involved in the political process and she is a passionate advocate for women's health issues. Dr. Haskins is one of the original members of the MAC. Her term expires January 2010 and she would like to continue to serve on the MAC.

FISCAL CONSIDERATIONS:
None.

PREVIOUS MBC AND/OR COUNCIL ACTION:
Not applicable.

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: January 29, 2010
ATTENTION: Medical Board of California
DEPARTMENT: Licensing Operations
SUBJECT: Nizhoni Midwifery Institute, San Diego, CA
STAFF CONTACT: Deborah Pellegrini, Chief, Licensing Program

REQUESTED ACTION:

Determine if the Nizhoni Midwifery Institute's program satisfies the minimum requirements of statute and regulation and should be granted recognition.

STAFF RECOMMENDATION:

Staff recommends that the Board grant recognition to the Nizhoni Midwifery Institute, based on the Medical Board Staff findings and recommendations. This would be consistent with the Board's prior decisions regarding other midwifery programs of this type.

EXECUTIVE SUMMARY:

Business and Professions (B&P) Code section 2512.5 states, in part, that the midwifery education curriculum shall consist of no less than 84 semester units or 126 quarters unit. It specifies the areas that must be covered by the curriculum. In addition, Title 16, California Code of Regulations section 1379.30 requires the midwifery education program to prepare the midwife to practice specified procedures and to practice in specified areas. Copies of B&P Code sections 2512.5 and Title 16, CCR, section 1379 are attached for your reference.

The Nizhoni Institute of Midwifery is a 501 (c) non-profit educational institution and is a California-based direct-entry midwifery education program. It has achieved pre-accreditation status from the Midwifery Education Accreditation Council (MEAC) for the period of July 2, 2009 through July 1, 2012. MEAC approval letter is attached.

The school submitted an application package to the Board in August 2009. Over the next four months, there were multiple discussions between the Board and the applicant regarding the required documentation to be submitted to the Board for review. At a point during these discussions, Medical Board staff also provided the applicant with a matrix of the required statutes and regulations to assist in obtaining the required documentation. The matrix was returned to the Board on October 22, 2009 but educational modules that the matrix referred to were not included in the package.

Discussions continued, and by late November 2009, Medical Board staff received the first of 37 educational modules outlining the midwifery school curriculum. Over the next few weeks, all educational modules were provided and the institute's officials addressed all pertinent questions and requests for additional information satisfactorily.

Medical Board staff reviewed all materials and concludes that the curriculum and clinical practice requirements meet California statutory and regulatory requirements. Medical Board staff recommends that the Board grant recognition to the Nizhoni Midwifery Institute retroactive to the initial date of application in August 2009.

FISCAL CONSIDERATIONS:

There is no fiscal impact to the Medical Board of California to granting recognition to the Nizhoni Midwifery Institute program. If the Board grants recognition to the school's midwifery program, graduates of the program will apply for licensure in California. This will increase access to midwifery care in California.

PREVIOUS MBC AND/OR COUNCIL ACTION:

The Board previously granted approval to midwifery schools that met program qualifications as listed in the B&P Code and Title 16 of the California Code of Regulations.

Attachments

Midwifery Education Accreditation Council

Setting the Standards for Midwifery Education

Midwifery Education Accreditation Council

Board of Directors

Ellie G. Daniels, CPM
President

Heidi Fillmore-Patrick, NHCM, CPM, BS
Vice President

Judith N. Lane, LM, CPM, MPH
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Kathryn Montgomery, PhD

Kristi Ridd-Young, ICCE, MS

Mary Yglesia

Executive Director

Jo Anne Myers-Ciecko, MPH

July 7, 2009

Michael McCormick
Medical Board of California
2005 Evergreen St.
Suite 1200
Sacramento, CA 95815

Dear Mr. McCormick:

This letter is to inform you that Midwifery Education Accreditation Council has recently granted pre-accreditation status to Nizhoni Institute of Midwifery, 3802 Alameda Way, Bonita, CA 91902. This pre-accreditation covers the period from July 2, 2009 to July 1, 2012.

Please send any comments or concerns, in writing, to Midwifery Education Accreditation Council, PO Box 984, La Conner, WA 98257 or email us at info@meacschools.org. For more information, call us or visit our website at www.meacschools.org.

Sincerely,

Jo Anne Myers-Ciecko
Executive Director

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U.S. Department of Education Recognized Agency
P.O. Box 984, LaConner, WA 98257 Phone 360-466-2080 Fax 480-907-2936 www.meacschools.org

The Course of Instruction

Each module in the midwifery program is completed in one month. The knowledge gained in each module provides the foundation for the next module's learning activities. There are thirty-seven required modules, an optional ALSO certification exam module and an Integration Phase.

1. **Foundations of Midwifery**
   The Midwives' Model of Care
   Midwifery Practice and Professionalism
   Contemporary Midwifery History and Politics
   Informed Consent
   Midwives are introduced to the midwifery model of care. The context is set for professional midwifery practice. Students consider the sociopolitical ramifications of contemporary midwifery while exploring global, national and local professional issues. Students explore the contributions of modern midwives to current midwifery practice.

2. **Introduction to Medical Terminology**
   Medical Terminology and Abbreviations
   Learn basic medical and midwifery terminology as a valuable means of creating commonality, mutual understanding and professionalism between health care providers.

3. **Practice Documentation**
   Developing a Documentation System
   Standardized Procedures and Practice Guidelines
   An introduction to legal and ethical guidelines for documentation of midwifery care. Students apply medical terminology to midwifery practice with simulated charting exercises. Informed consent is introduced as the context of care for the midwife-patient relationship.

4. **Communication Skills**
   Midwifery in Multicultural Settings
   Communication and Counseling Skills
   Education Skills
   Understanding and Working with Social Styles
   Communication, education and counseling skills for midwifery practice. Students learn to work with differing social styles as a means of improving communication in midwifery practice. The practice of midwifery in multicultural settings and the concepts of "cultural competency" and "cultural humility" are explored.

5. **Introduction to Midwifery Skills**
   Hygiene
   Clean and Aseptic Technique
   Universal Precautions and OSHA Standards
   Introduction to Clinical Skills

Learn universal precautions, aseptic technique and basic midwifery skills with application to practice in clinical settings.

6. **Foundations of Reproductive Science**
Reproductive Anatomy and Physiology
Ethical Considerations in Reproductive Health
An overview of reproductive anatomy and physiology with application to well-woman gynecologic care.

7. **From Conception to Birth**
Introduction to Genetics
Embryology, Fetal Development and Teratogens
An introduction to genetics, fetal development and teratogenic complications of pregnancy with applications for pre-conceptional counseling and midwifery practice as well as referral to perinatal providers.

8. **Introduction to Microbiology for Midwives**
Introductory Microbiology
Introduction to Laboratory Skills
An introduction to basic microbiology and laboratory skills with application to midwifery and well-woman healthcare.

9. **Complete Health Assessment**
Taking a Midwifery/Medical History
Assessing Histories from Other Care Professionals
The Complete Physical Examination
Learn to take a detailed midwifery and medical history, evaluate histories from other health care providers and perform a physical exam in a clinical setting.

10. **Well-Woman Care**
Well-Woman Gynecologic Exam
Reproductive Tract Infections/Sexually Transmitted Infections
Pap Testing and Vaginal Cultures
Clinical Skills Practicum
Learn to perform a well-woman gynecologic exam, including Pap tests and clinical and laboratory evaluation and treatment of sexually transmitted infections. Guidelines for referral of communicable diseases.

11. **Nutrition in Pregnancy**
Methods of Nutritional Assessment
Improving Perinatal Outcomes through Nutritional Applications
Nutritional Supplementation
The impact of nutrition on pregnancy, including prevention of complications such as preterm labor, anemia, pre-eclampsia and abruptio placenta. Emphasis is placed on research regarding the direct impact of nutrition on perinatal outcomes and long-term health.

12. **Diagnostic Testing in the Childbearing Year**
Diagnostic Testing: Options, Ethics and Informed Consent

Improving Perinatal Outcomes through Diagnostic Testing
Clinical Skills Practicum
A survey of diagnostic testing and obstetrical technology with applications to pregnancy, birth and the postpartum period. Students learn selection of appropriate diagnostic tests during pregnancy and their clinical application to improving perinatal outcomes. Students learn phlebotomy skills.

13. **Prenatal Care I**
Facilitating Health during Pregnancy
The Place of Birth and Choices in Childbirth
Risk Assessment
The Midwifery Care Plan
Integrate material learned in previous modules with the midwifery model of care to develop critical thinking skills relative to midwifery care and treatment of common complaints during the normal pregnancy. Learn to evaluate client's level of risk relative to place of birth and begin developing midwifery care plans and practice guidelines.

14. **Prenatal Care II**
Providing Prenatal Care
The Prenatal Home Visit
Issues of Abuse: Victims and Survivors Give Birth
Clinical skills involved in the provision of prenatal care. Learn about the unique value of the home visit and explore the psychosocial impact of abuse issues relative to pregnancy, birth and perinatal outcomes.

15. **Complications of Pregnancy I**
Recognizing and Treating Complications to 28 Weeks Gestation

16. **Complications of Pregnancy II**
Recognizing and Treating Complications at 28 Weeks Gestation and Beyond
Clinical Skills Practicum

17. **Assessment of Fetal Well-Being**
Midwifery Evaluation of Fetal Well-Being
Technological Approaches to Fetal Assessment
Introduction to Evaluation of Fetal Heart Tones
Learn low- and high-tech approaches to the assessment of fetal well-being during pregnancy and develop appropriate guidelines for referral in the presence of complications.

18. **Pharmacology I: American Herbal Pharmacology**
American Herbal Pharmacopoeia
Exploring traditional American herbal pharmacopoeia with applications to the childbearing year.

19. **Pharmacology II: Introduction to Chinese Medicine**
Introduction to Chinese Medicine and Acupressure

An introduction to the basic theory and philosophy of Chinese medicine and acupressure with applications to pregnancy, birth and the postpartum period.

20. **Pharmacology III: Homeopathy for Midwives**
Introduction to Classical Homeopathy
Homeopathy for the Childbearing Year
The history and foundation principles of homeopathic practice. Techniques for acute prescribing in the context of midwifery care of mother and infant are discussed with case studies provided.

21. **Pharmacology IV: Introduction to Allopathic Pharmacology**
Allopathic Pharmacopoeia and the Childbearing Year
Clinical Skills Practicum
Allopathic treatment of problems during pregnancy, birth and the postpartum period. Case studies are provided.

22. **Pharmacology V: Intravenous Therapy for Midwives**
Introduction to Chemistry and Fluid and Electrolyte Balance
Use and Administration of IV Fluids
An introduction to basic chemistry and its applications to fluid and electrolyte balance. Correct selection and usage of intravenous fluids during labor, birth and the postpartum periods.

23. **Intravenous Skills Practicum**
IV Equipment and Technique
IV Certification and Clinical Skills Practicum
Learn and practice techniques for starting an intravenous infusion. This Clinical Skills Practicum satisfies standards set by the California Licensed Midwifery Practice Act.

24. **Normal Labor and Birth**
The Physiology of Labor and Birth
Common Variations in Labor and Birth

25. **Intrapartum Care I**
Students learn skills to assist in supporting the woman in labor and are introduced to the practices, skills and attributes necessary to assist a primary midwife during labor, birth and the immediate postpartum period.

26. **Intrapartum Care II**
Midwifery Care during Normal Labor and Birth
Introduction to the principles and practices of primary midwifery care during labor, birth and the immediate postpartum period. Advanced evaluation of fetal heart tone patterns during labor.

27. **Intrapartum Care III**
Midwifery Care in Complications of Labor, Birth and the Immediate Postpartum

A comprehensive overview of the treatment of complications of labor and birth, including malpresentation, prolonged labor, shoulder dystocia, the birth of multiples, breech birth, postpartum hemorrhage and treatment of shock.

Practice clinical skills relative to birth and complications of birth. Students are provided with timed, simulated clinical case scenarios to assist them in integrating theory and practice.

28. **The Normal Postpartum Period**
Develop a standard of midwifery care for the normal postpartum period, including guidelines for practice.

29. **Complications of the Postpartum Period**
Recognition and Treatment of Postpartum Complications

30. **Perineal Integrity and Repair**
Anatomic Review of Pelvic Structures
Performing Episiotomies and Assessing Perineal Lacerations
Principles and Techniques of Perineal Repair
Clinical Skills Practicum
A comprehensive overview of the anatomy of the female pelvis. Recognize degrees of laceration and practice techniques of perineal repair for first and second degree lacerations. The appropriate and timely use of episiotomy is discussed. Review sterile technique, learn selection of appropriate equipment and sutures, administration of local anesthesia, and practice the use of instruments, throws and hand and instrument ties.

31. **Care of the Normal Newborn**
The Newborn Assessment, Care and Development
Issues in Newborn Care
Clinical Skills Practicum
Recognize the signs of normal newborn transition and learn effective practices for stabilizing a baby following birth. Learn to perform a complete newborn physical examination. Care of the infant during the postpartum period and genetic screening (pursuant to California Code of Regulations Title 17) are also addressed in this module.

32. **Complications of the Neonatal Period**
Recognition of Newborn Complications
Care of the Newborn with Complications
When Grief Is Part of Birth
Clinical Skills Practicum: Neonatal Resuscitation Program
Recognize neonatal complications and develop guidelines for treatment and referral to hospital-based providers. The American Academy of Pediatrics Neonatal Resuscitation Program (NRP) certification course (sections I-IV) is offered to participants who do not hold current NRP certification.

33. **Infant Feeding**
Healthy Mother, Healthy Baby: Maternal Nutrition for Lactation

Initiating and Sustaining the Breastfeeding Relationship
Nourishing the Special Needs Baby
The Politics of Breastmilk and Breastfeeding
An introduction to the intricate maternal-infant physiology of breastfeeding. Short- and long-term benefits of breastfeeding for mother and baby are discussed. Students become familiar with techniques to assist the new mother in establishing breastfeeding and learn to advise her regarding nursing complications.

34. **Human Sexuality and Family Planning**
Contraceptive Options and Counseling and Natural Family Planning methods
Human Sexuality

35. **Midwifery Research**
Introduction to Statistics for Health Professionals
Reading and Understanding Midwifery and Medical Research
Analysis of Selected Midwifery and Obstetric Studies
Introduction to basic statistical applications for midwifery and medical studies. Learn to evaluate studies for statistical merit and evidence-based practice.

36. **Midwifery and the Law**
Licensure and Certification: Maintaining Your Right to Practice
Covering Your Assets: Protecting and Preserving Your Livelihood
Facilitating Good Practice Outcomes with Disgruntled Clients
The Progress of Midwifery Legislation
Research the laws relative to midwifery practice in the students' intended area of practice. A comprehensive overview of the historical impact of case law on midwifery practice. Students explore the use of legal and legislative systems as mechanisms for improving the climate of birth locally, nationally and globally.

37. **The Business of Midwifery**
Establishing Your Midwifery Practice
Billing and Coding
Marketing Midwifery and Multiple Streams of Midwifery Income
Taxes
Introductory midwifery business practices, including structure of the practice, marketing, insurance coding and billing, and tax requirements.

38. **ALSO Certification** (optional)
This course prepares the student to participate in the Advanced Life Support in Obstetrics (ALSO) course sponsored by the American Academy of Family Practice. This intensive workshop provides a comprehensive review of recognition and treatment of obstetric emergencies and grants the nationally-recognized ALSO certification.

39. **Integration Phase**
During the integration phase, the student completes a business plan and practice guidelines as well as the preceptor-supervised externship, during which the student assumes all primary midwife responsibilities under supervision.

Nizhoni Midwifery Institute
San Diego, CA
Three-Year Direct-Entry Midwifery Program

B&P Code section 2512.5:
Qualifications

(a)(1) Successful completion of a three-year postsecondary midwifery education program accredited by an accrediting organization approved by the board. Upon successful completion of the education requirements of this article, the applicant shall successfully complete a comprehensive licensing examination adopted by the board which is equivalent, but no identical, to the examination given by the American College of Nurse Midwives. The examination for licensure as a midwife may be conducted by the Division of Licensing under a uniform examination system, and the division may contract with organizations to administer the examination in order to carry out this purpose. The Division of Licensing may, in its discretion, designate additional written examinations for midwifery licensure that the division determines are equivalent to the examination given by the American College of Nurse Midwives.

B&P 2512.5	Comments
(a)(2) The midwifery education program curriculum shall consist of not less than 84 semester units or 126 quarter units. The course of instruction shall be presented in semester or quarter units under the following formula:	Requirements met by the Instructional Clock Hours Disclosure Form 1 and the Course Outline within the Course Syllabus. *Lecture Hours are considered to be "Theory". Practicum Hours are considered to be "Clinical Practice".*
(A) One hour of instruction in the theory each week throughout a semester or quarter equals one unit.	Requirements met by the Instructional Clock Hours Disclosure Form 1 and the Course Outline within the Course Syllabus. *Lecture Hours are considered to be "Theory". Practicum Hours are considered to be "Clinical Practice".*
(B) Three hours of clinical practice each week throughout a semester or quarter equals one unit.	Requirements met by the Instructional Clock Hours Disclosure Form 1 and the Course Outline within the Course Syllabus. *Lecture Hours are considered to be "Theory". Practicum Hours are considered to be "Clinical Practice".*
(3) The midwifery education program shall provide both academic and clinical preparation equivalent, but not identical to that provided in program accredited by the American College of Nurse Midwives, which shall include, but not be limited to, preparation in all of the following areas:	Requirements met by the Instructional Clock Hours Disclosure Form 1 and the Course Outline within the Course Syllabus. *Lecture Hours are considered to be "Theory". Practicum Hours are considered to be "Clinical Practice".*
(A) The art and science of midwifery, one-half of which shall be in theory and one-half of which shall be in clinical practice. Theory and clinical practice shall be concurrent in the areas of maternal and child health, including, but not limited to, labor and delivery, neonatal well care, and post partum care.	Requirements met by the Instructional Clock Hours Disclosure Form 1 and the Course Outline within the Course Syllabus. *Lecture Hours are considered to be "Theory". Practicum Hours are considered to be "Clinical Practice".*
(B) Communications skills that include the principles of oral, written, and group communications.	Requirements met by Modules 2, 3 and 4.

B&P 2512.5	Comments
(C) Anatomy and physiology, genetics, obstetrics and gynecology, embryology and fetal development, neonatology, applied microbiology, chemistry, child growth and development, pharmacology, nutrition, laboratory diagnostic tests and procedures, and physical assessment.	Requirements met by Modules 6 thru 12; 21thru 23; 25 thru 27; and 30 thru 32.
(D) Concepts in psychosocial, emotional, and cultural aspects of maternal and child care, human sexuality, counseling and teaching, maternal and infant and family bonding process, breast feeding, family planning, principles of preventive health, and community health.	Requirements met by Modules 4, 5, 8, 10, 28, 33, and 34.
(E) Aspects of the normal pregnancy, labor and delivery, postpartum period, birth centers, homes, and hospitals.	Requirements met by Modules 13, 14, 24, 25, 26, and 28.
(F) The following shall be integrated throughout the entire curriculum:	Not Applicable.
(i)Midwifery process.	Requirements met by Modules, 1, 3, 5, and 9; modules 10 thru 35.
(ii)Basic intervention skills in preventive, remedial, and supportive midwifery.	Requirements met by Modules 9 thru 34.
(iii)The knowledge and skills required to develop collegial relationships with health care providers from other disciplines.	Requirements met by Modules 1 thru 4; module 27.
(iv)Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior related to maternal and child health, illness, and wellness.	Requirements met by Modules 4 and 11; modules 13 thru 16; modules 25 thru 33.

B&P 2512.5	Comments
(v)Providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health.	Requirements met by Module 34.
(vi)Assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client.	Requirements met by Modules 4, 9, and 34.
(vii)Assuming direct responsibility for implementing the plan of care.	Requirements met by Modules 3, 4, 9, and 34.
(viii)Initiating appropriate measures for obstetrical and neonatal emergencies.	Requirements met by Modules 15 thru 17; modules 21 thru 23; modules 26, 17, 29, 30, and 32.
(ix)Evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately.	Requirements met by Modules 3, 4, 9, and 34.
	Prepared by Robin Jones, Associate Analyst, Midwifery Program, Medical Board of California. December 2009.
• Course Outline with a Description of each Module is Attached.	

CALIFORNIA CODES
BUSINESS AND **PROFESSIONS CODE**
SECTION 2505-2521

2512.5. A person is qualified for a license to practice midwifery when he or she satisfies one of the following requirements:

(a) (1) Successful completion of a three-year postsecondary midwifery education program accredited by an accrediting organization approved by the board. Upon successful completion of the education requirements of this article, the applicant shall successfully complete a comprehensive licensing examination adopted by the board which is equivalent, but not identical, to the examination given by the American College of Nurse Midwives. The examination for licensure as a midwife may be conducted by the Division of Licensing under a uniform examination system, and the division may contract with organizations to administer the examination in order to carry out this purpose. The Division of Licensing may, in its discretion, designate additional written examinations for midwifery licensure that the division determines are equivalent to the examination given by the American College of Nurse Midwives.

(2) The midwifery education program curriculum shall consist of not less than 84 semester units or 126 quarter units. The course of instruction shall be presented in semester or quarter units under the following formula:

(A) One hour of instruction in the theory each week throughout a semester or quarter equals one unit.

(B) Three hours of clinical practice each week throughout a semester or quarter equals one unit.

(3) The midwifery education program shall provide both academic and clinical preparation equivalent, but not identical to that provided in programs accredited by the American College of Nurse Midwives, which shall include, but not be limited to, preparation in all of the following areas:

(A) The art and science of midwifery, one-half of which shall be in theory and one-half of which shall be in clinical practice. Theory and clinical practice shall be concurrent in the areas of maternal and child health, including, but not limited to, labor and delivery, neonatal well care, and postpartum care.

(B) Communications skills that include the principles of oral, written, and group communications.

(C) Anatomy and physiology, genetics, obstetrics and gynecology, embryology and fetal development, neonatology, applied microbiology, chemistry, child growth and development, pharmacology, nutrition, laboratory diagnostic tests and procedures, and physical assessment.

(D) Concepts in psychosocial, emotional, and cultural aspects of maternal and child care, human sexuality, counseling and teaching, maternal and infant and family bonding process, breast feeding, family planning, principles of preventive health, and community health.

(E) Aspects of the normal pregnancy, labor and delivery, postpartum period, newborn care, family planning or routine gynecological care in alternative birth centers, homes, and hospitals.

(F) The following shall be integrated throughout the entire curriculum:

(i) Midwifery process.

(ii) Basic intervention skills in preventive, remedial, and supportive midwifery.

(iii) The knowledge and skills required to develop collegial relationships with health care providers from other disciplines.

(iv) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior related to maternal and child health, illness, and wellness.

(G) Instruction shall also be given in personal hygiene, client abuse, cultural diversity, and the legal, social, and ethical aspects of midwifery.

(H) The program shall include the midwifery management process, which shall include all of the following:

(i) Obtaining or updating a defined and relevant data base for assessment of the health status of the client.

(ii) Identifying problems based upon correct interpretation of the data base.

(iii) Preparing a defined needs or problem list, or both, with corroboration from the client.

(iv) Consulting, collaborating with, and referring to, appropriate members of the health care team.

(v) Providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health.

(vi) Assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client.

(vii) Assuming direct responsibility for implementing the plan of care.

(viii) Initiating appropriate measures for obstetrical and neonatal emergencies.

(ix) Evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately.

(b) Successful completion of an educational program that the board has determined satisfies the criteria of subdivision (a) and current licensure as a midwife by a state with licensing standards that have been found by the board to be equivalent to those adopted by the board pursuant to this article.

2512.5. A person is qualified for a license to practice midwifery when he or she satisfies one of the following requirements:

(a) (1) Successful completion of a three-year postsecondary midwifery education program accredited by an accrediting organization approved by the board. Upon successful completion of the education requirements of this article, the applicant shall successfully complete a comprehensive licensing examination adopted by the board which is equivalent, but not identical, to the examination given by the American College of Nurse Midwives. The examination for licensure as a midwife may be conducted by the Division of Licensing under a uniform examination system, and the division may contract with organizations to administer the examination in order to carry out this purpose. The Division of Licensing may, in its discretion, designate additional written examinations for midwifery licensure that the division determines are equivalent to the examination given by the American College of Nurse Midwives.

(2) The midwifery education program curriculum shall consist of not less than 84 semester units or 126 quarter units. The course of instruction shall be presented in semester or quarter units under the following formula:

(A) One hour of instruction in the theory each week throughout a semester or quarter equals one unit.

(B) Three hours of clinical practice each week throughout a semester or quarter equals one unit.

(3) The midwifery education program shall provide both academic and clinical preparation equivalent, but not identical to that provided in programs accredited by the American College of Nurse Midwives, which shall include, but not be limited to, preparation in all of the following areas:

(A) The art and science of midwifery, one-half of which shall be in theory and one-half of which shall be in clinical practice. Theory and clinical practice shall be concurrent in the areas of maternal and child health, including, but not limited to, labor and delivery, neonatal well care, and postpartum care.

(B) Communications skills that include the principles of oral, written, and group communications.

(C) Anatomy and physiology, genetics, obstetrics and gynecology, embryology and fetal development, neonatology, applied microbiology, chemistry, child growth and development, pharmacology, nutrition, laboratory diagnostic tests and procedures, and physical assessment.

(D) Concepts in psychosocial, emotional, and cultural aspects of maternal and child care, human sexuality, counseling and teaching, maternal and infant and family bonding process, breast feeding, family planning, principles of preventive health, and community health.

(E) Aspects of the normal pregnancy, labor and delivery, postpartum period, newborn care, family planning or routine gynecological care in alternative birth centers, homes, and hospitals.

(F) The following shall be integrated throughout the entire curriculum:

(i) Midwifery process.

(ii) Basic intervention skills in preventive, remedial, and supportive midwifery.

(iii) The knowledge and skills required to develop collegial relationships with health care providers from other disciplines.

(iv) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior related to maternal and child health, illness, and wellness.

(G) Instruction shall also be given in personal hygiene, client abuse, cultural diversity, and the legal, social, and ethical aspects of midwifery.

(H) The program shall include the midwifery management process, which shall include all of the following:

(i) Obtaining or updating a defined and relevant data base for assessment of the health status of the client.

(ii) Identifying problems based upon correct interpretation of the data base.

(iii) Preparing a defined needs or problem list, or both, with corroboration from the client.

(iv) Consulting, collaborating with, and referring to, appropriate members of the health care team.

(v) Providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health.

(vi) Assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client.

(vii) Assuming direct responsibility for implementing the plan of care.

(viii) Initiating appropriate measures for obstetrical and neonatal emergencies.

(ix) Evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately.

(b) Successful completion of an educational program that the board has determined satisfies the criteria of subdivision (a) and current licensure as a midwife by a state with licensing standards that have been found by the board to be equivalent to those adopted by the board pursuant to this article.

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 13. MEDICAL BOARD OF CALIFORNIA [FNA1]
CHAPTER 4. LICENSED MIDWIVES
ARTICLE 5. EDUCATIONAL REQUIREMENTS
This database is current through 12/25/09 Register 2009, No. 52

§ 1379.30. Midwifery Education Program.

The midwifery education program shall prepare the midwife to practice as follows:
(a) Management of the normal pregnancy.

(b) Management of normal labor and delivery in all birth settings, including the following, when indicated:

(1) Administration of intravenous fluids, analgesics, postpartum oxytocics, and RhoGAM.

(2) Amniotomy during labor.

(3) Application of external or internal monitoring devices.

(4) Administration of local anesthesia, paracervical blocks, pudendal blocks, and local infiltration.

(5) Episiotomy.

(6) Repair of episiotomies and lacerations.

(7) Resuscitation of the newborn.

(c) Management of the normal postpartum period.

(d) Management of the normal newborn care, including administration of vitamin K and eye prophylaxis.

(e) Management of family planning and routine gynecological care including barrier methods of contraception such as diaphragms and cervical caps.

<<DIVISION 13. MEDICAL BOARD OF CALIFORNIA [FNA1]>>

[FNa1] For disposition of former Sections 1370-1375.45, see Table of Parallel Reference, Chapter 13.2, Title 16, California Code of Regulations.

<General Materials (GM) - References, Annotations, or Tables>

Note: Authority cited: Section 2514.5, Business and Professions Code. Reference: Sections 2512.5 and 2514.5, Business and Professions Code.

CASES BY SPECIALTY SENT FOR REVIEW
USE OF EXPERTS BY SPECIALTY
ACTIVE LIST EXPERTS BY SPECIALTY
CALENDAR YEAR 2009

SPECIALTY	Number of cases reviewed/sent to Experts Jan-Dec 2009	Number of Experts used and how often utilized Jan-Dec 2009	Active List Experts Y-T-D (TOTAL= 1,152↑)
ADDICTION	18	2 LIST EXPERTS REVIEWED 1 CASE 3 LIST EXPERTS REVIEWED 2 CASES 2 LIST EXPERTS REVIEWED 3 CASES 1 LIST EXPERT REVIEWED 4 CASES	12 ↓
ALLERGY & IMMUNOLOGY (A&I)	1	1 LIST EXPERT	10
ANESTHESIOLOGY (Anes)	15	11 LIST EXPERTS REVIEWED 1 CASE 2 LIST EXPERTS REVIEWED 2 CASES	95 ↑
COLON & RECTAL SURGERY (CRS)	4	1 LIST EXPERT REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 3 CASES	5
COMPLEMENTARY/ALTERNATIVE MEDICINE	5	2 LIST EXPERTS REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 3 CASES	14
CORRECTIONAL MEDICINE	10	5 LIST EXPERTS REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 2 CASES 1 LIST EXPERT REVIEWED 3 CASES	24 ↑
DERMATOLOGY (D)	8	3 LIST EXPERTS REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 2 CASES 1 LIST EXPERT REVIEWED 3 CASES	14 ↑
EMERGENCY (EM)	7	7 LIST EXPERTS REVIEWED 1 CASE	55 ↓
ETHICS	3	1 LIST EXPERT REVIEWED 3 CASES	4
FAMILY (FM)	73	22 LIST EXPERTS REVIEWED 1 CASE 12 LIST EXPERTS REVIEWED 2 CASES 3 LIST EXPERTS REVIEWED 3 CASES 3 LIST EXPERTS REVIEWED 4 CASES 1 LIST EXPERT REVIEWED 6 CASES	96 ↑
HAND SURGERY	1	1 LIST EXPERT	25
HOSPICE & PALLIATIVE MEDICINE	1	1 LIST EXPERT	8
INTERNAL (General Internal Med)	63	27 LIST EXPERTS REVIEWED 1 CASE 15 LIST EXPERTS REVIEWED 2 CASES 2 LIST EXPERTS REVIEWED 3 CASES	220 ↑
Cardiovascular Disease (Cv)	23	8 LIST EXPERTS REVIEWED 1 CASE 4 LIST EXPERTS REVIEWED 2 CASES 1 LIST EXPERT REVIEWED 3 CASES 1 LIST EXPERT REVIEWED 4 CASES	33
[Interventional Cardiology(Int Cd)]	15	4 LIST EXPERTS REVIEWED 1 CASE 2 LIST EXPERTS REVIEWED 2 CASES 1 LIST EXPERT REVIEWED 3 CASES 1 LIST EXPERT REVIEWED 4 CASES	18
[Non-Interventional Cardiology]	8	4 LIST EXPERTS REVIEWED 1 CASE 2 LIST EXPERTS REVIEWED 2 CASES	22
Endocrinology, Diabetes and Metabolism (EDM)	4	2 LIST EXPERT REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 2 CASES	7 ↑
Gastroenterology (Ge)	7	7 LIST EXPERTS REVIEWED 1 CASE	21 ↑
Hematology (Hem)	1	1 LIST EXPERT	7 ↑

CASES BY SPECIALTY SENT FOR REVIEW
USE OF EXPERTS BY SPECIALTY
ACTIVE LIST EXPERTS BY SPECIALTY
(YEAR TO DATE : JAN-DEC 2009)
Page 2

SPECIALTY	Number of cases reviewed/sent to Experts Jan-Dec 2009	Number of Experts used and how often utilized Jan-Dec 2009	Active List Experts Y-T-D (TOTAL= 1,152↑)
Infectious Disease (Inf)	1	1 LIST EXPERT	12 ↑
Medical Oncology (Onc)	5	2 LIST EXPERTS REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 2 CASES	15 ↑
Nephrology (Nep)			9 ↓
Pulmonary Disease (Pul)	3	3 LIST EXPERTS REVIEWED 1 CASE	22
Rheumatology (Rhu)	2	1 LIST EXPERT REVIEWED 2 CASES	9
Sleep Medicine (SLP)	1	1 LIST EXPERT	4
MIDWIFE REVIEWER	1	1 LIST EXPERT	11
MEDICAL GENETICS (MG)			1
NEUROLOGICAL SURGERY (NS)	16	2 LIST EXPERTS REVIEWED 1 CASE 2 LIST EXPERTS REVIEWED 2 CASES 1 LIST EXPERT REVIEWED 10 CASES *	16
* INVOLVED 6 REQUESTS, 2 REQUESTS HAD MULTIPLE COMPANION CASES. ALSO A SPECIALTY WHERE IT'S HARD TO FIND AN AVAILABLE EXPERT AND BE ABLE TO COMPLETE REVIEW WITHIN THE 30-DAY TIME FRAME.			
NEUROLOGY (N)	16	5 LIST EXPERTS REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 2 CASES 1 LIST EXPERT REVIEWED 4 CASES 1 LIST EXPERT REVIEWED 5 CASES *	22 ↑
*Involved companion cases			
Clinical Neurophysiology (C/NPh)			4 ↑
Pain Medicine (PM)			2
NEUROLOGY with Special Qualifications in Child Neurology (N/ChiN)			5
NUCLEAR MEDICINE (NuM)	1	1 LIST EXPERT	6
OBSTETRICS & GYNECOLOGY (ObG)	62	1 OFF LIST EXPERT REVIEWED 1 CASE* 20 LIST EXPERTS REVIEWED 1 CASE 11 LIST EXPERTS REVIEWED 2 CASES 2 LIST EXPERTS REVIEWED 3 CASES 1 LIST EXPERT REVIEWED 5 CASES 1 LIST EXPERT REVIEWED 8 CASES **	87 ↑
Gynecologic Oncology (GO)			8
Maternal & Fetal Medicine (MF)			10
Reproductive Endocrinology/ Infertility (RE)	1	1 OFF LIST EXPERT ***	8 ↑
* AND *** BOTH OUTSOURCED EXPERTS WERE RECRUITED TO PARTICIPATE AND ARE CURRENTLY ON THE ACTIVE LIST ** A SPECIALTY WHERE IT'S HARD TO FIND AN AVAILABLE EXPERT. THIS EXPERT WAS WILLING TO REVIEW WITHIN THE 30-DAY TIME FRAME			

CASES BY SPECIALTY SENT FOR REVIEW
USE OF EXPERTS BY SPECIALTY
ACTIVE LIST EXPERTS BY SPECIALTY
(YEAR TO DATE : JAN-DEC 2009)
Page 3

SPECIALTY	Number of cases reviewed/sent to Experts Jan-Dec 2009	Number of Experts used and how often utilized Jan-Dec 2009	Active List Experts Y-T-D (TOTAL= 1,152↑)
OPHTHALMOLOGY (Oph)	17	4 LIST EXPERTS REVIEWED 1 CASE 4 LIST EXPERTS REVIEWED 2 CASES 1 LIST EXPERT REVIEWED 5 CASES *	39 ↓
* 4 CASE REVIEWS AND 1 PREPARATION/TESTIMONY OF CASE PREVIOUSLY REVIEWED			
ORAL & MAXILLOFACIAL SURGERY			1
ORTHOPAEDIC SURGERY (OrS)	23	8 LIST EXPERTS REVIEWED 1 CASE 6 LIST EXPERTS REVIEWED 2 CASES 1 LIST EXPERT REVIEWED 3 CASES	47
Surgery of the Hand (HS)	1	1 LIST EXPERT	23
OTOLARYNGOLOGY (Oto)	7	2 LIST EXPERTS REVIEWED 2 CASES 1 LIST EXPERT REVIEWED 3 CASES	31
PAIN MEDICINE (PM)	34	6 LIST EXPERTS REVIEWED 1 CASE 5 LIST EXPERTS REVIEWED 2 CASES 2 LIST EXPERTS REVIEWED 3 CASES 3 LIST EXPERTS REVIEWED 4 CASES	25 ↓
PATHOLOGY (Path)	2	2 LIST EXPERTS REVIEWED 1 CASE	11
PEDIATRICS (Ped)	3	3 LIST EXPERTS	62 ↑
Neonatal-Perinatal Medicine (NP)			9
Pediatric Cardiology (Cd)	1	1 LIST EXPERT	6
Pediatric Cardiothoracic Surgery			2
Pediatric Gastroenterology (Ge)	2	1 LIST EXPERT REVIEWED 2 CASES	3
Pediatric Hematology-Oncology (HO)			5
Pediatric Infectious Diseases (Inf)			3
Pediatric Nephrology (Ne)			2
Pediatric Pulmonology (Pul)			1
PHYSICAL MEDICINE & REHABILITATION (PMR)			8
PLASTIC SURGERY (PIS)	22	6 LIST EXPERTS REVIEWED 1 CASE 2 LIST EXPERTS REVIEWED 2 CASES 1 LIST EXPERT REVIEWED 3 CASES 1 LIST EXPERT REVIEWED 4 CASES 1 LIST EXPERT REVIEWED 5 CASES *	52
Plastic Surgery within the Head and Neck (PSHN)	3	3 LIST EXPERTS REVIEWED 1 CASE	9
Surgery of the Hand (HS)			2

CASES BY SPECIALTY SENT FOR REVIEW
USE OF EXPERTS BY SPECIALTY
ACTIVE LIST EXPERTS BY SPECIALTY
(YEAR TO DATE : JAN-DEC 2009)
Page 4

SPECIALTY	Number of cases reviewed/sent to Experts Jan-Dec 2009	Number of Experts used and how often utilized Jan-Dec 2009	Active List Experts Y-T-D (TOTAL= 1,152↑)
* FLAGGED UNTIL APR 2010 (WOULD NEED PRIOR APPROVAL IF USED BEFORE APRIL)			
PREVENTIVE MEDICINE (PrM) General Public Health Occupational Aerospace			7
Medical Toxicology (MT)			
Undersea & Hyperbaric Medicine (UM; UHM)			
PSYCHIATRY (Psyc)	95	20 LIST EXPERTS REVIEWED 1 CASE 5 LIST EXPERTS REVIEWED 2 CASES 5 LIST EXPERTS REVIEWED 3 CASES 5 LIST EXPERTS REVIEWED 4 CASES 1 LIST EXPERT REVIEWED 6 CASES * 1 LIST EXPERT REVIEWED 7 CASES* 1 LIST EXPERT REVIEWED 8 CASES* 1 LIST EXPERT REVIEWED 9 CASES *	113 ↑
Addiction Psychiatry (AdP)	4	4 LIST EXPERTS REVIEWED 1 CASE	24 ↑
Child & Adolescent Psychiatry (ChAP)	2	2 LIST EXPERTS REVIEWED 1 CASE	
Forensic Psychiatry (FPsy)			58
Geriatric Psychiatry (GPsyc)			22
Pain Medicine (PM)			12 ↑
Psychosomatic Medicine (PsychoMed)			13 ↑
Sleep Medicine (SLP)			1
* *6 CASES*- INVOLVED 5 MENTAL EVALUATIONS & 1 PREP/TESTIMONY; *7 CASES* - INVOLVED 3 CASE REVIEWS, 2 MENTAL EVALUATIONS, 2 PREP/TESTIMONY OF CASES PREVIOUSLY REVIEWED; *8 CASES*- INVOLVED 5 MENTAL EVALUATIONS & 3 CASE REVIEWS; *9 CASES*- INVOLVED 4 CASE REVIEWS, 4 MENTAL EVALUATIONS, 1 SUPPLEMENTAL REVIEW.			
RADIOLOGY (Rad)/Diagnostic Radiology (Rad DR)	12	6 LIST EXPERTS REVIEWED 1 CASE 3 LIST EXPERTS REVIEWED 2 CASES	38
Radiation Oncology (Rad RO)	1	1 LIST EXPERT	4 ↑
Neuroradiology (NRad)			17
Nuclear Radiology (NR)			2
Pediatric Radiology (PR)			9
Vascular/Interventional Radiology (VIR)			3

CASES BY SPECIALTY SENT FOR REVIEW
USE OF EXPERTS BY SPECIALTY
ACTIVE LIST EXPERTS BY SPECIALTY
(YEAR TO DATE : JAN-DEC 2009)
Page 5

SPECIALTY	Number of cases reviewed/sent to Experts Jan-Dec 2009	Number of Experts used and how often utilized Jan-Dec 2009	Active List Experts Y-T-D (TOTAL= 1,152↑)
SLEEP MEDICINE (S)			8
SPINE SURGERY (SS)	5	2 LIST EXPERTS REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 3 CASES	18 *
* COMBINATION OF VARIOUS FIELDS: SPINE SURGEON (CERTIFIED BY ABSS)=1; ORTHOPEDIC SURGEONS SPECIALIZING IN SPINE=10; NEUROSURGEONS SPECIALIZING IN SPINE=7			
SURGERY (S)	23	4 LIST EXPERTS REVIEWED 1 CASE	56
Pediatric Surgery (PdS)	4	2 LIST EXPERTS REVIEWED 2 CASES	3 ↓
Surgery of the Hand (HS)			
Surgical Critical Care (SCC)			1
Vascular Surgery (VascS)	2	2 LIST EXPERTS REVIEWED 1 CASE	9
THORACIC SURGERY (TS)	6	3 LIST EXPERTS REVIEWED 1 CASE 1 LIST EXPERT REVIEWED 3 CASES	20
(MEDICAL) TOXICOLOGY	1	1 LIST EXPERT	4
UROLOGY (U)	13	5 LIST EXPERTS REVIEWED 1 CASE 2 LIST EXPERTS REVIEWED 4 CASES	14
WORKERS' COMP/QME/IME			22

TOTAL CASES SENT TO EXPERTS FOR REVIEW	607	FEEDBACK SENT TO EXPERTS *(REGARDING OUTCOME/STATUS OF CASES REVIEWED)*	236
TOTAL EXPERTS USED IN 2009 (AN AVERAGE OF 1.8 CASES PER EXPERT)	331	39% OF CASES-FEEDBACK WAS PROVIDED TO THE EXPERTS	

/susan (12/31/09)

Medical Board of California
Investigation & Prosecution Timeframes*

	2005	2006		2007		2008		Q1 2009		Q2 2009		Q3 2009		Q4 2009	
	Prior to VE	All	VE	All	VE	All	VE	All	VE	All	VE	All	VE	All	VE
Calendar Day Age from Case Assigned to Case Closed Not Resulting in Prosecution															
Average	271	299	138	330	268	374	358	402	402	378	374	386	386	358	358
Median	252	285	134	304	269	335	324	341	341	336	335	378	378	320	320
Record Count	827	703	192	648	539	609	588	153	153	203	202	188	188	136	136
Calendar Day Age from Request to Suspension Order Granted															
Average	51	44	4	34	38	19	19	47	28	112	112	15	15	10	10
Median	17	3	2	22	23	10	10	2	1	33	33	22	22	1	1
Record Count	24	21	11	17	13	21	17	8	7	4	4	3	3	4	4
Calendar Day Age from Request to Receipt of Medical Records															
Average	58	53	37	59	57	63	58	60	60	80	80	68	68	69	69
Median	32	31	26	31	31	28	28	36	36	41	41	17	17	34	34
Record Count	475	376	228	264	259	256	252	43	43	30	30	34	34	32	32
Calendar Day Age from Request to Physician Interview Completed															
Average	48	51	43	52	50	63	63	60	60	52	52	49	49	51	51
Median	36	42	38	37	36	41	42	40	40	37	37	37	37	40	40
Record Count	597	453	172	406	371	473	466	127	127	162	162	155	155	110	110
Calendar Day Age from Request to Receipt of Expert Opinion															
Average	51	47	35	51	43	50	50	45	45	44	44	57	57	47	47
Median	41	35	31	36	35	39	38	31	31	36	36	36	36	40	40
Record Count	519	424	82	344	270	374	359	67	66	105	104	124	124	107	107
Calendar Day Age from Case Assigned to Completed Investigation and Accusation Filed															
Average	556	554	140	543	340	565	493	645	624	638	638	527	527	539	539
Median	525	504	120	523	339	541	486	634	575	719	719	488	488	583	583
Record Count	187	149	17	198	95	157	131	42	39	45	45	53	53	47	47
Calendar Day Age from Accusation Filed to Disciplinary Outcome**															
Average	608	602	85	576	188	561	243	481	345	508	349	441	323	493	368
Median	526	466	99	426	182	384	238	326	296	382	313	358	323	339	319
Record Count	212	195	3	226	29	203	80	55	39	53	36	53	37	42	36

*Excludes Out of State and Headquarters Cases
**Excludes Outcomes where no Accusation Filed

Medical Board of California

Citations Issued & Civil Actions Filed by Calendar Year

	2005	2006	2007	2008	Q1 2009	Q2 2009	Q3 2009	Q4 2009
***Citations Issued**	80	81	76	109	39	29	32	24
Citations Issued for Failure to Produce Records	0	6	3	3	2	0	0	0
Civil Actions Filed	3	3	1	1	0	0	0	2
Civil Actions Filed for Failure to Produce Records	2	2	1	1	0	0	0	0

*Excludes citations issued for failure to comply with CME audit and for failure to notify Board of change of address

State of California

State and Consumer Services Agency

MEDICAL BOARD OF CALIFORNIA

International Medical Schools Special Task Force

Gary Gitnick, M.D.

Reginald Low, M.D.

January 4, 2010

State of California
Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, Ca 95815
www.mbc.ca.gov

Memorandum

Date: January 4, 2010

To: Gary Gitnick, M.D., Member
Reginald Low, M.D., Member

From: Debbie Pellegrini, Chief
Licensing Program

Deborah Pellegrini

Subject: International Medical Schools Task Force

Thank you for forming a task force to review the procedures that the Board currently uses to review international medical schools.

Section 1314.1 of Title 16, California Code of Regulations (copy attached) outlines the Board's process for reviewing international medical schools. Subsection (a)(1) applies to the majority of the world's approximately 1,000 medical schools whose mission is to train their own citizens to practice medicine in their country.

For approximately the last five years, the Board has received no Self Assessment Reports from medical schools that needed site inspections. The Board was able to rely on the excellent services of two medical consultants to review these applications. However, recently the consultants' work has been interrupted by illness, a "freeze" imposed by the Governor between July and November 2008, and the unavailability of one of the consultants due to heavy teaching responsibilities. We have three applications available:

Universidad Iberoamericana (UNIBE), Dominican Republic
Medical University of Silesia's English program, Poland
Ross University, Bahamas branch campus

At the same time, three Self Assessment Reports have arrived from schools that will need site inspections, and the Board is set to begin its first seven-year reevaluations of three previously recognized medical schools. Clearly, the Board needs to hire two new consultants to handle the current workload, and I am taking steps to address this backlog. The new consultants' first priority will be to begin reviewing applications from UNIBE, the Medical

MCLs receive reimbursement at an hourly rate for the time they spend reviewing applications, records and other information for the Board. MCLs also receive a daily per diem when they travel to international medical school campuses and to quarterly Board meetings to present their findings.

The Board has several applications for recognition pending from international medical schools and would like to hire two new MCLs as soon as possible.

Please circulate this letter among your colleagues who have the experience and interest to serve as a Medical Consultant to the Board's Licensing Program or if you can identify a colleague who might be interested, please contact me directly. If you or a colleague has any questions concerning the Medical Consultant position, please contact me at the address below, telephone me at (916) 263-2365, or e-mail me at dpellegrini@mbc.ca.gov.

Sincerely,

Deborah Pellegrini

Deborah Pelligrini, Chief
Licensing Program

Enclosure

MEDICAL BOARD OF CALIFORNIA
Licensing Program

January 4, 2010 Attachment #1

(TO: SFPRC Members)

Dear Dr. ....:

The Medical Board of California (Board) seeks to expand its staff of part-time Medical Consultants who provide medical consultative services to the Board. This letter is to request your assistance in identifying medical school faculty with expertise in medical school administration who might be interested in serving as a Medical Consultant to the Board's Licensing Program.

Enclosed is a copy of the duty statement for the Medical Consultant - Licensing (MCLs) position. Primarily, MCLs review applications from international medical schools seeking recognition from the Board. The recognition process involves a comprehensive review of the school's application and related information. In some instances, a site inspection may be necessary and in this event, the MCL would take a leadership role in the inspection and the preparation of the inspection report. An MCL would also be responsible for the presentation of his or her findings to the Board, including any recommendations that the Board grant or deny recognition. The Board usually receives two or more of these applications per year. The Board may also utilize MCLs to review and revise medical school review policies and procedures or to advise on generalized medical licensing matters.

To qualify for appointment as an MCL, a currently licensed California physician must have medical teaching experience and a broad knowledge of medical school administration. Medical consultants will use their experience and knowledge to evaluate a medical school's curriculum, governance, faculty, admissions and promotion standards, financial resources, facilities, medical student support services, record keeping practices, administrative control over multiple campuses, if applicable, and its affiliation agreements with clinical training facilities.

We encourage physicians who serve or have recently served in positions such as Dean or Associate Dean in a California medical school who are interested in this work to contact me directly. Experience in evaluating international medical schools or serving as a Liaison Committee on Medical Education site surveyor or similar endeavors is desirable but not required. As these positions are part-time and the workload is variable, candidates need to allocate their availability such that the MCL responsibilities do not conflict with other obligations.

University of Silesia's English-language program and Ross University's new branch campus in the Bahamas.

Attached is the following background information to assist you in your review of the Board's current processes.

1. A draft letter addressed to the members of the Special Faculty Permit Review Committee requesting their assistance in identifying potential new medical consultants to review international medical schools for the Board.

2. A duty statement for the Medical Consultant-Licensing classification.

3. A contact letter that staff will mail to physicians who express an interest in the Medical Consultant-Licensing position.

4. An addendum to update staff's April 2, 2002 memorandum entitled "History of the Division of Licensing's Past Approvals and Disapprovals of International Medical Schools."

5. A listing of the steps involved when the Board reviews an international medical school pursuant to Section 1314.1 (a)(2).

6. A breakdown of the past processing times for each step in the Board's review of eight international medical schools since 2007. The Board granted recognition to four of these schools without a site inspection. Of the remaining four schools pending review, three will require site inspections while one school (Silesia) probably will not.

7. A summary of the accomplishments of three prior Board committees (2002-2006) that addressed international medical school issues.

8. A list of four international medical schools that have applied for the Board's recognition pursuant to subsection (a)(2) and three medical schools that the Board will reevaluate pursuant to subsection (f)(2).

I apologize for the delay in providing you this information, as it was necessary to research the entire history of approved and disapproved international medical schools. Barbara Yaroslavsky asked that you make a presentation to the Board at the January 29, 2010 Board meeting. After you review the attached materials, please contact me at (916) 263-2365 or e-mail me at dpellegrini@mbc.ca.gov and let me know how I can assist you. If you would like to schedule a teleconference to discuss the Task Force's activities, please let me know your availability Monday through Thursday. Please note that Monday, January 18, is a state holiday.

Thank you for assisting the Licensing Program.

Department of Consumer Affairs
Position Duty Statement
HR-041 (new 5/04)

Attachment #2

Classification Title	Board/Bureau/Division
Working Title Medical Consultant - Licensing	**Office/Unit/Section / Geographic Location**
Position Number	**Effective Date**

The Licensing Medical Consultant provides professional consultation to the Licensing Program of the Medical Board of California. The incumbent reviews applications that are submitted by international medical schools seeking the Board's determination that their educational program meets California's standards. The Board receives one or more of these applications per year. After conducting this review, the incumbent advises the Board of the school's compliance or non-compliance with standards and recommends a course of action to the Board. **This position does not require regular daily attendance at the Board's headquarters but will require travel to quarterly meetings of the Medical Board to present findings to the Board members and may require travel to the international medical school's facilities abroad and in the United States.**

A. SPECIFIC ACTIVITIES [Essential (E) / Marginal (M) Functions]

90% (E) **REVIEW OF INTERNATIONAL MEDICAL SCHOOL PROGRAMS**

- Reviews applications from international medical schools for compliance with California statutes and regulations.
- Drafts reports to the Board with findings and recommendations.
- Presents the reports at quarterly Board meetings.
- If site inspections are deemed necessary, serves as the medical education expert on the site inspection team; assists in drafting the team's findings and recommendations to the Board with respect to whether the Board should disapprove or grant recognition to the schools or take other actions.
- Presents the team's report at quarterly Board meetings.
- May serve as expert witness in Superior Court hearings if school officials challenge the Board's decision to disapprove schools.

5% (E) **SUBJECT MATTER EXPERT**

- Provides expertise and consultation to Board members and staff of the Licensing Program on a variety of licensing, training and practice issues relating to statutes, regulations or policies.
- May present information, research findings, and other reports to staff or the Board both orally and in writing.

3% (M) **EVALUATION OF LICENSURE APPLICATIONS**

- Reviews atypical applications for physician licensure to determine whether candidates are able to practice medicine safely.
- Recommends to management whether licensure should be approved, denied, approved with specified limitations or whether additional documentation is needed to make a determination.

2% **(M)** Other duties requiring medical knowledge and expertise as required by management and the Board.

B. Supervision Received
The incumbent works under the direction of the Chief of Licensing (CEA I).

C. Supervision Exercised
None

D. Administrative Responsibility
None

E. Personal Contacts
The Incumbent has weekly contact with staff and management of the Board in order to carry out program responsibilities. In addition, the incumbent has direct contact with the Board members, medical school officials and the public when the incumbent prepares and presents findings and recommendations at public meetings of the Board.

F. Actions and Consequences
Failure to perform duties adequately could prevent the Board from reaching decisions on schools' compliance or noncompliance with California's medical education standards in a timely and efficient fashion, which ultimately impacts the Board carrying out its mission to protect California healthcare consumers through proper licensure and enforcement of physicians, surgeons and certain healthcare professions.

G. Functional Requirements
No specific physical requirements are required. The incumbent works in his or her own office when performing application review functions. Daily access to and use of a personal computer and telephone is essential. Sitting and standing requirements are consistent with office work. Travel is required to attend Board and Committee meetings held in various locations throughout California. Travel to the applicant medical school's campus outside the United States and some of the school's affiliated clinical sites in the United States may be required when recommended by the incumbent and approved by the Board. Incumbent is required to travel by commercial carrier or auto, whichever method is in the best interest of the State. Travel may be for one or several consecutive days, or one to two weeks in the case of medical school site inspections.

H. Other Information
Incumbent must hold a valid California medical license in good standing. Incumbent must be serving or have served as a medical school educator and administrator in a U.S. medical school and be familiar with all aspects of medical education program evaluation in the United States. Knowledge of the function and structures of international medical school programs is highly desirable. The incumbent must possess good communication skills, use good judgment in decision-making, exercise creativity, flexibility, diplomacy and cultural sensitivity in problem identification and resolution, manage time and resources effectively, and be responsive to Board staff, Board and Committee Members and Department of Consumer Affairs management needs.

The incumbent will be privy to sensitive and confidential issues and/or materials and is expected to maintain the privacy and confidentiality of documents and topics pertaining to individuals, medical schools or to sensitive program matters at all times.

Title 11, section 703D California Code of Regulations requires criminal record checks of all personnel who have access to Criminal Offender Record Information (CORI). Pursuant to this requirement, applicants for this position will be required to submit fingerprints to the Department of Justice and be cleared before hiring.

I have read and understand the duties listed above and I can perform these duties with or without reasonable accommodation. (If you believe reasonable accommodation is necessary, discuss your concerns with the hiring supervisor. If unsure of a need for reasonable accommodation, inform the hiring supervisor, who will discuss your concerns with the Health & Safety analyst.)

_____

Employee Signature Date

_____

Printed Name

I have discussed the duties of this position with and have provided a copy of this duty statement to the employee named above.

_____

Supervisor Signature Date

_____

Printed Name

Revised: 12/2006

MEDICAL BOARD OF CALIFORNIA
Licensing Program

Attachment #3

WELCOME LETTER TO NEW CONSULTANTS

DATE

NAME
ADDRESS

Dear Dr. .....

Thank you for expressing an interest in joining the Medical Board of California as a Medical Consultant.

To acquaint you with the projects in which the consultant assists the Board, enclosed is a copy of the Duty Statement for this position.

The Board currently has three applications from international medical schools that are awaiting immediate review. Three applications will involve travel outside the United States. Consultants spend most of their time at their own locations reviewing the schools' self assessment documents and writing their recommendation to the Board. The Board members rely heavily on the consultants' expertise in reaching their decision to recognize or disapprove international medical schools. Consultants work on a part-time basis. They are compensated at $54 to $75 per hour for their professional services. Any travel duties are arranged around the consultants' schedules.

If you are interested in pursuing the Medical Consultant position, please complete the enclosed California State Examination/Employment Application Form 678, enclose a copy of your Curriculum Vitae and describe your previous experience in the areas described in the Duty Statement. If you have any questions, please contact me at the address below or telephone me at (916) 263-2365 or e-mail me at dpellegrini@mbc.ca.gov.

Sincerely,

Deborah Pellegrini, Chief
Licensing Program

Enclosures

State of California
Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, Ca 95815
www.mbc.ca.gov

Attachment #4

Memorandum

Date: January 4, 2010

To: Gary Gitnick, M.D., Member
Reginald Low, M.D., Member

From: Debbie Pellegrini, Chief
Licensing Program

Subject: International Medical School Decisions - Update

Attached is a list of the Board's decisions to either disapprove or recognize certain international medical schools since April 2, 2002.

The attached memorandum dated April 2, 2002, was circulated to the Division of Licensing members at their May 10, 2002 meeting. The memo summarized the history of the Division's actions to date regarding for-profit international medical schools.

The April 2, 2002 memo accompanied a draft of the Division's proposed International Medical School regulations, which the members reviewed for the first time on May 10, 2002. The regulations were intended to codify the process that the Division used to review the schools discussed in the memo. The final regulations were later approved, effective December 13, 2003.

This memorandum briefly updates the Board's decisions since April 2, 2002. The following list indicates 11 schools or programs to which the Board granted recognition and two schools that the Board disapproved between 2002 and 2009. Two of the 11 medical schools received site inspections.

For your reference, attached are copies of the Saba University and St. Matthew's University site inspection teams' reports to the Division.

School Name	Decision Date
International Medical School Granted Recognition (Site Visit Required)	
Saba University (Saba, Netherlands Antilles)	November 5, 2004
English Programs Granted Recognition (No Site Visit Required)	
Semmelweis University (Hungary)	May 30, 2002
Szeged University (Hungary)	September 22, 2003
Charles Univ. First Faculty of Medicine (Czech. Republic)	December 29, 2003
Debrecen Univ. (Hungary)	April 28, 2005
Pecs Univ. (Hungary)	May 3, 2005
Jagiellonian (Poland)	July 27, 2007
Lublin (Poland)	July 25, 2008
Poznan (Poland)	July 25, 2008
International Schools Granted Recognition (No Site Visit Required)	
ELAM (Cuba) (Program restricted to non-citizens)	July 25, 2008
St. George's - U.K. branch campus (First-year basic sciences only)	July 24, 2009
International Medical School Disapproved (Site Visit Required)	
St. Matthew's University, Grand Cayman	February 18, 2005
International Medical School Disapproved (No Site Visit Required)	
Kigezi International, England and Uganda*	November 2, 2007

*The Board disapproved this medical school as an administrative action after the school closed. School officials had not submitted a Self Assessment Report.

State of California

Department of Consumer Affairs
Medical Board of California

Memorandum

AGENDA ITEM #9

To : Members, Division of Licensing

Date: 4/2/02

From : Pat Park, Associate Analyst, Licensing Program

Subject : **HISTORY OF THE DIVISION OF LICENSING'S PAST APPROVALS AND DISAPPROVALS OF INTERNATIONAL MEDICAL SCHOOLS**

This memorandum is a complement to the proposed regulations that legal counsel has drafted governing the Division of Licensing's process for reviewing and recognizing international medical schools.

Over the past 20 years, the Division has reviewed 12 medical schools in the Caribbean and Dominican Republic for their compliance with the minimum requirements in Sections 2089 and 2089.5 of the Business and Professions (B&P) Code. The Division followed a fairly standard process in conducting its review of these schools. However, the process has not been adopted in regulations. During recent meetings, the Division members and legal counsel have discussed the wisdom of adopting the Division's review process in regulation. To assist in this process, staff was asked to summarize the historical background to the Division's review of international medical schools. This memo summarizes the Division's activities in this regard over the last 20 years.

BACKGROUND

Section 2084 of the B&P Code authorizes the Division of Licensing to approve medical schools that comply with the medical education requirements in Sections 2089 and 2089.5 of the Code. Medical schools located in the United States, Canada and Puerto Rico are deemed approved by the Division of Licensing through their accreditation by the Liaison Committee on Medical Education, LCME (pursuant to Section 1314 of Title 16, California Code of Regulations). All other medical schools are subject to the Division's individual review and approval, and must demonstrate that they offer a resident course of professional instruction that is equivalent, not necessarily identical, to that provided in LCME-accredited medical schools. The law further provides that only students from "approved" medical schools may complete clinical clerkship training in California facilities, and only graduates of "approved" medical schools may qualify for licensure or complete postgraduate training in California.

Prior to 1985, Division staff conducted no reviews of international medical schools. If an applicant graduated from a new medical school that was listed in the World Health Organization's "Directory of Medical Schools," staff issued the school a "school code" and processed the application routinely. WHO listing was not required in statute or regulation. The WHO Directory merely lists the names and addresses of medical schools without conducting any quality review of the schools. In addition, for political reasons, the Directory excludes all Taiwanese medical schools. Therefore, the WHO Directory is not a practical tool for evaluating international medical schools. No other international organization exists that evaluates or accredits the world's 1000+ medical schools for compliance with some educational standard.

Almost all international medical schools are founded to train physicians to address the medical needs of their country's population. In the late 1970s, entrepreneurs began to develop for-profit, English-language medical schools in the Caribbean and Dominican Republic aimed at attracting Americans who were unable to enter U.S. medical schools. Staff issued school codes to these schools as their graduates began to apply here in the early 1980s.

In the spring of 1983, the U.S. Postal Service uncovered a scandal involving the widespread production of fraudulent medical diplomas and other unethical practices on the part of officials at CETEC and CIFAS Universities in the Dominican Republic and their U.S. agents. During the course of their investigation, other medical schools in the Dominican Republic and Caribbean were implicated. Thousands of individuals - many of them nurses, physician assistants, pharmacists, chiropractors, podiatrists - bought fraudulent transcripts and diplomas for prices ranging from $8,000 to $50,000. They spent little or no time attending the school listed on their diploma. As a result of the postal investigators' findings, licensing boards across the United States were forced to investigate the backgrounds of thousands of applicants and licensees who had attended the implicated schools. Individuals who were found to have submitted false documentation had their licenses revoked or were dismissed from training programs. Dominican authorities closed two schools, CETEC and CIFAS, and jailed several administrators who were involved in document forgery schemes.

As a result of the above scandal, the Division of Licensing disapproved CETEC on May 19, 1983. With investigators from the Enforcement Division, the Division formed a License Investigation Task Force (LIFT) to investigate the extent of fraudulent documentation among graduates of offshore schools with pending licensure applications in California. In addition to confirming unethical practices involving bogus documents and transfer credit, LIFT investigators uncovered widespread violations of Section 1327 of Title 16, California Code of Regulations; at least 15 hospitals in California were unlawfully training offshore students in clinical clerkships. In many cases, students received little or no supervision or evaluation. In some instances, offshore schools granted students clinical credit for clerkships that had included no hands-on clinical training.

In an emergency session held on October 11, 1984, the Division voted to temporarily disapprove six schools: American University of the Caribbean (AUC), CIFAS University, Ross University, St. George's University, Spartan Health Sciences University and UTESA School of Medicine. The disapproval order offered each school the opportunity to show cause why the Division should not make the disapproval permanent. On November 16, 1984 following a Show Cause hearing held the previous day, the Division permanently disapproved Ross and CIFAS.

During the summer of 1984, AUC, Ross and St. George's universities sued the Division. The litigation with AUC and St. George's was resolved on November 14, 1984 when both schools signed stipulated agreements with the Division. The litigation with Ross University was resolved on December 14, 1984 when the university signed a stipulated agreement with the Division whereby Ross University received probationary approval for five years. All stipulated agreements imposed terms and conditions on the schools requiring them to bring their educational programs into compliance with California law and included a requirement that the schools were to finance site visits by the Division to the schools' campuses and hospitals where their students receive clinical training.

Specific followup actions involving AUC, Ross, St. George's and other medical schools are described below.

CETEC & CIFAS Universities [Dominican Republic]

These universities opened medical schools in 1979 and 1980, respectively, heavily targeting U.S. citizens. After launching their own investigation into the U.S. Postal Services' findings and confirming their validity, Dominican Republic government officials closed CETEC and CIFAS in 1984. Therefore, the Division did not conduct site inspections to these two schools. The Division disapproved CETEC on May 19, 1983 and CIFAS on November 16, 1984.

American University of the Caribbean (AUC)
[Montserrat, West Indies; founded in 1978; moved to St. Maarten in 1995]

As a consequence of the stipulated agreement between the Division and AUC, the Division conducted site visits to AUC's campus on Montserrat in April 1985 and April 1986. During the April 1986 followup visit, the team also inspected St. Croix and St. Thomas Hospitals; the Division approved these two hospitals as core clinical training sites. On June 30-July 1, 1986, separate site visits were conducted to two hospitals in Chicago, Norwegian-American Hospital and Martha Washington Hospital, where AUC students were receiving clinical training. In September 1989, the Division conducted site visits to Rancho Los Amigos Medical Center in Downey and Camarillo State Hospital; these facilities were found to be providing training in compliance with California law. Based on AUC's compliance with the terms of the original stipulation,

the Division removed AUC's provisional status on September 15, 1989. In 1995, volcanic eruptions forced AUC to temporarily relocate to Belize and the island of St. Maarten. The Division began reevaluating the school's program. The Division conducted a site inspection of AUC's new, permanent campus on St. Maarten in March 1998. On May 8, 1998, the Division members voted to continue recognizing AUC.

Ross University [Roseau, Dominica; founded in 1979]

The Division conducted site visits to Ross University's campus on Dominica in April 1985 and April 1986. In November 1986, separate site visits were conducted to A.N. France Hospital in St. Kitts and Princess Margaret Hospital on Dominica; the Division approved these hospitals for a limited number of clinical clerkships.

Ross's provisional status was due to expire on December 14, 1989 but was extended until June 30, 1990 to allow the school additional time to submit required documents. In September 1989, the Division conducted site visits to Rancho Los Amigos Medical Center in Downey and Camarillo State Hospital where Ross students were receiving training; these facilities were found to be offering training in compliance with California law. In May of 1990, the Division conducted site visits to three other clinical training sites: Norwegian-American Hospital in Chicago, Horacio Oduber in Aruba, and Princess Margaret in Dominica; the Division approved each hospital to provide certain core and elective clerkships. The Division removed Ross University's provisional status effective June 30, 1990, and the school remains in approved status.

St. George's University [Grenada; founded in 1977]

As part of resolving outstanding litigation, the Division conducted site visits to St. George's campus on Grenada in April 1985 and April 1986. A separate site visit was conducted to St. Joseph's Hospital in Orange, California where a St. George's student had trained. The hospital was found acceptable to provide clinical training in compliance with California law. The Division removed St. George's probationary status during their September 15, 1989 meeting, and the school remains in approved status.

Spartan Health Sciences University [St. Lucia; founded in 1980]

The Division initially recognized this for-profit medical school. After the Division's investigation revealed widespread document fraud and training violations at this school, the Division temporarily disapproved the school on October 11, 1984. A site visit to the school's St. Lucia campus on April 21, 1985 found inadequate facilities and curriculum, and the Division issued a permanent disapproval order on June 13, 1985. Spartan officials responded by suing the Board in Sacramento County Superior Court. The court dismissed the school's lawsuit with prejudice on December 2, 1986. Spartan and

the Board entered into a Stipulation that acknowledges Spartan's right to petition the Division to modify or terminate its disapproved status. The school has never petitioned for reconsideration. The Division's June 13, 1985 disapproval order remains in effect.

UTESA School of Medicine [Dominican Republic; founded in 1981]

UTESA is a private for-profit university offering instruction in Spanish or English. The Division temporarily disapproved UTESA on October 11, 1984 based on evidence that UTESA and CIFAS had colluded in fraudulent activities. After conducting a site visit to UTESA School of Medicine on April 12-14, 1985, the Division made its disapproval order permanent effective July 12, 1985. On May 29, 1986 after considering a petition for reconsideration from UTESA officials, the Division adopted a Stipulation and Order whereby UTESA would submit a plan to correct the deficiencies identified by the Division's site team. The plan that the university submitted did not meet the Division's criteria, and at their November 1986 meeting the Division reinstated the July 12, 1985 Order of Disapproval.

While planning the June 1996 site inspection to INTEC and UNIREMHOS, staff invited UTESA officials to participate in the review process. UTESA officials agreed to undergo a new site inspection. Unfortunately, the inspection team found that UTESA had not substantially corrected its previously-identified deficiencies. The Division disapproved UTESA again on February 7, 1997.

Universidad Mundial Dominicana (World University)
[Dominican Republic; founded in 1978]

This private, for-profit school opened in 1980 and offered instruction in English. In 1987, the Division received a few applications from graduates of World University. When staff requested World University officials to complete a detailed questionnaire regarding its facilities and curriculum, school officials declined to provide the requested information and stated that their curriculum did not meet California's requirements. Through other channels, staff learned that various factions within the university were involved in a lawsuit to decide who would control the school. At its meeting on December 1, 1989, the Division disapproved World University. World University closed in February 1991.

Instituto Tecnologico de Santo Domingo (INTEC)
[Dominican Republic; founded in 1972]

This private non-profit university, offering instruction only in Spanish, applied for recognition after three U.S. residents graduated from its program. The Division visited the school in May/June 1996 in conjunction with the inspections of UNIREMHOS and UTESA. The Division approved the medical school on July 26, 1996.

Universidad Eugenio Maria de Hostos (UNIREMHOS)
[Dominican Republic; founded in 1981]

UNIREMHOS was a private, for-profit university that offered instruction in English. After a few of its graduates applied for licensure in California, the school applied for recognition. The Division visited the school in May/June 1996 in conjunction with the inspections of INTEC and UTESA. The Division disapproved the school on July 26, 1996. School officials requested reconsideration of the disapproval; the Division upheld its disapproval on November 1, 1996. Staff learned later that Dominican government officials at CONES, the Consejo Nacional de Educacion Superior, closed UNIREMHOS on February 13, 1998 citing "grave academic deficiencies and a lack of academic order."

University of Health Sciences Antigua [St. John's, Antigua; founded in 1983]

Only one graduate of this private, for-profit school ever applied for licensure in California. After several unsuccessful attempts to have the school complete and submit the Medical School Questionnaire, the Division disapproved the school on July 28, 1995. Since that time, the school has developed an internet-based program that targets healing arts practitioners such as chiropractors, nurses, physician assistants, podiatrists, pharmacists, etc. Students are granted advanced credit for their prior basic sciences education and receive minimal online instruction before commencing clinical clerkships.

Universidad Federico Henriquez y Carvajal (UFHEC)
[Dominican Republic; founded in 1991]

To resolve the lawsuit among principals of World University (see above), the Dominican court allowed World University to close and reopen with new management under the name UFHEC. In late 1994, an UFHEC official contacted staff to inquire about California's licensing requirements. Staff mailed the official a Medical School Questionnaire to complete but had no further contact from UFHEC. Later staff learned that CONES closed UFHEC on February 13, 1998 due to "grave academic deficiencies." The U.S. General Accounting Office also published allegations that an UFHEC administrator was involved in fraudulent diploma issuance practices. To forestall legal complications caused by former UFHEC students and graduates who might apply in California, the Division disapproved UFHEC on July 31, 1998.

Site Inspections to Medical Schools outside the Caribbean

On two occasions, the Division conducted site inspections to non-Caribbean international medical schools for reasons unrelated to approving new medical schools. In 1986, Assembly Bill 1859 mandated the Division to visit medical schools on three

continents and review their medical accrediting systems, if such existed. The Legislature authorized funds for the visits. The Division visited schools in England in October 1986, the Philippines in March 1987 and Mexico in November 1987. The Division selected the countries from which the greatest number of graduates apply for California licensure. India was and still is the top country from which California receives applications; however, Indian authorities were cool to the idea of undergoing inspections, and England was substituted for India.

In November 1997, the Division members endorsed the concept of revisiting medical schools in the international countries from which the board receives the largest number of applications. As a result, in January 1999 the Division expended its own funds to conduct site inspections to four Philippine medical schools. All schools were found to satisfy California's minimum statutory requirements. However, no further visits were planned due to the strain on the Board's budget.

Review of Pending Medical School Applications

In 2000 and 2001, respectively, the Division received applications from St. Matthew's University located on Ambergris Caye, an island off the coast of Belize, and Saba University located on Saba, an island in the Netherlands Antilles. Review of their applications is ongoing. These two medical schools are examples of the more desirable process wherein a new medical school applies for the Division's recognition in order to enable its students to train in and become licensed in California. In this way, the Division has a chance to evaluate and approve the schools' educational program before the schools' students and graduates are accepted into clinical clerkship and postgraduate training programs in California.

SUMMARY

In the aftermath of a fraudulent diploma scandal in the Caribbean nearly 20 years ago, the Division realized the need to take proactive steps to protect California's patients from being treated by students and graduates of medical schools that do not meet the minimum requirements of law. The Division's first act was to disapprove the six propriety schools that were either implicated in the scandal or were violating California law. Subsequently, the Division conducted onsite inspections to those medical schools and developed an orderly process for evaluating new proprietary international schools that attract U.S. citizens. Of the 12 schools that the Division reviewed in the Caribbean and Dominican Republic, four were recognized and three were disapproved following a site inspection. The Division disapproved five schools after they either failed to cooperate in the Division's information-gathering process or were closed by their governments for malfeasance. In each instance where a school challenged its disapproval, the courts have affirmed the Division's authority.

While the late 1980s saw dwindling enrollments and school closures in the offshore medical school industry, the 1990s saw an expansion in the development of new proprietary medical schools. In addition to seven Caribbean medical schools that survived into the 1990s, 10 new Caribbean schools have opened or plan to open. In fact, the "offshore school" model has spread beyond the Caribbean. Five new proprietary schools have opened in the South Pacific located in the Cook Islands, Micronesia and Samoa. Three schools opened in Africa, two of which operate from rented facilities in the United Kingdom. Some of these proprietary schools were opened by American entrepreneurs and former students or graduates of other offshore schools. All target U.S. citizens, and almost all promise clinical clerkship training in the United States.

In a new development, many existing Eastern European medical schools have opened "English-language programs" that promise to prepare students to pass the USMLE and practice medicine in the United States. The countries involved are Hungary, Poland, Czechoslovakia, Slovakia, Russia and Armenia. Like the popular Autonomous University of Guadalajara in Mexico, their approach is that students will receive their basic sciences education in English while simultaneously learning the native language to prepare them to interact with patients during their clinical clerkships. Staff is working with several of these schools in an attempt to ascertain the structure, governance and resources available to U.S. citizens in these new programs.

As world population expands, many countries have built new medical schools to meet their citizens' expanding health care needs. Legal counsel crafted the attached regulations to exempt these schools from the requirement for the Division's individual review. This will focus the Division's resources on evaluating free-standing proprietary medical schools whose ability to satisfy minimal quality standards is more likely to be subject to question.

If you have any questions concerning this memorandum, please telephone me at (916) 263-2367.

December 15, 2004

To: Division of Licensing
Medical Board of California

From: The Site Team

Harold J. Simon, M.D., Ph.D., Consultant
Richard Fantozzi, M.D., Member
Joyce Hadnot, Deputy Director
Anita Scuri, Legal Advisor
Martin Pops, M.D. (Chicago Site Visit)

Subject: Report on Site Visits to St. Matthew's University School of Medicine, Its Branch Campus in Windham, Maine, and Teaching Hospitals Offering Clerkships to Its Students

Introduction

A survey of the St. Matthew's University School of Medicine ("SMUSOM") campus in Windham, Maine was conducted on May 11 and 12, 2004 by a team representing the Division of Licensing of the Medical Board of California ("Division"). A team also visited four teaching hospitals offering clerkships to SMUSOM students on May 24-25, 2004 in Chicago, Illinois. Thereafter, the site team conducted a survey of the principal campus on Grand Cayman, British West Indies, on June 17 and 18, 2004.

The purpose of the site visits was to determine whether the school provides an educational program that is equivalent to the requirements of Business and Professions Code Sections 2089 and 2089.5 and meets the requirements of Title 16 Cal. Code Regs. sections 1314.1. The team members were Richard Fantozzi, M.D., division member, Joyce Hadnot, Deputy Director of the MBC, Anita Scuri, Legal Counsel from the Department of Consumer Affairs, and Harold Simon, M.D., licensing consultant. Martin Pops, M.D., Ms. Hadnot, and Ms. Scuri conducted the site visit to four teaching hospitals in the Chicago, Illinois

This report consists of three consolidated reports on the principal campus on Grand Cayman, the Windham, Maine branch campus, and four teaching hospitals in and near Chicago, Illinois that offer clerkships to SMUSOM students, together with a recommendation from the site team.

Part 1. Campus on Grand Cayman, British West Indies

The main purpose of this site visit was to review and evaluate the program at SMUSOM's main site on Grand Cayman Island (SMUCI). The evaluation was aimed at obtaining an overall perspective of SMUSOM. More specifically, the evaluation was intended to focus on the preclinical education of medical students in preparation for their clinical clerkships, on the physical facilities, on selection of and feedback from the hospitals utilized for clinical clerkships, on student life and support systems, on research, and on relations with local government

This portion of the report will address the following topics:

- Chronology and Rationale for Locating on Grand Cayman Island
- Ownership
- Administration
- Governance
- Faculty
- Admissions
- Students
- Pre-Clinical Curriculum
- Selection and Evaluation of Clerkship Sites
- Facilities on campus--Building, Classrooms, Laboratories, Residence hall
- Facilities off campus--Hospitals, Clinics, Physicians' Offices
- Library and Learning Resources
- Research
- Relations with Local Government

Chronology of the Request by SMUSOM for Recognition and Rationale for Locating on Grand Cayman Island

SMUSOM was conceived in **1996** and chartered in **1997.** The first class of medical students matriculated in September of that year on Ambergris Cay in Belize, Central America. SMUSOM submitted the first request for recognition by California in **July 1998**. A report covering the documentation submitted by SMUSOM and requesting additional information was submitted to the Division in **June 2000**. Hurricane Keith struck that location in **October 2000**, seriously damaging the facilities, necessitating a temporary relocation to the University of Central Florida, and obviating a possible site visit at that time.

In **August 2001**, the Division became aware of serious turmoil on the Belize campus resulting in the eventual loss of all facilities there.

Under new ownership, an essentially completely new central administration, and with a small cadre from Belize, a search for an alternate site eventually focused on the Cayman Islands whose economy was then at a low point. Further investigations identified a building then occupied by the local Cable and Wireless Company and available for leasing. It appeared ideal for serving SMUSOM's information technology needs. Cordial relations were established with the local government, the necessary permits obtained, a lease on the building signed, and SMUSOM relocated to Grand Cayman in **May 2002.**

The Division deemed the information then on hand obsolete. SMUSOM was asked to submit a new application, which reached the Division in **September 2002.** This set of documents was reviewed by the Division in **January 2003.** A decision to make site visits was rendered in **May 2003** to take place later that year. Changes in California's government delayed approval for site team travel until **May 2004,** when the first two of the three mandated site visits took place.

Ownership

SMUSOM is a proprietary, for-profit institution that derives all of its income from student tuition and fees. It is owned by 3 individuals - Michael Harris, M.D., President and CEO, Galen Swartzendruber, M.D., investor, and S. K. Asthana, M.D., all located in Niceville, FLA - who also comprise the Board of Directors.

Administration

The SMUSOM administration is headed by Michael Harris, M.D., President and CEO, who reports to the Board of Trustees (vide infra). Dr. Harris is directly responsible for strategic planning, relations with diverse governmental officials, and the overall budget and other fiscal matters. He is the ultimate authority but reports to the Board of Trustees (see **Governance**) on issues pertaining to academic matters, hiring and firing of faculty, salaries, publications, locating and acquiring sites to meet the requirements of the academic mission and accommodations for students, and authorizing issuance of diplomas.

Dr. Harris' base and OB/GYN practice are located in Niceville, Florida, near SMUSOM's head office in Oviedo, Florida. He heads the Board of Directors and divides his time between Florida and SMUCI with occasional visits to the Maine campus. .

Dr. Harris is an expert in matters of locating desirable real estate and its acquisition (See **Facilities**).

Dr. Harris is assisted by a Vice President, a Chief Financial Officer (CFO) and a large number of Deans. The Deans oversee the academic activities of their respective faculties, coordinate interactions—such as they are--between them at SMUCI and the SMUM site in Maine, and formulate and propose budgets for presentation to the President,

Jerry Thornton, Ph.D., Vice President and Chief Operations Officer (COO) has been with SMUSOM since Belize days. He is in charge of operations at the head office in Florida, which includes admissions, financial aid, marketing and advertising. He has also been the principal contact between SMUSOM and the Division.

B. D. Owens, Ph.D., is Chief Financial Officer (CFO) and oversees the controller, financial matters and ancillary services, including student residences. He participates in the search for suitable real estate for acquisition by the institution.

The SMUSOM administration is enthusiastic, innovative, effective and responsive to the needs of a growing institution. It is also very effective in matters pertaining to real estate acquisitions and relations with governmental authorities.

Governance

Governance of SMUSOM is vested in the Board of Trustees, which may delegate authority. Delegation is primarily to the President or the COO who may re-delegate authority to Deans and other Administrative Officers. The Board of Trustees is composed of four members who have no financial ties to the institution and who serve without financial compensation other than reimbursement for travel expenses incurred in connection with its meetings. The Board meets four times yearly, including once at SMUCI. The current Board members are:

Elizabeth Armstrong, Ph.D., Associate Professor of Pediatrics, Harvard Medical School, Boston, Massachusetts;
Mark Stewart Calkins, M.D., Physician, Niceville, Florida;
Stephen P. Doheny, M.D., Physician, Niceville, Florida; and
James P. Richburg, Ed.D., President, Oskaloosa Community College, Niceville, Florida.

Responsibilities of the Board of Trustees are specified in its by-laws.

Faculty

The basic science faculty is comprised of individuals who, with very few exceptions, have been with SMUCI *for considerably less than two years*. In many cases, in fact, individual faculty members in responsible positions had only been on site *for a few weeks or months prior to this site visit.*

In Maine, faculty are employed on short-term contracts ranging from one to three years, renewable solely at the institution's pleasure. In Grand Cayman, continuing employment at SMUCI is also contingent on approval of visa extensions by the local government. A few faculty members have 5-year contracts, but most have one-year contracts due to government regulations. This policy partly reflects the administration's desire for change, as may be needed, and partly the limitations on visas for work in the Cayman Islands. Faculty indicated that some students are acting (and being paid) as teaching assistants. *There is no academic tenure.*

Students expressed their appreciation to the site visitors for the close and continuing interactions with the faculty who are said to be generally available. Students interviewed during the Chicago site visits uniformly expressed their opinion that the quality of the education they received in Maine was far superior to that which they received on Grand Cayman.

Admissions

Admissions requirements, criteria and procedures are spelled out in the catalogue. The completed application file must consist of the following:

- Completed application form
- Personal statement
- Three letters of recommendation
- Official academic transcripts
- TOEFL score of 550 or greater
- MCAT scores (if available but not required)
- $75 non-refundable application fee
- Six current passport photos
- Request for financial support, if applicable
- Financial aid forms and backup (if applying for financial aid)
- Proof of health insurance coverage, application, or waiver

Students with foreign (non-U.S.) transcripts are required to present evaluations on a course-by- course basis from the World Evaluation Services or other credentialing authority.

A pre-admission undergraduate degree is preferred but not required. 90+ semester credit hours are considered sufficient to satisfy the pre-medical academic preparation requirements. A GPA of 3.0 or better is preferred *but significant numbers of students whose records fall below - and even much below - that level have been accepted.* An extended pathway exists at two other offshore sites for those deemed inadequately prepared for the study of medicine yet give promise of eventual success.

Students are required to be computer literate and to bring their own lap tops to school.

Applications are submitted to the Oviedo, Florida, office. When completed, they are electronically scanned and immediately made available to the Admissions Office at SMUCI for review, screening and scoring by two members of the Admissions Committee who also rate the institutions at which applicants completed their previous studies. If the screeners are in accord, their decision is final. If in disagreement, they consult with each other in efforts to reach agreement. If agreement is still lacking, files are reviewed by the full Admissions Committee, which renders the final decision.

Students offered acceptance are so notified, interviewed in person or by phone, and provided with informational materials about SMUSOM's programs, requirements, location, living conditions, housing, required immigration documents and learning materials. They have two weeks to submit a non-refundable $500 deposit, which is applied to the first year's tuition.

Discussions about the student's ability to finance his/her education are initiated. The overall cost approximates US$200,000. The school has arranged for low cost loans up to the full amount, as may be needed. When questioned by a team member, students did not know the terms and conditions of their loans. The school should provide students with more information as to the nature and effects of the large long-term debt they will be accruing.

The applicant/acceptance ratio typically runs 3:2 (i.e., 40% are rejected at this stage). As a rule, 90% of those who meet the admission criteria will be accepted. Of these, some 50-60% will actually matriculate. *Note: This small ratio of applicants to acceptances suggests an insufficiently critical discriminatory admissions policy and consequent practices which*

may account - at least in part - for the apparently high attrition rate and the 19% figure for students in academic difficulties in the first year.

Prior to matriculation, and before issuing a visa, the Caymanian government requires documentary evidence from the civil authorities of a clean record covering the student's past 10 years' residences. (***Note:*** *Some unresolved questions about specifics in this connection have been posed to the Caymanian Ministry of Education but the team has not received an answer.)*

Note: *SMUSOM literature states that* ***transfer students*** *are accepted up to the beginning of the 5th semester. Specific inquiries (in Maine) indicated that some transfers have been accepted up to and even into the 4th year although this practice is said to have been abandoned recently. Transfers in the last year of medical school are not acceptable under California law (Business and Professions Code 2089(a).* Requirements for transfers are identical to those for entering 1st year students plus transcripts from their previous medical school(s). They must not have been dismissed for ethical or behavioral causes.

Students

Enrollment has grown rapidly from the first class of 25 students in September 1997 in Belize to more than 300 currently at SMUCI and Maine and well above that number in the clinical years. Current total enrollment for the entire school is approximately 645 students.

Since the beginning, *263 students have graduated, 158 have withdrawn, and 29 have been dismissed. Of the graduates, 2 have completed residency training, 101 are in their residencies and the present status of 36 is unknown. 134 students are currently in clinical rotations in the U.S.*

Among those listed as withdrawn, the present status of 101 is unknown.

The student body is composed mainly of Americans (approximately 85%), with a smattering of students from Canada, Caribbean and other countries. Many tried and failed to gain admission to U.S. medical schools; some did not apply to U.S. schools because they believed they could not compete effectively (grades, MCAT scores); and quite a few transferred in from other Caribbean medical schools (notably Ross, AUC and St. Lucia). A significant number chose the study of medicine after having had other successful careers (in professional sports, business, law and paramedical fields), or having earned advanced degrees in non-medical sciences and later decided on the study of medicine.

A wide range of student support services includes academic and personal counseling, financial aid, and arrangements for health care. Student housing is available in the Residence Hall, and a housing service helps to arrange off-campus accommodations. A local chapter of the American Medical Student Association is supplemented by several other student organizations and clubs which arrange educational, social and sporting activities. A nearby SMU-owned athletic field is available for soccer and other field events.

A system of student government works closely with the Administration.

By all indications, students are eminently satisfied with these arrangements and appreciative of SMUSOM's efforts on their behalf.

PreClinical Curriculm

The courses taught in the preclinical curriculum correspond to the constellation of those usually covered in the preclinical curriculum of U.S. medical schools. Specific comments regarding the supporting materials, examination policy and practices, as well as the imaginative approaches to the ICM and CP courses at both Maine and Grand Cayman, are included elsewhere in this consolidated report.

Selection and Evaluation of Clerkship Sites

Upon completion of the pre-clinical 5 semesters at SMUCI and in Maine, students leave the respective sites to embark on their core clinical clerkships in hospitals affiliated with SMUSOM in the District of Columbia and 11 States including Florida, New York, Illinois, Georgia and Maryland. In addition, 6 hospitals in the UK and 1 in Canada are utilized for core clerkships. Approximately 80% to 90% of clinical core rotations take place in the Chicago and Atlanta areas. Most U.S. hospitals used for core rotations are ACGME accredited. A list of criteria exists for determining eligibility of a potential site for clinical instruction. *Satisfactory completion of the USMLE Part 1 prior to commencing a clerkship is not required by all of these hospitals. Until January 1, 2004, the school assigned students to clinical rotations who had not taken or passed Step 1. Beginning January 1, 2004, the school will not assign a student to clinical rotations without formal notification that the student has passed Step 1.*

Each hospital used for core rotations is supposed to have a formal affiliation agreement with SMUSOM and a director of medical education (DME) appointed to the SMUSOM clinical faculty to oversee clerkship

arrangements. *The site visit in Chicago indicated that some such affiliation agreements are in verbal form and others have been arranged with an individual physician and not with the institution itself.*

In the middle of the 5th semester, students receive an orientation session from the Dean for Clinical Sciences about the hospitals available for core clerkships. Recently, the Chair for Preclinical Studies brought an upper class student to assist in the orientation. *There is no formal arrangement for providing feedback from more senior students or graduates to 5th semester students concerning advantages or disadvantages of specific training sites (By the same token, there is no formal feedback system from graduates about their satisfaction level with the education received at and through SMUSOM. Nor is the tracking system of graduates anywhere nearly complete (see below)*. These omissions would seem particularly worrisome in such a new school with a minimal track record. *An alumni organization might prove useful for these purposes.*

There are, however, web sites, chat rooms and contacts with upper class friends that may be accessed by individual students; and some pertinent information is logged in the files of the Dean for Clinical Sciences.

SMUSOM claims that each site used for core rotations was visited at least yearly by each chief of each department. The team was advised that the review process has been modified and that now one chief will conduct the site visits for all of the sites. Currently, that individual is an internist who has been with SMUSOM for approximately one year. Information gained at the site visit indicated that this individual's inspection might consist of *one to one and half hours at a particular site, including lunch, and might well cover several sites in one or two days. Most worrisome is the fact that an individual representing one clinical discipline might well review several core clerkships in a variety of clinical disciplines if conducted in the same institution.*

SMUSOM's clinical curriculum comprises 46 weeks of core clinical clerkships in the 3rd year and 30 weeks of selective and elective clerkships in the 4th year. The 3rd year core includes a total of 46 weeks, as follows::

- Internal Medicine 12 weeks
- Surgery 12 weeks
- Pediatrics 6 weeks
- Ob/Gyn 6 weeks
- Family Practice 4 weeks
- Psychiatry 6 weeks

The 4th year curriculum consists of a combination of 16 weeks from an approved list of selectives and 14 weeks of freely chosen elective clerkships each of which may run for 4, 6, or 8 weeks in duration.

Whereas the core clinical clerkship sites in the relatively small number of States in which they are carried on are selected and monitored by or under the aegis of the Dean for Clinical Sciences, the elective clerkships are located in 38 States, the UK, Canada and Ireland. Students find their own electives. The school gives them a list of locations previously utilized by SMUSOM students. Their selection is determined in accord with several factors, including *person-to-person interactions among physicians on the faculty with personal contacts/knowledge of such sites, and students' and/or their parents' requests for clerkships in the vicinity of their homes and/or potential practice locations, etc. This practice has resulted in some electives in non-teaching hospitals.*

Supervising faculty are required to submit performance and demeanor evaluations for every student's clinical experience.

Facilities

The entire campus is fiber optic wired and features a fully functional campus-wide computer system. A comprehensive wireless capability enables all students to obtain server-stored materials, go on the web, search journals and reference works, and communicate directly with faculty and other students.

The **principal base** for SMUCI consists of a 21,000 sq.ft. building containing administrative and faculty offices and three classrooms equipped for electronic data presentations and communications seating upwards of 120 students each.

This building also houses an anatomy/histology laboratory with several plastinated cadavers, anatomical models, microscopes, and slides which can be projected onto an overhead display.

Other facilities include a small microbiology laboratory in which some basic techniques are demonstrated; rudimentary physiology and pathology laboratories; a large room subdivided to serve the needs of the 4th and 5th semester ICM and Patient Care courses; some facilities equipped with data ports for student use; and some space for recreation. This building is leased from "Cable and Wireless", a local company which had installed extensive electronic capabilities for both hard-wired and wireless communications that eminently suited SMUCI's needs. The

lease has one year to run and may be renewed for an additional three years. Drs. Harris and Owens are actively pursuing a nearby location for purchase and use on a permanent basis.

Initially, only the two upper floors were used by SMUCI, which has lately taken over the entire building.

This building is air-conditioned and much used by students for their studies. It used to be open 24/7 but the hours have recently been reduced much to the students' regret. They have expressed hopes that the status quo ante will soon be restored.

The **Residence Hall** for students is owned by the SMUSOM corporation and was acquired under extremely favorable terms. It is a modern building located about a mile distant from the main campus along the highway connecting both sites. It can accommodate 82 persons in single and double occupancy rooms. Security arrangements include several strategically placed surveillance cameras and 24-hour watch personnel.

In addition to the dormitory there is a swimming pool with a good amount of deck space, chairs and umbrellas, and a fully equipped kitchen for student use.

(It may be noted in passing that the students expressed their delight in and admiration for the administration's seeing to the rapid development of excellent facilities and for the attention paid to their needs and requests).

The **clinical facilities** available to SMUCI consist of two hospitals, physicians' offices and clinics utilized for instruction of 4th and 5th semester students. With patients' permission, students spend 2 to 4 hours weekly shadowing physicians and observing procedures. These activities are integral with the ICM and Patient Care (Clinical Procedures) courses and are designed to prepare students for the clinical clerkships by introducing them to the nature and culture of medical practice, physician-patient interactions, medical ethics, and the nature of and interactions with the health care team.

Instruction at the clinical sites is coordinated by the Chair for Preclinical Studies, Dr. Gordon Green, a recently arrived pediatrician from Canada with extensive experience in pediatric emergencies, advanced training in public health, and a deep interest in recent developments in medical education. He is very well qualified for his critically important roles, personally participates in all clinical activities, and seems highly regarded by students and local medical personnel.

By all indications these instructional activities are well received by students and the voluntary teaching faculty who seem interested in and enthusiastic about their teaching roles.

The 128-bed **George Town Hospital** is the main medical facility for the Cayman Islands. It is a recently completely refurbished, clean, airy facility which provides a complete range of medical and surgical services with the exception of cardiac and intracranial surgery. Patients requiring these and other high intensity services are airlifted to US hospitals in Florida or Texas at government's or insurance carrier's expense.

The Chrissie **Tomlinson** Hospital is a modern, clean, airy, fully equipped private facility housing 18 Beds, four of which are maternity beds.

Note: All residents on the Caymans are required to carry health insurance. This also applies to the SMUCI community. At present, the government pays the entire cost for civil service employees, indigents and their families but this will change later this year to a bilateral contributory system. A scheme for co-payments will also be introduced to limit abuses and overuse. For the private sector, premiums are shared equally between employer and employee.

Library and Learning Resources

A very capable professional librarian supervises the **campus library**, which houses a limited number of books and journals. It provides access to most of the biomedical data bases and adjunct resources and subscribes to services which enable access to most of the journals students and faculty might require for study and in support of eventual research projects.

The library supports and is supported by informational technology in the form of a **virtual living/learning environment** which provides access to and between all students and faculty anywhere on campus and including the residence hall (vide infra). Included among its features and services are

- Facilities for video conferences - which may include communications between SMUCI and SMUM;
- Stored folders for every professor's lectures in power point format;
- Projectors and desktop machines in the classrooms;
- High speed Internet access on campus and the residence hall;
- Voice-over IP phone system; and
- A variety of on-line resources.

Research

The issue of research being conducted by SMUCI faculty and involving student participation is of utmost importance for the following reasons:

- To maintain and enhance the continuing effectiveness of the faculty to teach at the cutting edge of their discipline;
- For faculty to serve as role models for students;
- To enable students to observe, study and participate in the research process; and
- To enable students to learn critical assessment of the research process, results and publications.

None of these objectives is within reach at SMUCI at the present time. Perhaps a journal club might be a useful beginning to address issues related to review and analysis of published research in pursuit of some of these objectives.

Most of the faculty are not now and have not been engaged in active research endeavors for the past several years. Most of the faculty have authored no publications in peer-reviewed journals for years past. No extramural funds for research are currently targeted for SMUCI, which has allocated small amounts in support of some projected research activities on the island. These are intended to involve some faculty and students in studies involving the local biota and presumptive genetic peculiarities among the indigenous population.

At the site visit, the Dean for Research was unable to answer a question as to the existence of a budgetary line item for research. When a "Research " page from the itemized budget was eventually produced, it indicated that approximately $600,000 were being devoted to this topic. Of this amount, $250,000 was identified as supporting the off-site project indicated above, the proposal for which had not yet been submitted.. These funds will not be provided to SMUCI but to the institution at which that project is actually being conducted. Almost all the remaining funds identified within the research category are targeted for supporting activities – half of two faculty members' salaries and ten percent of other faculty members' salaries, housing, vehicles, transportation, utilities, mail, etc., and seem to relate to ongoing supporting services and overhead at SMUCI. The school allocates a maximum of $2,500 per faculty member making a presentation, a total of $3,000 seed money for student projects, and $850 in "prize money" for a student competition. No extramural funds in support of research have been received at SMUCI at this time.

SMUCI has made available some small amounts to support research on the island by a few students with prior research experience and under faculty supervision. Some equipment and glassware destined for these projects had apparently arrived just before the site visit. These projects should get under weigh in the near future.

The site visiting team was informed of several ideas for research to be conducted eventually on site by faculty with student involvement but these are not yet in being. Moreover, no facilities dedicated to the conduct of research activities were identified.

SMUSOM has established a (U.S.-IRS code) section 501(c)(3) foundation to eventually receive tax- favored extramural contributions in support of research and other qualified activities.

It may be presumed that interesting topics for research will eventually be identified and pursued by faculty and students. Such efforts are still destined for the future.

Relations with Local Government

In company with members of the SMUSOM Board of Directors and Administrators, the site visitors met in his office with the Hon. Roy Bodden, Minister for Education, Human Resources and Culture. Government clearly views the arrival and continuing presence of SMUSOM as a major and most welcome addition to the Caymans' economy. The Minister insisted that due diligence had been conducted prior to granting permission for SMUSOM's relocation there. This is said to have involved background checks on each of the Directors in terms of their financial history and police records.

The Minister maintained that SMUSOM's aims, objectives, curriculum plans and involvement with local institutions and the medical profession met with approval after having been subjected to careful scrutiny. With an advanced degree in education, the Minister reviewed and applauds SMUSOM's educational direction and activities. He declared himself pleased that SMUSOM offers one full scholarship annually for a Caymanian citizen.

The Minister stated that incoming students must apply for a visa to be renewed biennially. The initial application must be accompanied by a letter from the police authority at the student's current residence and speaking to any problems with the law. Inquiries are said also to involve communications with the FBI and Interpol, as appropriate. It is not clear whether convictions for felonies or misdemeanors would preclude

admission to the island. It may be that background checks only cover a student's residence over the past 5 years, if that. *An inquiry along these lines was directed to the Minister by e-mail but no reply has as yet been forthcoming*

SMUSOM graduates are eligible for licensure (registration) to practice in the Caymans provided they can find a sponsor and obtain a visa/work permit (a fairly complicated process). The government imposes strict controls on this privilege, including on the mix of medial specialties intended to meet the defined needs of the population.

A private, mostly social meeting between one site visitor (Dr. Simon) and the Honorable Gilbert McLean, Minister for Health Services, Agriculture, Aviation and Works and the Chief Health Officer, Dr. K. Kumar, resulted in essentially the same welcome, laudatory comments and appraisals. On direct questioning, the latter indicated some interest in personal involvement in SMUSOM's ongoing activities.

Part 2. Branch Campus in Windham, Maine

This portion of the report will concentrate on matters chiefly pertaining to the SMUM branch campus unless otherwise indicated. It will address the following:

Rationale for seeking a Branch Campus and its Selection
Advantages of the MD/MHSA Program to SMUSOM and SJCOM
Interrelationships between the two Degree Programs
Curriculum at SMUM
Selection of Students for the SMUM Program
Evaluation of Student's Progress
Support for Students at SMUM
Physical Facilities
Advantages/Disadvantages of the SMUM Program
Faculty
Research
Academic Interactions between Grand Cayman and SMUM
Summary and Conclusions
Acknowledgment

The following is based on interviews with faculty, students and administrators of SMUM, inspection of selected physical facilities, and literature provided to the team by SMUSOM and SMUM.

Rationale for Seeking a Branch Campus and Its Selection

According to the information provided, SMUSOM determined that a satellite campus on the U.S. mainland and offering a Master's Degree in matters relating to medical economics and administration would enhance SMUSOM's image and serve as an effective marketing device for attracting students in a competitive environment. Accordingly, SMUSOM administrators sought a connection with an institution offering an instructional program which would serve medical students' needs and interests toward both conducting an efficient medical practice and possibly offering additional or alternate career opportunities.

Through prior personal contacts between representatives of SMUSOM and St. Joseph's College of Maine "(SJCOM"), an ongoing on-site and distance-learning program leading to a Master's Degree in Health Science Administration (MHSA) was identified at SJCOM in Windham ME, and deemed suitable for the stated purposes. Negotiations between the two institutions led to formal agreements and the first SMUSOM students were concurrently enrolled in the SJCOM MHSA program in the Year 2000.

Advantages of the MD/MHSA Program for SMUSOM and SJCOM

The advantages for SMUSOM are the uniqueness of this offering among offshore medical schools catering primarily to U.S. students, i.e., as a marketing device; a location on the U.S. mainland for U.S. and other students enrolled in an offshore medical school; and for some SMUSOM students to interact - albeit on a limited basis - with students pursuing other fields of endeavor.

The principal benefit for SJCOM seems to be the income from tuition paid by the SMUSOM students - amounting to $250/ credit unit for a total of $11,250/student for the entire course of study. Additionally, students from other disciplines pursuing the MHSA program seem to benefit from their occasional interactions with SMUSOM students.

Interrelationships Between the Two Degree Programs

SMUSOM students enrolled in the MHSA program are enrolled separately in SJCOM and pay tuition and fees separately to the two institutions. The application/admissions processes for the two programs are also completely separate.

The MHSA program consists of 15 courses at 3 units/course, for a total of 45 units. The tuition amounts to $250/unit for a total of $11,250 for the complete program. SMUSOM students enrolled in the MHSA program are required to have completed at least one semester's course work (2 courses = 6 units) on the Grand Cayman campus, but exceptions can and have been made (to this and most other "requirements").

Students may be selected for the MHSA program at any time before the beginning of the 3rd semester. They 'must' take 2 MHSA courses in each semester on Grand Cayman. SJCOM has stationed two faculty members there for this purpose. They are not directly affiliated with SMUSOM.

At SMUM, students take 2 MHSA courses/semester in each of the 4th and 5th semesters. For the SMUM students, these courses are taught in the evening on the SJCOM campus by SJCOM faculty. Except for those students pursuing the 5th semester in the summer, the SMUM students do not interact with SJCOM students. In the summer, SMUM students' classes are shared with MHSA graduate students from elsewhere. They may also live in the dormitories on the SJCOM campus.

SJCOM faculty teaching SMUM students receive stipends from SMUSOM.

The remaining units/courses to complete the requirements for the MHSA are taken in the "distance learning" mode utilized by SJCOM for the past 2 decades. Typically, students are required to take at least one course/semester in the "distance learning" mode but this requirement may be and is often modified for the SMUM students because of the time commitments required by clinical clerkships and residencies. SJCOM has approximately 950 students on campus. It also has 2,500 undergraduate students and 2,000 graduate students, all engaged in distance learning. 34 SMUSOM students have graduated with a degree from SJCOM since 1998.

Students enrolled in the joint degree program have declared career interests in hospital administration, managing their own practices, and even forsaking a medical career entirely in favor of full time involvement in some non-medical career.

At present, some 55 students are enrolled at SMUM in the joint degree program.

Curriculum at SMUM

The SMUM academic program addresses the 4th and 5th semester courses in the SMUSOM medical curriculum. Whereas the course titles at

SMUM are identical with those on Grand Cayman, there is limited interaction as between the 2 faculties and essentially no effort made to standardize or coordinate course or examination content between the 2 locations.

Course content and presentation sequence are apparently determined on the basis of chapters in text books, audio-visual and other materials obtained from various sources, and the faculty's personal files.

The basic science courses include pharmacology, clinical therapeutics, pathology, microbiology and a mini exposure to clinical laboratory medicine. In clinical therapeutics a microbiology laboratory experience is said to be just getting under weigh and will cover bacterial cultures and susceptibilities to antimicrobials, and a computer modeled epidemic.

The preclinical courses include Patient Care I and II (essentially ICM-History and Physical Examination); Clinical Skills - specific diagnostic examinations and procedures; Current Topics in Medicine - attendance at medical grand rounds at the Maine Medical Center ("MMC") followed by a lecture on a specific clinical problem.

ICM and CS courses see students interviewing and practicing selected clinical techniques on plastic models and on each other. A limited exposure to simulated patients is being introduced.
They also interview patients at Mercy Hospitals and in the clinics and doctors' offices.

Selection of Students for SMUM

Students volunteer for this experience. They are selected on the basis of a personal interview on Grand Cayman and satisfactory performance in their course work. Students may enter into the joint degree program at any time before the 3rd semester but 'must' take at least two courses toward the MHSA degree before coming to Maine. This requires enrollment in the MHSA program not later than the 3rd semester. On occasion, students have been permitted to transfer directly into the 4th semester in Maine from another offshore medical school, but this is said not to be possible anymore.

As an aside, students have been and are permitted to transfer directly into the 4th year at SMUSOM from another offshore medical school by special permission from the Clinical Dean (a practice generally not permitted under LCME rules and specifically not permitted under California Business and Professions Code Section 2089(a)).

In general SMUSOM students tend to be older than the usual run of medical students. They have often pursued other activities, especially paramedical careers, prior to commencing medical studies.

Evaluation of Students' Progress

At SMUM each student's progress is monitored closely. In the 15 week courses, if a student seems to be in academic trouble by week 7 or 8 s/he may self -refer or be referred for counseling. Attempts are made to determine the cause(s) and remediation is proposed. Students may also opt to discontinue the course, receive a W letter on their transcript and resume at the next opportunity.

The usual causes for problems showing up in marginal or poor academic performance involve medical, family, psychological or financial matters and assistance is aimed at diagnosis and remediation, if possible.

If still or newly in trouble at week 12, the student is advised to withdraw and repeat at a later date. S/he will be advised that continuing on is at his/her own risk and might well result in a failing grade. A student may repeat a course once but will be dismissed after 2 failures in the same course.
With a course value of 4 units apiece, any combination of W and F grades amounting to 24 units will result in dismissal by SMUSOM. Moreover, since MSHA enrollment presupposes enrollment at SMUSOM, discontinuation also means the end of enrollment at SJCOM.

The faculty estimates that +/- 80% pass USMLE on first 2 tries. They may be permitted to begin a clerkship in the US without having passed Step 1 but must have documented passage by 90 days or discontinue. They may continue without having passed in UK hospitals.

Support for Students at SMUM:

A) Medical: Students requiring medical attention are seen at student health at SJCOM and by local physicians, and hospitalized at MMC, if required.

B) Mental Health: Students may refer themselves or be referred for counseling to the Dean of students who may act as counselor and/or refer to mental health professionals at SJCOM.

C) Financial Aid: Students may be eligible for one or more established bank loan programs up to the full costs of tuition, fees, and living

expenses ($190,000) with repayment deferred until after residency training.

It should be noted that the director of student affairs does not have access to the student information compiled by the dean in Grand Cayman.

Physical Facilities (Classrooms, Hospitals, Clinics, Offices, Libraries, Laboratories)

SMUSOM owns a 6,300-sq. ft. brick and wood 2-story building just off the highway and 3.5 miles distant from the SJCOM campus along a winding, lakeside road. This building houses 2 classrooms utilized for the clinical skills (CS) course, an extremely small library with computer-based access to the major data bases, and faculty offices. Some 3,000 sq. ft. are lent to SJCOM until Fall 2004 to house support facilities for the "distance learning" program.

SMUSOM also leases a tripartite, one-story wooden bungalow behind the above-mentioned building which houses 2 essentially bare classrooms and administrative offices.

SMUSOM utilizes facilities in Portland ME, (approximately 30-45 minutes by automobile from the Windham facility) at the Maine Medical Center (MMC), Mercy Hospital, and the Foundation for Blood Research, and clinics and physicians' offices scattered throughout the area.

At the MMC, SMUM students have access to classrooms, auditoria, and a large, fully equipped library. MMC is an affiliate of the University of Vermont School of Medicine and medical students from that college, from Dartmouth, Harvard, Tufts and elsewhere rotate through the MMC. There seems to be little interaction between the SMUM students and the others in the 4th semester, although there is expected to be more in the 5th semester.

Clinical clerkships are not available for SMUSOM students in Maine, apparently at the behest of the University of Vermont.

At Mercy Hospital, students shadow Physician Assistants (PA) and their physician supervisors from admission to discharge as part of their Introduction to Clinical Medicine (ICM) and CS courses. They experience their first exposure to sick and injured patients in this setting.

At the Foundation for Blood Research, a freestanding, grant-supported research organization, students spend up to 8 hours in their only laboratory experience while in Maine. In a well- equipped research

laboratory, this experience consists of exposure to a few, selected laboratory techniques - e.g., ELISA, PCR, and DNA gel electrophoresis - related to a specific clinical problem.

In the offices and clinics, students shadow mainly primary care physicians as part of their ICM and CS courses.

At SJCOM, students have access to a large library, good dining facilities, and medical and mental health services.

The teaching faculty are compensated on an hourly basis by SMUSOM.

Advantages/Disadvantages of the SMUM Program

Advantages:

--Education and training to cope with administrative, legal and financial aspects of a medical practice, hospital administration, or other careers relating to the medical/health care arena.

--Education and training for a career in medical administration as an option for a second or alternate career.

--Location on the U.S. mainland.

--Varied selection of settings for ICM and CS courses, including a major teaching hospital (MMC) with superb library facilities.

--Some interactions with students from U.S. medical schools.

--SJCOM's storybook location in a bucolic lakeshore setting.

Disadvantages:

--Remote location of the SMUM base in Windham ME.

--Travel time in excess of 30 minutes each way between the Windham campus and the clinical facilities in Portland.

--Dearth of interactions with the majority of SMUSOM students, other medical students, students at SJCOM, and with more than a very limited number of faculty, especially in the basic sciences.

--Essentially no opportunity to observe - let alone participate in research - medical or other.

--Limited base/sources of information available concerning potential clinical sites and also previous experiences of SMUSOM or other medical students at potential clinical clerkship sites in the U.S. and UK.

SMUM Faculty

Basic science courses at SMUM are taught in classrooms mostly by retired clinicians and/or those from academic positions elsewhere with backgrounds and interests in particular fields of instruction.

The basic science faculty presented to the site visitors included representatives from pharmacology, therapeutics, pathology and microbiology. They were enthusiastic both about the students and the opportunities to teach. For teaching they utilize lectures often in power-point format from notes and summaries of literature sources. Standard databases are available both through the libraries and through personal computers.

ICM and CS are taught in part by retired medical practitioners and in part by actively practicing physicians, nurses and paramedical personnel in classrooms, clinics and offices, and in diverse hospital settings, including attending at grand rounds at MMC. The faculty presented to the site visitors were enthusiastic - even passionate - about teaching their topics.

There is little evidence of activities at SMUM aimed at keeping faculty current in the fields in which they are teaching, or in other facets of faculty development.

Research

There is none to speak of at SMUM.

Academic Interactions Between Grand Cayman and Maine Campuses

Course content, format, suggested modifications, and evaluation of student performance are discussed periodically by telephone and occasionally via videoconferences between the faculties and administrators at Grand Cayman and Windham. There is no plan to standardize or directly coordinate course content, format, sequence of presentations, or examination content.

The content and format of interim examinations are developed locally. There is a plan to use the USMLE SHELF examinations of PART 1 in the near future both for practice and as final course examinations on both campuses.

At present, there is very little formal feedback from more advanced students or clinical clerkship directors about the adequacy of the SMUM students' preparation for the clerkships.

Interactions Between SMUM and SMUSOM on Grand Cayman

Academics: Beyond general agreement on curriculum content, academic interactions between the two sites are sporadic and few - mostly via telephone, videoconference, and e-mail. Faculty members meet to discuss topics of mutual interest and concern at the time of graduation. Few of the faculty at either campus have ever visited the other. Even at SMUM, it seems as though few of the (small) faculty have met each other.

Administrative: Policies and procedures for admission, curriculum content, evaluation of student performance, grading, student discipline, acquisition, promotion or termination of faculty, and all other policy matters are determined by the central administration at SMUSOM on Grand Cayman and at the Florida Office. Interpretation of these determinations and actual implementation are carried out at SMUM.

Summary and Conclusions: SMUM

For this section of the overall review of SMUSOM the site visiting team finds as follows:

Advantages of the SMUM program:

--Joint MD/MHSA degree program - innovative and appropriate
--Enthusiastic faculty apparently closely student-oriented and supportive
--Access to a superb medical center (MMC) and other appropriate clinical sites
--Excellent library facilities at MMC and SJCOM and some resources at SMUM with computer-based access to all major medical and basic science data bases
--Location on U.S. mainland

Limitations:

--Students not able to participate in nor observe any ongoing research activities
--Basic science faculty primarily composed of retired clinicians
--No wet laboratory components to the basic science courses
--Minimal, almost insignificant exposure to hands-on clinical laboratory techniques

--Almost no interactions with other medical students beyond their own cohort nor with SJCOM students and only occasionally with other MHSA students
--Essentially no feedback from former SMUM students nor from clerkship preceptors

Throughout, the physicians and others whom the team met made laudatory and complimentary comments about the SMUM students and about their interactions with the faculty and administrators of SMUM. Further, the physicians, PAs and librarians appear uniformly enthusiastic about their interactions with the students and with their own opportunities in the teaching roles - whether elderly, old and retired, or young in active practice. (The team was informed that the interviewees were specifically selected to meet with the team and represent the best examples of their kind - quite believable and to be expected.).

ACKNOWLEDGMENT: The site visiting team received a cordial reception from administrators, faculty, staff and students at SMUM, and from SJCOM administrators. On arrival, we were provided with a voluminous set of documents concerning SMUSOM, SMUM, and SJCOM. The schedule and agenda for the site visit were clear and appropriately comprehensive considering the limited time available. The team offer their thanks especially to Dr. James Pringle, Associate Dean of Basic Sciences SMUM, Dr. Jerry Thornton, Vice President and Chief Operating Officer SMUSOM, and Mr. Paul Adams, Director of Clinical Site Development, for the time and effort on this project.

Part 3. Site Visits to Chicago Area Hospitals Which Offer Clinical Clerkships to SMUSOM Students

Introduction

Three members of the Saba team (Ms. Hadnot, Ms. Scuri and Dr. Pops) proceeded to Chicago, Illinois on May 23 and spent half-day visits May 24-25 at each of four hospitals which have contracted for clinical clerkships both required and elective for SMUSOM students. Brief descriptions and evaluations are provided for these hospitals.

Provena St. Joseph Hospital – Elgin, Illinois

Located approximately 50 miles west of Chicago in the town of Elgin, this hospital began offering clerkships to Caribbean medical school students four years ago. Currently, students attend from SMUSOM, St. Eustatia, Spartan Health Sciences, and Loyola. There are 16 slots in various specialties in 12 week blocks in the primary care

specialties The students we met with were all (3) SMUSOM students. The hospital does not have any ACGME-accredited residency programs.

Supervision of the academic programs is provided by a semi-retired cardiovascular surgeon, Dr. Cavallo, who meets regularly with the students for didactic exercises. The written affiliation agreement was with Dr. Cavallo and not with the hospital. Case presentations and formulation are evaluated by Dr. Cavallo and physicians serving as preceptors. The only residents are those who rotate on the gynecology service from Loyola University. The Loyola students only began rotations at this hospital in January 2004. Dr. Cavallo indicated that that the SMUSOM students were not as motivated nor as good as those from a different Caribbean medical school and that SMUSOM students need a stronger physical diagnosis/ICM course.

We interviewed preceptors in Family Medicine, Obstetrics and Gynecology, Psychiatry and Pediatrics. The majority of each student's time is spent accompanying individual preceptors on activities in their private practice both in the office and hospital rounds. The most popular and seemingly best-organized rotation is the 6 week psychiatry clerkship which takes advantage of a 30 bed in-patient ward plus a hospital out-patient day program. The teaching is well organized and the students see a wide variety of cases.

The other services appeared less well organized and seem to offer instruction mostly "on the fly" as a student spends his or her day tagging along with a preceptor. One of the students on a gastroenterology elective told us that the only activity he had participated in during his clerkship was observing various G.I. endoscopic procedures. We spoke with three SMUSOM students who praised their experience. They, however had not been able to pass the USMLE Step I. Their overall fund of clinical knowledge was questionable. The team's overall impression was that the program was not an integrated whole, but rather was very fragmented and the quality of instruction was very uneven. The team also noted that there was no mechanism by which the hospital could obtain feedback from SMUSOM as to how the students perform on USMLE or in residency training. The team concluded that, except for the psychiatry clerkship, SMUSOM should consider dropping this hospital as a training site since it does not otherwise provide appropriate well-organized instruction for students in clerkships.

The constraints are a mostly middle class insured patient population which provides limited opportunities for "hands on" experiences for students. It was the least impressive teaching hospital of the four visited.

St. Anthony's, Michael Reese and Jackson Park

These three hospitals are within the city limits of Chicago. All offer various clerkships for SMUSOM as well as other Caribbean Island schools. The team conducted interviews with faculty preceptors, department chairs and SMUSOM students. They can be described as a group because of a large number of similarities.

St. Anthony's is not a major affiliate teaching hospital but is accredited for obstetrics and gynecology. It has 8 residencies in internal medicine and 5 in obstetrics and gynecology. The team interviewed one student from SMUSOM and 4 students from Saba.

Michael Reese is a major affiliate teaching hospital for the University of Illinois/Chicago School of Medicine. Students come from three Caribbean schools and second year students and residents come from the University of Illinois. Starting in Fall of 2003, all students are required to have passed Step 1 of the USMLE before starting any core rotation. SMUSOM has had a written contract of affiliation with Michael Reese since January 1, 2002. The team interviewed 3 students from SMUSOM and 2 students from Saba.

Jackson Park has an ACGME-accredited family practice residency. This hospital has a large contingent of students: 10 students each from Saba and SMUSOM, 48 students from Ross, 2 to 5 students from University of Chicago medical school, and 5 to 8 students from Grace University. The hospital has been teaching Caribbean students since 1988. It has 15 residents. All students are required to have passed Step 1 of the USMLE before starting any core rotation. All 6 students interviewed at Jackson Park were from SMUSOM. Most were completing all their core rotations at this hospital.

The leadership and the various course chairs at the three Chicago hospitals were generally full time hospital based physicians, mostly in primary care specialties Both required clerkships and elective are offered in a variety of medical subspecialties such as cardiology and gastroenterology.

An adequate balance of didactic learning via seminars and conferences and practical clinical experiences with students responsible for in-patient and out-patient work-ups presentations, formulations and follow-ups constitutes the curriculum at each hospital. SMUSOM students at these hospitals mix with some students from two Chicago area U.S. schools, Chicago Medical and U. of Illinois. Exams are conducted by the school on a regular basis and rely on "shelf" exams at the USMLE. Evaluations as well as the exams are sent to SMUSOM.

Admittedly, the survey team was only able to get a "snapshot" look at SMUSOM's clinical programs. However, it was evident from the team's conversations with staff and students that SMUSOM has no coordinated method of counseling students regarding their clinical rotations and has no real criteria for choosing rotations but rather tries to accommodate individual students' requests. SMUSOM allows students to complete electives before finishing their core rotations.

Summary

On review of the available documentation and in the course of the site visit to SMUCI the team identified both positive and problematic aspects of the SMUCI program, as follows:

Positive Aspects--SMUCI:

- A clearly articulated and apparently effective *recruitment and admissions process.*
- A comprehensive *financial aid program.*
- The *students' very favorable comments about the school and the educational program.* This was particularly true of transfer students from other Caribbean schools.
- Instruction in the *basic sciences* incorporating continuing availability of lectures on laptops, and teaching aids.
- An enthusiastic *and accessible faculty* - much appreciated by the students.
- The highly capable, innovative and enthusiastically engaged *Chair of Preclinical Studies, Dr. Gordon Green.*
- The *librarian overseeing the library* with ready electronic access to many journals and data bases and an innovative approach to library resources.
- The *physical plant* - with wireless access throughout, electronic communication facilities between students and faculty and among students, video conferencing capabilities, universal internet access, well-equipped classrooms and some laboratories.
- The modern, clean and well-appointed *Residence Hall* - and attendant facilities.
- The complete range of *student support and development facilities and services.*
- The budding *learning enhancement program.*
- The two modern and very well equipped *hospitals* on Grand Cayman - ideal sites for the Introduction to Clinical Medicine and Patient Care courses.
- Satisfactory and mutually supportive *relations and interactions with local government.*

Problem Areas Affecting Entire Program:

- SMUSOM is still in its infancy - *just two years at the present location* and essentially completely newly re-organized and administered as compared with its prior location and staff.
- *Only 2 of 263 graduates are known to have completed residency training. The current situation of 36 graduates is "unknown."*
- An apparently high attrition rate with 19% of the first year class in academic difficulties may reflect an *insufficiently critical discriminatory admissions policy and practices.*
- Most of the *faculty have been on site for less than two years with several there for but a few weeks or months prior to the site visit.*
- An *evolving, still unproven preclinical curriculum* in consequence of the above.
- Limited *communication with the basic science program in Maine* as regards course content, modifications, and examinations, and the lack of formal processes for such communications.
- *Inconsistent and seemingly sketchy review and evaluation of core clinical sites in 11 States, the District of Columbia, and overseas; i.e., several clerkships at a particular site reviewed in one day and by faculty from clinical disciplines other than those being evaluated.*
- Selection and utilization of some *core clerkship sites that do not require passage of USMLE Part 1 prior to commencing a clerkship.* (A large number of students have not taken and others do not plan to take the USMLE).
- Methods of selection of *sites for clinical electives on an ad hoc basis* - e.g., in accord with a student's particular wish or personal recommendation without consistent instructional content and oversight by SMUSOM. The team strongly recommends that SMUSOM reform and strengthen both its policies and its practices regarding clinical clerkship site selection, monitoring, inspections, and periodic reviews of sites.
- This *somewhat haphazard selection of sites for clinical electives has led to the inclusion of some non-teaching hospitals for electives.*
- *Clerkship site selection is a student's responsibility on the basis of very limited information* - no organized system of feedback to 5th semester students from upper class students or graduates and no organized system of feedback to the school.
- No organized *system of feedback from graduates about perceived effectiveness or adequacy* of their medical education. Again, this is an area where SMUSOM would benefit from modifying and strengthening its policies and its practices to obtain more information from graduates and clinical clerks about the adequacy of their preparation, and experiences and to formalize a process whereby that information will be used to counsel students regarding their selection of clinical sites.

- *Tracking of graduates is grossly deficient* - a problem area in a new institution desiring recognition for the quality of its programs.
- The essentially complete *absence of research* activities both for continuing growth in their disciplines by faculty and lack of student participation in such endeavors.

CONCLUSION AND RECOMMENDATION

SMUSOM is apparently off to a good start and gives promise of a potentially bright future. At present, it is still in early phases of development with a very limited track record and not ready for recognition by the Division. A repeat evaluation should be undertaken after remediation of the problem areas and more evidence of satisfactory performance is available.

Based upon its assessment of the quality of the institution as a whole and the quality of the institution's educational program, the survey team is unanimous in recommending, that the State of California, Medical Board of California, Division of Licensing at this time deny recognition of St. Matthew's University School of Medicine as not providing a resident course of instruction leading to an M.D. degree that is equivalent to that required by Sections 2089 and 2089.5 of the Business and Professions Code together with Title 16, Cal. Code Regs. Sections 1314.1.

Addenda to Report on Site Visit
St. Matthew's University School of Medicine

SMUSOM Veterinary Medicine School

At the time of the site visit to SMU Grand Cayman, the visitors were not informed of the apparently quite far advanced plans for the almost imminent opening of a veterinary medicine school/program on site. This information came to the team's attention in a round about way and only well after completion of the first draft of the team's report on its visit. The team then queried Dr. Thornton and received assurances that this development would not have any adverse impacts on the (human) medical program. Although not taken into account in the team's recommendations to the DOL at this time, it should nevertheless be clear that any future evaluation of SMUSOM by DOL will require address of potential impacts of the vet/med operation on the human medical operation, at least with regard to the administrative, logistical and academic dimensions.

Hurricane Damage

After the site visit in June 2004, the SMU Grand Cayman campus and residence hall suffered damage from Hurricane Ivan in September 2004 and is currently operating from its Windham, Maine campus. Prior to any future request for recognition, information should be provided about the consequences of the devastation wrought by Hurricane Ivan and congeners on Grand Cayman and SMUSOM after the site visit, the remedial steps taken and the then current operational situation.

BEFORE THE
DIVISION OF LICENSING
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Application of	)
	)
St. Matthew's University School of Medicine	)
Grand Cayman, British West Indies	)
	)

DECISION AND ORDER OF DISAPPROVAL

The attached report and recommendations of the site team that conducted the inspection of St. Matthew's University School of Medicine in May and June 2004 are hereby accepted and adopted by the Division of Licensing of the Medical Board of California, Department of Consumer Affairs, State of California. The Division determined that St. Matthew's University School of Medicine does not provide a medical education equivalent to that required in Sections 2089 and 2089.5 of the California Business and Professions Code and Title 16, California Code of Regulations Section 1314.1. Consequently, St. Matthew's University School of Medicine is disapproved under the provisions of Sections 2084, 2102 and 2135 of the California Business and Professions Code.

IT IS SO ORDERED this eighteenth day of February 2005.

MEDICAL BOARD OF CALIFORNIA

_____
James A. Bolton, Ph.D., President
Division of Licensing

SABA UNIVERSITY SCHOOL OF MEDICINE

SITE INSPECTION TEAM'S FINAL REPORT

Introduction

A survey of the Saba University School of Medicine on Saba, Netherlands Antilles was conducted on May 20-21, 2004 by a team representing the Division of Licensing of the Medical Board of California. The purpose of the site visit was to determine whether the school meets the requirements of Business and Professions Code Sections 2089 and 2089.5 and Title 16 Cal. Code Regs sections 1314.1. Following this survey, three members of the team visited four teaching hospitals offering clerkships to Saba (and St. Mathew's) students on May 24-25, 2004 in Chicago, Illinois.

The team members were James Bolton, PhD, Joyce Hadnot, Deputy Director of the MBC, Anita Scuri, Legal Counsel and Martin A. Pops, M.D., licensing consultant.

History and Setting of the School

In 1986 the government of the Netherlands Antilles proposed to a group of American educators that a medical school be established on the small island of Saba, N.A. It was to be relatively small, of high quality and established for the dual purpose of benefiting the economy of the island (of only 1500 population) and attracting N.A. citizens to medical careers in the N.A.

A committee of Dutch citizens from Curacao, the seat of the N.A. government, approved the preliminary plans and the school was founded as a nonprofit foundation under Dutch law (however, is now subject to profit taxes should the school make a profit). Thus, a unique mission for the school as compared to all other Caribbean medical schools was established because it was initiated by local government rather than by private entrepreneurs.

As the school has matured, the island has benefited by a 40% increase in gross domestic product (GDP), with the infusion of over 300 students, faculty, staff and administrators.

The first class began its studies in September 1993. The school admits three new classes per year and conducts basic science and pre-clinical teaching over five semesters during the first two years. Students who have successfully completed the first two years curriculum then take clerkships in various hospital's (6th through 10th semester) in several U.S. states which have entered into a contractual agreement with the school. The team visited three such hospitals in Chicago following the island visit.

Governance and Administration

The school's U.S. office is located in Gardner, Mass. It houses the President, David Fredrick, Ph.D. , the Executive Dean, Arthur Maron, M.D. and the Associate Dean for Clinical Medicine, Patricia Hough, M.D., Ph.D. among others. These administrators visit the island frequently but work mainly out of the U.S. office. An Associate Dean for Basic Sciences, Dr. Vincent Knight assisted by two assistant deans is responsible for the academic administration on the campus at SABA and is in full time residence.

The Board of Trustees is the governing body of the school. It is independent and includes one local island representative. The six trustees meet each semester for decisions on funding for major expenditures such as new building construction.

All academic matters such as student progression, counseling, examination policy, dismissal etc. are decided on campus. Admissions are coordinated in the Gardner, Mass. Office.

An average of 50 new students are admitted each semester, a new class each January, May and September giving a current enrollment of 245 students in years I and II. There are 260 students enrolled in clerkships in various hospitals in the U.S. The entire enrollment is made up of 66% U.S. citizens, 26% Canadian, 4% Caribbean, 2% Asian, 2% African.

Tuition is $5,950 for each semester, first through fifth. In years three and four (6th through 10th semesters) the tuition is $6,950 per semester. Essentially the school's entire income is derived from student tuition and fees and amounted to $7,924,388 in 2003, and is projected at $8,320,000 in 2004. The land is valued at $4 million U.S. dollars. There is a small reserve fund (approximately $425,000 last year) and an escrow fund for tuition. The school receives no funds from the NA government but does benefit from government improvements to infrastructure.

Facilities and Academic Environment

The Saba campus is composed of three two-story buildings occupying approximately 43,000 sq. ft. This includes a building of approximately 14,500 sq. ft. that houses a well equipped and volumed library of 1200 sq. ft., a building with approximately 26,000 sq. ft for administration, classrooms and laboratories; a computer testing facility of 2000 sq. ft with 50 monitors and a maximum capacity of 70 monitors; a student lounge and fitness room and various ancillary space. There is also a privately owned dormitory of approximately 12,000-sq. ft. for first-year students.

There are 27 full time faculty. Approximately 1/3 of these are engaged in research projects on a total budget of $120,000 provided by the school. A small amount of research funding is provided by the Pan-American Health Organization.

The overall academic environment seems quite rich. There are ample provisions for internet scientific literature searches, faculty led exercises in evidence-based medicine and opportunities for students to become involved in research under the sponsorship of a faculty member. The numbers of students currently engaged in research is fairly small because of the time consuming and tightly constructed curriculum. Not more than 10 – 15 students are engaged in research at the present time. Most of these are involved with the hyperbaric deep-sea diving research facility on the island.

Library

The library has a staff of seven. It has 18 online computer terminals that provide access to Ovid and MD Consult and has a seating capacity of 70. The library has a budget of $240,000. There are 3,400 items in the collection. The online subscriptions add over 300 titles. The library has a special collection related to hyperbaric medicine. There is also a voluntary Journal Club.

Faculty

There are 27 full-time faculty members on the SABA campus. They have a wide variety of backgrounds with Ph.D.'s, M.D.'s, M.D.-Ph.D.'s obtained in several countries including the U.S., India, Russia, The Ukraine, Germany, Spain, Hungary, the Caribbean, Bulgaria, U.K., Iran, Canada and China. This virtual "United Nations" of instructors, assistants, associates and full professors is remarkably well integrated, cohesive and enthusiastic. Relations between administration and teaching faculty are cordial and the faculty feels well supported by the administration of the school.

Most faculty have been associated with the school only for two years or less. Only 2 faculty members have been associated with the school for 4 to 5 years. Faculty believe that the faculty retention rate has improved due to (1) a stable core of very competent faculty; (2) improved teaching facilities; (3) responsiveness of the administrators; and (4) a better quality of student.

There is no peer review of faculty. However, the school seeks and obtains an appraisal of its students' preparation from the clinical directors, from students and preceptors.

The team had the opportunity to meet with the entire faculty and visited a number of lectures and laboratories in session. The teaching methods follow the classical format with opportunities for small group interaction during various laboratory exercises. Lectures are generated by faculty and are placed on computer chips before each semester so that students with computers can purchase the power point presentation ahead of time and follow during lectures as well as preview and review at home. We estimated about 75-80% of students using lap top computers in various classes.

The faculty senate has been in existence for two years. It meets twice each semester for discussion of tenure, recruitment and retention, evaluation and compensation. When asked by the team about changes or improvements they would like to see, the faculty members who responded mentioned a desire for more library components, more computers, improved continuing education opportunities and higher salaries. Most, however, stated they were quite satisfied and enjoyed considerable academic freedom.

Research

The school is applying for a government grant (maximum of $10,000) to evaluate medical anthropology on the island—e.g. what plants long-time Saba residents use for medicinal purposes. The school receives minimal external funding for research. The school plans to offer $1,000 per semester for student hyperbaric research projects once the second hyperbaric chamber arrives. It also allocates internal funding of $30,000 per year for research.

It is clear that the faculty come mainly to teach. A few have been engaged in research activities but resources, space and time are at a premium on the small island. A notable exception is the program in Hyperbaric Medicine which was, in 1994, approved by the school for a Master of Science (M.Sc.) degree as the only graduate degree the school offers at the present time. Faculty in physiology actively engages in research and teaching of hyperbaric medicine.

A new research program funded by the government of El Salvador at $1.5 million is proposed to conduct clinical protocols in the treatment of breast cancer and lymphoma.

Faculty members cite the disadvantage of their jobs as the remoteness of the school, which limits social interaction, as well as lack of close communication with academic institutions.

Curriculum

The curriculum for the first five semesters (years I & II) is conducted on Saba and is completed in 20 months. The clinical medicine program is 72 weeks of clerkships in required and elective rotations at a variety of hospitals, mostly in the U.S. A favorable student-professor ratio of 6:1 provides opportunity for adequate student-teacher interaction. The courses parallel the traditional courses offered in medical schools in the U.S. Students begin with first semester courses in Gross and Developmental Anatomy, Histology and Cell Biology and an introduction to "Infomedicine" which teaches Internet skills, use of library and self-study techniques.

The second semester comprises four courses: Biochemistry, Physiology, Medical Psychology and Medical and Legal Ethics. Third semester courses include Microbiology and Immunology, Neuroscience, Genetics and Epidemiology.

Year II starts with Pharmacology, Pathology and Physical Diagnosis. The last or 5th semester on Saba includes lectures and labs in Introduction to Clinical Medicine, Clinical Pathology and 145 hours for USMLE Review. Medical ethics are covered in a course devoted to that topic, but are also included in other courses where appropriate.

The ICM course provides for rotations at the small hospital on Saba. Students see patients under supervision in both in-patient and out-patient settings and in nursing home settings.

All students are required to take and pass USMLE Step I and Step II. For year 2002 takers (#99) the passing rate was 95% and 2003 was 94%. Step II passing rates were 93% and 90% for those years respectively. Saba students are not permitted to begin year III clinical rotations until they pass Step I of the USMLE.

All courses require regular examinations. Use of USMLE "shelf" exams is extensive. All exams are taken in the computer center. It appears that the Saba students do well on the USMLE primarily because they are rigorously and frequently tested in their preclinical courses and in the identical format of USMLE.

A curriculum committee of the faculty meets twice each semester and appears to play a major role in curricular change recommendations which are passed through a Dean's Advisory Council to the President's office. The Curriculum Committee members state that they follow U.S. medical school curricula. Major curricular changes are not in the offing and any future changes will come about only as a result of changes in the format of U.S. medical school curricula. The most frequently talked about change at present is more course integration. Thus far, the only recent integration has been the combining of anatomy and embryology.

Students

In the past year the school received 1200 inquiries regarding admission. 388 applications were completed, 196 were rejected through initial screening. Up to fifty students are selected each semester with the majority having a pre-med grade point average of 3.0 to 3.5. The average age of entering students is 27 to 28 years. Applicants are evaluated on a number of criteria, including personality, spontaneity, personal issues, and support systems. Some of the criteria specifically attempt to assess an applicant's chances of success on a small remote island. The school conducts telephonic interviews with applicants but also gives applicants the opportunity for an in-person interview if an applicant so chooses.

The survey team had the opportunity to meet with a good sample of 1st and 2nd year students and was impressed with the overall maturity and enthusiasm displayed. The majority had pursued other careers such as nursing, physical therapy, pharmacy, chemistry, engineering and even sales and marketing. The majority we spoke with had applied initially to Saba or other offshore schools because they realistically felt that because of age and "different" backgrounds they would not be competitive for U.S. schools. All, however, wish to take their

clinical clerkships in the U.S. and many are interested in residencies and eventual practice in California.

Counseling for students is readily available and well organized. Each student is assigned a faculty advisor. Two faculty psychologists are very active in providing personal counseling and a variety of seminars about problems that medical students and physicians frequently encounter. The Dean for Student Affairs is experienced and well liked by the students who for the most part are very disciplined about their studies. The students complain only about the isolation of the small island and lack of social interaction as well as entertainment except among themselves. At the same time they state that the academic load is so heavy that they must expend most of their time and effort on their studies. Despite this, attrition is quite low (less than 4% per year). Dismissal is a result of failing a given course twice or failing another course at the same time. The most frequent reason for dismissal is multiple failures of Step I of the USMLE (three times). Dismissal follows a period of academic probation and is at the discretion of the Dean following recommendation by a faculty promotion committee. The team was advised that administration is very receptive to faculty recommendations regarding student retention and promotion.

Additional counseling becomes available when the student begins selecting clinical clerkship rotations in the U.S. This appears to be both complete and timely. Efforts are made to provide the best match for each student with respect to geography and particular interests and abilities.

Financial aid is available through the usual loan programs. At the time of the survey a total of 234 students of 505 total were recipients of financial aid.

SITE VISITS TO CHICAGO AREA HOSPITALS WHICH OFFER CLINICAL CLERKSHIPS TO SABA STUDENTS

Introduction

Three members of the Saba team (Ms. Hadnot, Ms. Scuri and Dr. Pops) proceeded to Chicago, Illinois on May 23 and spent half-day visits May 24-25 at each of four hospitals which have contracted for clinical clerkships both required and elective for Saba students. Brief descriptions and evaluations are provided for the three hospitals utilized by Saba.

St. Anthony's, Michael Reese and Jackson Park

These three hospitals are within the city limits of Chicago. All offer various clerkships for Saba as well as other Caribbean medical schools. The team conducted interviews with faculty

preceptors, department chairs and Saba students. They can be described as a group because of a large number of similarities.

St. Anthony's is not a major affiliate teaching hospital but is accredited for obstetrics and gynecology. It has 8 residencies in internal medicine and 5 in obstetrics and gynecology. The program currently has about 30 students from Caribbean medical schools and 6 from Chicago Medical School. Saba has had a written contract of affiliation with St. Anthony's since 1995. The team interviewed 4 students from Saba.

Michael Reese is a major affiliate teaching hospital for the University of Illinois/Chicago School of Medicine. Students come from three Caribbean schools and second year students and residents come from the University of Illinois. Starting in Fall of 2003, all students are required to have passed Step 1 of the USMLE before starting any core rotation. Saba has a written contract of affiliation with Michael Reese. The team interviewed 2 students from Saba.

Jackson Park has an ACGME-accredited family practice residency. This hospital has a large contingent of students: 10 students each from Saba and St. Matthew's, 48 students from Ross, 2 to 5 students from Chicago Medical School, and 5 to 8 students from Grace University. The hospital has been teaching Caribbean students since 1988. It has 15 residents. All students are required to have passed Step 1 of the USMLE before starting any core rotation. Saba has a written contract of affiliation with Jackson Park. None of the 6 students interviewed at Jackson Park was from Saba University.

The leadership and the various course chairs at the three Chicago hospitals were generally full time hospital based physicians, mostly in primary care specialties. Saba uses Michael Reese for obstetrics only but places students in internal medicine, family practice, pediatrics and (at Jackson Park) psychiatry at the other two hospitals. Both required clerkships and electives are offered in a variety of medical subspecialties such as cardiology and gastroenterology.

An adequate balance of didactic learning via seminars and conferences and practical clinical experiences with students responsible for in-patient and out-patient work-ups presentations, formulations and follow-ups constitutes the curriculum at each hospital. Saba students at these hospitals mix with some students from two Chicago area U.S. schools, Chicago Medical and U. of Illinois. Interestingly more than one faculty preceptor in comparing performances of Saba and U.S. school students said they preferred the Caribbean students because they try harder, have less of a "what can you do for me" attitude and though they might have a less impressive basic science data base are easier to teach and seem to accomplish more on their rotations. Exams are conducted by the school on a regular basis and as at Saba rely on "shelf" exams at the USMLE. Evaluations as well as the exams are sent to the University and student progress is monitored carefully in the Gardner office.

Coordination of the clinical program is under the direction of Patricia Hough, M.D., Ph.D. who is Associate Dean for Clinical Medicine. Saba looks at clinical rotation sites by region. Students complete an online evaluation after every rotation. The school evaluates sites based

on complaints, the student evaluations and logs and visits by Dr. Hough. Saba tightly controls the student's third year rotations and somewhat controls the fourth year as well. The school stays in touch with its students during their clinical years and counsels students after each rotation. The school provides adequate resources to its students during the clinical years.

The team wishes to express our appreciation and thanks for the expert guidance, help and transportation she arranged on Saba and in Chicago. Thank you also to the cooperation received from David Fredrick, Ph.D., President, Executive Dean Arthur Maron, M.D., M.P.A. and especially Vincent Knight, Ph.D. the Associate Dean for Basic Sciences who was our host on Saba.

Admittedly, the survey team was only able to get a "snapshot" look at Saba's clinical programs. However, if these clerkships are typical then Saba students are receiving very good to excellent experience in their clinical years.

Summary and Recommendations

The survey team was unanimous in agreeing that Saba University School of Medicine was achieving its goals of 1) preparing medical students for the study and practice of medicine consistent with its motto "Education for Life"; 2) service to the populations of the island as well as the greater Netherlands Antilles and 3) promotion of research through epidemiological and scientific investigative projects that benefit the regional population.

Strengths of the medical school include:

- a dedicated and accomplished multinational faculty;
- a functional and up to date facility;
- a highly motivated student body with a rich diversity of career backgrounds and life experiences;
- an excellent library and library staff with more than adequate computer assisted literature search and an appropriate number and variety of journals and texts.
- assigning a faculty advisor for each student, who stays as advisor throughout the student's first 5 semester;
- extensive faculty availability to students.

Evaluation of student performance and of faculty teaching performance is excellent and provides fine-tuning of the curriculum as well as the methods of instruction and testing.

Few, if any, weaknesses were detected. The major stressor appears to be the relative isolation and smallness of the island and its population, which limits not just social interaction but also interaction with other academic institutions and with others in medicine. The isolation is expiated by opportunities for frequent breaks for vacation off-island, of which most all take

advantage. In addition, more research journals online and a faster Internet connection would help to reduce the sense of isolation.

The survey team is unanimous in recommending that the State of California, Medical Board of California Division of Licensing recognize Saba University School of Medicine as a medical school that meets the requirements of Title 16 Cal. Code Regs and offers an equivalent course of instruction to that required by Sections 2089 and 2089.5 of the Business and Professions Code.

The survey team further recommends that the Division's recognition extend only to those students who matriculate at Saba on or after January 1, 2002. It was abundantly clear to the survey team that at the time of the site visit, the school's educational structure had been stable for approximately the last two years. Saba University School of Medicine had undergone considerable change in faculty and educational structure prior to 2002 and the survey team therefore cannot make any determination or recommendation regarding equivalency for that past time period.

The team recognizes that its second recommendation is a departure from past Division practices. However, the survey team feels strongly that it has no factual basis for recommending a different cut-off date for accepting applicants who received their M.D. degree from Saba.

Attachment #5

STEPS IN THE BOARD'S REVIEW OF INTERNATIONAL MEDICAL SCHOOLS
(Schools subject to review pursuant to Title 16, Section 1314.1 (a)(2), CCR)

1. Medical school officials apply for recognition of their school's medical education program by submitting a Self Assessment Report to the Board.

2. Staff reviews the Self Assessment Report for any obvious omissions. Staff secures the services of an expert medical consultant to review the Self Assessment Report. Staff forwards the school's submission to the consultant and notifies the consultant of any omissions noted.

3. The medical consultant reviews the Self Assessment Report and notifies staff of any additional documentation needed from school officials. Staff requests the documentation from school officials without disclosing consultant's identity. After the documentation arrives, staff forwards it to the consultant.

4. If the consultant requires additional documentation, above step is repeated.

5. When the consultant has sufficient information, the consultant prepares a written report to the Board with his/her findings and recommendations.

   The consultant may recommend that: 1) the school appears ready for a site inspection; 2) the school should be granted recognition without a site inspection; or 3) the school should be denied without a site inspection if the school's deficiencies appear to be global.

6. Staff submits the consultant's report to the Board for their consideration at a quarterly public meeting. Staff notifies school officials of the date and place of the public meeting.

7. During the Board meeting, the members may vote to: 1) recognize or disapprove the medical school based on the consultant's recommendation; 2) request additional documentation; or 3) direct staff to arrange a site inspection to the medical school, any branch campuses and a sampling of clinical training sites used in the medical education program. The Board designates the members of the site inspection team.

8. If the Board members authorize a site inspection, staff arranges with medical school officials an agreeable date for the inspection when classes are in session. Staff coordinates travel arrangements for the site inspection team, submits a justification and request for approval of out-of-state travel to the Governor's Office, and submits an estimate of the inspection team's anticipated travel

expenses to medical school officials. School officials submit the necessary funds in U.S. currency to the Board in advance of the team's departure date.

9. Following the site inspection, the inspection team prepares a report of its findings and recommendations to the Board. School officials receive a copy of the report and have 60 days to report any errors of fact or erroneous findings.

10. The Board members consider the team's report and recommendations during a quarterly public meeting. The Board may vote to: 1) grant recognition to the medical school; or 2) disapprove the medical school. If the Board grants recognition to the school, the Board will determine if the recognition is retroactive to all prior students/graduates or if recognition is retroactive to a specific date.

11. If the Board grants recognition to the school's educational program, the school's students become eligible for clerkship training in California teaching hospitals, and the school's graduates may participate in postgraduate training in California and qualify for licensure in California.

12. To retain the Board's recognition of its educational program, the school is required to notify the Board of any changes to its location, mission, curriculum, etc. Every seven years, the Board may require the school to undergo a reevaluation to determine its continued compliance with California standards.

Attachment #6

RECENT INTERNATIONAL MEDICAL SCHOOL REVIEWS - PROCESSING TIMES

POZNAN (POLAND) - ENGLISH PROGRAM

4/3/07	Received application
9/12/07	Dr. Nuovo requested additional information
3/5/08	Staff sent deficiency letter to school
5/12/08	Staff sent duplicate of above letter to school
5/22/08	Received school's reply
5/30/08	Dr. Nuovo's final report
7/25/08	Board reviewed and granted the school recognition

ELAM, CUBA

May 2007	Received application in Executive Office
9/13/07	Staff transmitted application to Dr. Nuovo
10/12/07	Dr. Nuovo requested additional information
11/6/07	Staff received information from school
11/7/07	Staff transmitted information to Dr. Nuovo
11/14/07	Dr. Nuovo requested additional information
2/26/08	Staff sent second deficiency letter to school
2/26/08	Staff received information from school
6/4/08	Staff received additional information from school
7/1/08	Dr. Nuovo requested additional information
7/11/08	Executive Office conference call with school officials in Cuba, Dr. Nuovo

7/18/08	Dr. Nuovo's final report
7/25/08	Board reviewed and granted the school recognition

LUBLIN (POLAND) - ENGLISH PROGRAM

3/3/08	Received application
4/10/08	Staff transmitted application to Dr. Simon
5/2/08	Dr. Simon requested additional information
5/5/08	Staff sent deficiency letter to school
5/10/08	Staff received school's reply
5/15/08	Staff transmitted school's information to Dr. Simon
5/27/08	Dr. Simon requested additional information
5/27/08	Staff sent second deficiency letter to school
5/30/08	Staff received information from school
6/11/08	Dr. Simon's final report
7/25/08	Board reviewed and granted the school recognition

AMERICAN UNIVERSITY OF ANTIGUA

3/28/08	Received application
6/30/08	Staff transmitted application to Dr. Nuovo
11/26/08	Staff mailed deficiency letter to school
8/20/09	Staff mailed "due diligence" warning letter to school
9/24/09	Staff received information from school
10/22/09	Staff transmitted school's reply to Dr. Nuovo. His reply is pending

ST. GEORGE'S BRANCH CAMPUS IN U.K.

4/28/08	Received application
1/16/09	Staff transmitted application to Dr. Nuovo
2/5/09	Dr. Nuovo requested additional information
3/3/09	Staff sent deficiency letter to school
3/12/09	Staff received information from school
6/12/09	Dr. Nuovo's final report
7/24/09	Board reviewed and granted the school recognition

UNIBE, DOMINICAN REPUBLIC

8/22/08	Received application*

SILESIA (POLAND) - ENGLISH LANGUAGE PROGRAM

1/6/09	Received application	(No consultant available yet)

ROSS UNIV. - BAHAMAS BRANCH CAMPUS

11/2/09	Received application	(No consultant available yet)

*When UNIBE arrived, Dr. Nuovo had AUA review in progress, and Dr. Simon was already committed to the review of SGU. Dr. Nuovo agreed to review SGU while he was waiting for AUA to reply. Then the freeze prevented us from using Dr. Simon between July through November 2008. Afterwards, he had teaching schedule conflicts, although he was participate in our March 25, 2009 Interested Parties Meeting.

AGENDA ITEM 23

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED:	July 24, 2009
ATTENTION:	Medical Board of California
SUBJECT:	Recognition of St. George's University School of Medicine's UK Campus
STAFF CONTACT:	Deborah Pellegrini, Chief

REQUESTED ACTION:

Determine if St. George's University School of Medicine's branch campus in the United Kingdom satisfies the minimum requirements and should be granted recognition.

STAFF RECOMMENDATION:

Staff recommends that the Board grant recognition to St. George's University's branch campus in the United Kingdom, based on the Medical Consultant's positive findings and recommendations.

BACKGROUND:

The Medical Board of California recognizes St. George's University School of Medicine (St. George's) located on the island of Grenada in the West Indies. In January 2007, St. George's opened a branch campus in the United Kingdom, located on the campus of the University of Northumbria in Newcastle Upon Tyne. The Keith B. Taylor Global Scholars Program, as it is known, offers St. George's students the option of completing their first year of basic sciences coursework at the U.K. campus. The students complete the remainder of their basic sciences coursework at the Grenada campus.

Subsection (b)(11) of Section 1314.1 of Title 16, California Code of Regulations, pertains to branch campuses of international medical schools. In accordance with subsection (b)(11), "an institution with more than one campus shall have written policies and procedures governing the division and sharing of administrative and teaching responsibilities between the central administration and faculty, and the administration and faculty at the other locations."

In April 2008, St. George's officials provided the Board with detailed information regarding the educational program and resources available at the new campus in the U.K., as well as their system for governing the educational program provided at the two campuses. James Nuovo, M.D., one of the Board's Medical Consultants, conducted a comprehensive evaluation of St. George's new program. Dr. Nuovo's report dated June 12, 2009 outlining his findings and recommendations is attached for your review. Dr. Nuovo determined that St. George's new U.K. campus meets the requirements of Section 2089 of the B&P Code and Section 1314.1 of the regulations. He recommends that the Board grant recognition to the educational program at St. George's U.K. campus retroactive to its founding in January 2007.

FISCAL CONSIDERATIONS:
There is no fiscal impact on the Medical Board of California to granting recognition to St. George's new campus in the United Kingdom.

PREVIOUS MBC AND/OR COMMITTEE ACTION:
This is the first request that the Board has received from a Board-recognized medical school for recognition of a branch campus that the medical school has opened in another country. It is conceivable that the Board may receive additional requests of this type in the future from other medical schools.

Attachments

June 12, 2009

To: Pat Park, Licensing Program
Medical Board of California
2005 Evergreen Street
Suite 1200
Sacramento, CA 95815

From: Jim Nuovo, MD
Professor & Associate Dean of Student Affairs and Graduate Medical Education
UC Davis School of Medicine
4860 Y Street; Suite 2300
Sacramento, CA 95817

Re: Evaluation of St. George's University School of Medicine – Global Scholars Program – Request for Recognition for the Keith B. Taylor Global Scholars Program (KBTGSP)

BACKGROUND

The Medical Board of California (Board) requested a review of materials provided by the St. George's University School of Medicine (SGUSOM) – Global Scholars Program, located on the island of Grenada. These were submitted in pursuit of a request for recognition of the School's new branch campus in the United Kingdom at Northumbria University in Newcastle Upon Tyne. The new program, known as the Keith B. Taylor Global Scholars Program (KBTGSP), is optional to St. George's students and offers them the opportunity to complete their first year of basic sciences education in the United Kingdom instead of Grenada. Recognition of this program would allow graduates of the School who complete their first year of education at KBTGSP to be eligible to participate in clinical clerkships, to enter graduate medical education programs in California, and to become eligible for licensure to practice medicine.

This report is based on my review of the documents submitted by SGUSOM. The goal of this review was to determine if the medical education received at KBTGSP meets the requirements of current California statutes and regulations for recognition by the Medical Board of California.

RECOMMENDATIONS

The documents provided indicate that KBTGSP as a branch campus of SGUSOM is in substantial compliance with the requirements of Business and Professions Code Sections 2089 and 2089.5 and California Code of Regulations, Title 16, Division 13, Section 1314.1, and provides a resident course of professional instruction equivalent to that required by Section 2089.

Based on the School's compliance with these regulations, I recommend that the Board approve SGUSOM's request for recognition of the KBTGSP as a branch campus.

I do not believe a site inspection is necessary. SGUSOM documents provide sufficient details on the KBTGSP to indicate that the facilities are adequate to fulfill the educational mission of the Program.

The extensive documentation provided by SGUSOM as described in this report justifies full retroactivity to coursework completed by all previous SGUSOM/KBTGSP students.

REVIEW

The KBTGSP branch campus began operations in January, 2007. SGUSOM's general description of this program is that "the first year curriculum offered" at KBTGSP "is the same curriculum offered to students entering the program in Grenada pursuant to the same mission and objectives and is managed by SGUSOM using its own administration." More specifically, "the courses and the timing of delivery are the same; to the point that the examinations are given at the same (real) time."

The documents provided in SGUSOM's Self-Assessment Report are well-organized and indicate that this program has an effective mission to educate its students; that the KBTGSP students upon successful completion of their first year are prepared to continue their medical school training at the main campus in Grenada.

The following is a detailed assessment of the KBTGSP based on the aforementioned regulations and on their responses to the Self-Assessment Report and additional concerns posed by this reviewer.

Business and Professions Code Sections 2089

Section 2089 requires the medical curriculum to extend over four years or 32 months of actual instruction; that the curriculum includes all the courses listed in Section 2089 (b); that there are a minimum of 4,000 hours of instruction, and that there is a statutory requirement for 80% attendance. SGUSOM is in compliance with these requirements based on the Board's prior review of the main campus program. Further, given that the curriculum for the KBTGSP is identical to the curriculum at the main campus and the rules that govern the KBTGSP are identical to those of the main campus, the School meets the requirements of Section 2089.

Business and Professions Code Sections 2089.5

The SGUSOM Self-Assessment Report indicates that KBTGSP provides instructing in all of the basic sciences coursework required in Section 2089. As to the specific clinical sciences requirements in Section 2089.5, the documents provided by SGUSOM indicate that the main campus program in the clinical courses meets or exceeds the minimum requirements in Section 2089.5. There is no clinical coursework during the first year at

SGUSOM or KBTGSP; however, both campuses offer training in physical diagnosis and clinical skills. As is the theme for this application, the coursework for physical diagnosis and clinical skills at both campuses is identical.

California Code of Regulations, Title 16, Division 13, Section 1314.1

The Self-Assessment Report contains an extensive, clearly defined mission statement with educational/research and service objectives.

The report includes the exact language of "broad expectations" and lists specific goals and objectives. The report describes the integral role of research in its mission and includes statements of its importance, nature, objectives, processes, and evaluation or research in the medical education and practice of the School. These objectives include teaching, patient care, and service to the community. There are clearly written institutional objectives that are consistent with the preparation of graduates to provide competent care.

The Institution is operated as a definable academic unit responsible for a resident educational program that leads to an MD degree.

The structure and content of the educational program provides an adequate foundation in the basic and clinical sciences and enables students to learn the fundamental principles of medicine, to acquire critical judgment skills, and to use those principles and skills to provide competent medical care.

As required in Section 1314.1, the administration and governance system allows the institution to accomplish its objectives, i.e., its statements of the items of knowledge, skills, behavior and attitude that students are expected to learn. The Institution's governance gives faculty a formal role in the Institution's decision-making process. Students enrolled in the program are not permitted to serve as an instructor, administrator, officer or director of the School.

The description of the KBTGSP indicates that it has an adequate number faculty for the size of the program. There is a sufficient description of the credentials of the faculty to indicate that they are appropriately qualified to teach their specific curricular content.

There is a clear description of the governing body of KBTGSP which includes a University Faculty Senate and a description of the faculty evaluation and development programs.

There is a clear description of the admissions criteria, student selection and promotion. The descriptions of these activities are consistent with the Institution's mission and objectives.

There is a description of the financial resources of the KBTGSP. This information indicates that the Program has sufficient financial resources to accomplish its mission.

The facilities available to carry out the educational mission, the identical basic sciences program as available in the main campus are described in the report. They are adequate to achieve the stated educational goals for the program.

SUMMARY

In summary, I feel there is sufficient documentation to support the application for recognition of KBTGSP as a branch campus of SGUSOM. Specifically, there is a sufficient description of the written policies and procedures governing the division and sharing of administrative and teaching responsibilities between the central administration and faculty, and the administration and faculty at the campus location. These policies are consistent with the institution's mission and objectives. The SGUSOM is fully responsible for the conduct and quality of the educational program at these sites. The School has structured a SGUSOM/KBTGSP Joint Curriculum Coordination Committee which serves as an advisory committee to the Dean of Basic and Allied Health Sciences at SGUSOM. Any proposed curricular change initiated by SGUSOM that will affect either program is forwarded to the Joint Curriculum Coordination Committee for comments before being addressed at the SGUSOM Basic Sciences Administrative Curriculum Committee.

Thank you for the opportunity to review the materials from the SGUSOM/KBTSGP program/Self-Assessment Report.

Recertification Committee

The idea of drafting regulations governing the review of international medical schools had been proposed as early as 1999. The then-Division of Licensing members reviewed the first draft of the current Section 1314.1 at their May 2002 meeting. In August 2002, the Division assigned its Recertification Committee, composed of four Division members, to focus on finalizing the regulatory language. At their November 7, 2002 and January 30, 2003 meetings, the Recertification Committee approved amendments to Section 1314.1. The Division held a public hearing at its May 2003 meeting, and the Section 1314.1 regulations took effect on December 13, 2003.

International Schools Task Force

In 2004, the Division formed an International Schools Task Force composed of two Division members and two medical consultants. This Task Force developed a protocol for future site inspections of international medical schools and designed the Board's current Self Assessment Report to replace the older 95-page instrument. The Task Force also recommended that the Board adopt a fee structure for recovering the full staff costs of evaluating and reevaluating international schools.

International Medical Education Committee (IMEC)

At its first meeting on July 28, 2005, the IMEC, composed of five Division members, continued the work of developing a process for reviewing international medical schools. At the Division's July 29, 2005 meeting, the members adopted the IMEC's recommendation to amend Section 1314.1 to clarify that future conferral of recognition on international medical schools will be prospective rather than retroactive to the school's founding. A public hearing was held at the Division's November 4, 2005 meeting. The Division later withdrew its rulemaking file and supported the current policy developed for Saba University School of Medicine. Saba University graduates who completed coursework prior to the Board's recognition date of January 2002 are afforded individual review by the Application Review Committee if they satisfy the criteria in B&P Code Section 2135.5; i.e., licensure in another state for four years and certification by an ABMS-recognized specialty board.

On February 2, 2006, the Division approved the IMEC's recommendation to seek statutory authority to recover the unreimbursed application review costs associated with reevaluating international medical schools. Subsequently, the Division was unable to gain legislative support for a fee-related bill.

The IMEC also recommended further amendments to Section 1314.1 relating to the process of reevaluating previously recognized international medical schools every seven years. These regulatory amendments will take effect on January 8, 2010. The Board will begin reevaluating American University of the Caribbean, Ross University and St. George's University in 2010 under the new regulatory scheme.

Attachment #8

INTERNATIONAL MEDICAL SCHOOLS WITH PENDING APPLICATIONS

School Name	Arrival Date
American University of Antigua	March 28, 2008
Universidad Iberoamericana (UNIBE) Dominican Republic	August 22, 2008
Silesia's English program Poland	January 6, 2009
Ross University/Bahamas campus	November 11, 2009

Seven-Year Reevaluation Project for 2010 (requires site visits):

Ross University, Dominica	October 20, 2008
American University of the Caribbean St. Maarten	December 12, 2008
St. George's University, Grenada	Pending receipt

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED:	December 17, 2009
ATTENTION:	Medical Board of California
DEPARTMENT:	Licensing Program
SUBJECT:	Special Faculty Permit Review Committee Recommendation
STAFF CONTACT:	Deborah Pellegrini, Chief

REQUESTED ACTION: Board approve the recommendation of the Special Faculty Permit Review Committee (Committee) with respect to the appointment pursuant to Section 2168.1 of the California Business and Professions Code for the below listed candidate.

STAFF RECOMMENDATION:
Staff recommends that the Board accept the recommendation of the Special Faculty Permit Review Committee.

EXECUTIVE SUMMARY:
Under Article 8.5 of the Medical Practice Act commencing with Section 2168, the Board is authorized to issue a Special Faculty Permit (permit) to a person who is deemed to be academically eminent under the provisions of the statute and meets the other eligibility requirements for issuance of a permit. This permit authorizes a holder to practice medicine only within the facilities of the appointing medical school and any affiliated institutions in which the permit holder is providing instruction.

A review committee was created to review applications and make recommendations to the Board on the approval of such permits and other items - including waivers and position appointments within the medical school. The review committee consists of one representative from each of the eight medical schools in California and two Board members for a total of ten members.

At the December 17, 2009 meeting of the Special Faculty Permit Review Committee, the members reviewed the qualifications and credentials of candidate Hiroshi Yoshioka, M.D. The Committee recommended approval.

Dr. Yoshioka graduated from the University of Tsukuba, Japan in March 1989. He completed two years of postgraduate training in radiology at the University of Tsukuba between 1989 and 1991. He commenced his graduate education in 1991 and earned his PhD at the University of Tsukuba in 1995. Dr. Yoshioka then completed an additional year of radiology at the National Institute of Radiological Sciences, Japan between 1995 and 1996.

Dr. Ukimura has held appointments as an Assistant Professor, Department of Radiology at the University of Tsukuba; as a Visiting Assistant Professor, Department of Radiology at Stanford University School of Medicine; as an Associate Professor, Department of Radiology at Harvard Medical School; as an Associate Radiologist at Brigham and Women's Hospital in Massachusetts; and as Director, Musculoskeltal MRI and CT, Brigham and Women's Hospital in Massachusetts.

Dr. Yoshioka's area of medical expertise is Radiology, with a recognized specialization in Musculoskeletal Imaging Research. Dr. F. Allan Hubbell, Senior Associate Dean, University of California, Irvine School of Medicine and Dr. Scott G. Goodwin, Chairman and Professor, Department of Radiological Sciences, University of California, Irvine School of Medicine have provided letters describing the accomplishments and achievements of Dr. Yoshioka and his expected and anticipated contributions to patient medical care offered and delivered by the University of California, Irvine School of Medicine.

FISCAL CONSIDERATIONS:
None.

PREVIOUS MBC AND/OR COMMITTEE ACTION:
Not applicable.

AGENDA ITEM 22

Information for the Access to Care Committee Update and Consideration of Committee Recommendations will be sent under separate cover

Medical Board of California Strategic Plan 2008

Goal	Objective	Plan	Progress	Timeline	Staff
Professional Qualifications Promote the professional qualifications of medical practitioners by setting requirements for education, experience, and examinations, taking into account the state's need for more physicians, particularly in underserved populations; and promoting physician wellness.	**1.1** Assure greater compliance of CME requirements. Measure: Improve compliance with CME requirements	1. Change regulations to define the requirements and timeframes.	1. **Completed** Spring 2009	1. February 1, 2008 Hearing adoption October 2008	Licensing Staff
		2. Enhance auditing process.	2. Pending regulatory process approval.	2.Begin Fiscal Year 2008-09	
		3. Review and enhance Cite & Fine Process.	3. Pending completion of the next audit.	3.Pending completion of the next audit	
	1.2 Develop a plan for addressing access to care and the shortage of doctors that is appropriate to the Board's Mission and resources. **Measures**: 1) Determine impact of the Board's plan to address access to healthcare. 2) Submit report to Legislature on outcome of Telemedicine Pilot Program at the end of two-year pilot. Increased number of physicians in underserved areas as a result of repayment funding.	1. Establish an Access to Care Committee to make recommendations to enhance/impact on workforce shortages.	1. Access to care committee has been **established**.	1. July 2007 to meet up to quarterly	Access to Care Committee
		2. Implementation of AB 329 to plan a telemedicine/health information technology pilot project to impact access to healthcare	2. Hired and trained a Telemedicine Program Manager. Telemedicine Pilot Program in partnership with UCD Medical Center implemented July 2009. Study for Malpractice Insurance completed. A Malpractice Task force was set up to meet in January 2010 prior to the Board meeting to discuss potential for legislation and to determine goals and objectives of the task force.	2. January 2008 to 2010	
		3. Review scope of practice issues that may impact workforce shortages	3. To be discussed in committee as issues arise.	3. January 2008 to 2010	
		4. Provide funding to the Health Professions Education Foundation for the Stephen M. Thompson Loan Repayment Program to increase the number of physicians working in underserved areas.	4. In 2008 Board approved $500,000 for HPEF but the Governor vetoed the bill. Board supported legislation that became effective January 2009 requiring a surcharge for licensees to provide **permanent funding** for HPEF for the physician loan repayment.	4.Fiscal Year 2008-2009	

Prepared by Barb Johnston, Executive Director, January 2010

Medical Board of California Strategic Plan 2008

Objective	Plan	Progress	Timeline	Staff
1.3 Create a plan to assist in addressing medical errors as appropriate to the Board's Mission and resources. ***Measures**: 1)* Development of an educational program to inform medical students and physicians of medical errors and consequences with a recommendation of this as curriculum or CME. 2).Educational program/link on medical errors is available on Medical Board Web Site.	1 .Establish a Medical Errors Committee to study how to reduce medical errors by physicians.	1. Medical errors committee **completed** its work by developing materials on medical errors which are available on the Board's website.	1.Summer 2007	Medical Error Committee
	2. Develop or link to educational programs regarding medical errors and their consequences and make available on Medical Board's Web Site.	2. **Completed.**	2. 2008-2010	
	3. Evaluate the feasibility of the Medical Board developing this as a CME course.	3. Committee has learned that other organizations are focused on Medical Errors and decided **not to replicate**.	3. 2008-2010	
1.4 Develop an on-line educational program on cultural and linguistic competency. ***Measures**: 1)* Determine the number of physicians using this program to enhance their skills and satisfaction with the course. 2) Cultural and Linguistic Educational program/link is available on Medical Board Web Site.	1. Establish a Cultural and Linguistic Committee to inform physicians of the various requirements related to this issue.	1. Committee was developed and has had presentations on Cultural and Linguistic issues	1. Completed	Cultural and Linguistic Committee
	2. 2. Develop and/or link to educational programs.	2. Committee to define Educational programs to link too.	2. 2008-2010	
	3. Link to resources and information related to the broader issue of cultural and language issues as relates to medical practice.	3. The Committee will determine what information needs to be posted on the web page.	3. 2008-2010	

Prepared by Barb Johnston, Executive Director, January 2010

Medical Board of California Strategic Plan 2008

Objective	Plan	Progress	Timeline	Staff
1.5 Ensure that qualified internationally trained physicians are allowed to obtain license exemption under Business and Professions Code sections 2111, 2113, and 2168 through the work of the Special Programs Review Committee. *Measure: 1)* Site audits indicate these physicians are compliant with regulation and a decrease of complaints on this group. 2) There will be 100% compliance with requirements for all special program participants.	1. Review and establish procedures for licensing staff to assure the Medical Board is providing adequate education and technical support on an ongoing basis to organizations and participants interested in utilizing these programs.	1. Chief of Licensing **developed** the first policy and procedure manual for licensing in 2008/2009. Staff held a training session on special programs for the medical schools to educate/ answer questions on the program. Staff working on regulations revision to all special programs sections.	1. July 2007 and ongoing	Licensing
	2. Conduct site visits to assure compliance with requirements of these special programs.	2. Site visits to be scheduled as required. Site visit protocols are being developed.	2. July 2008 and ongoing	
1.6 Ensure international medical schools meet the Board's requirements for recognition. Measures: 1) Site inspections indicate compliance. 2) There will be 100% compliance for these programs.	1. Review established procedures within licensing to assure the Medical Board is providing adequate technical support and evaluation	1. Amended regulations regarding the international medical schools were completed at the end of 2009.	1. July 2007 with completion Dec 2009	Licensing
	2. Conduct site visits as appropriate to assure compliance.	2. Once regulations are completed, staff will be conducting re-evaluation of schools and site visits as required. New school site visits will be conducted as needed.	2. July 2007 and ongoing	

Prepared by Barb Johnston, Executive Director, January 2010

Medical Board of California Strategic Plan 2008

Goal	Objective	Plan	Progress	Timeline	Staff
	1.7 Promote physician wellness by providing an on-line educational programs and links to other resources. *Measure: 1)* Determine the number of physicians using these resources. 2) Track the number of participants who access information provided on the Medical Board Web site.	**1.** Develop resources related to physician wellness and make available in various forms that may include Web site, newsletter articles and/or in person meetings	1. Articles on Wellness have been published in the newsletter. The board's Wellness bill in 2008 was vetoed by the Governor. Staff has developed a webpage on Wellness with related articles and appropriate links. Staff is coordinating Wellness presentations for all medical school students and other interested parties. 2. Wellness committee in 2009 began development of an online Physician Wellness education tool in collaboration with UC Davis.	1. July 2007 and ongoing 2. July 2009 and ongoing	Wellness Committee
Regulation and Enforcement Protect the public by effectively enforcing laws and standards to deter violations.	**2.1** Submit vertical enforcement report to the Legislature by December 2007 and implement the vertical enforcement model long term. ***Measure:*** *1.* Report submitted and vertical enforcement model fully integrated including implementation of fully interoperable information technology software used by the Department of Justice.	1. Develop and submit vertical enforcement report to the Legislature.	1. Report was **submitted November 2007 and July 2009**.	1. November 2007	Enforcement & Information Technology
		2. Implement the vertical enforcement model long term.	2. VE has been **fully implemented**. VE Pilot program has been extended until 2013 legislation.	2. 2008 and ongoing	
		3. Submit a feasibility study report and budget change proposal to authorize purchase and implementation of fully interoperable information technology software used by Department of Justice.	3. The feasibility study report was **approved winter 2008**. The budget change proposal requesting funding and staff to implement this IT enhancement was deemed premature in 2008 and has been resubmitted in 2009 for approval in budget year 10/11.	3. 2008 and ongoing	

Prepared by Barb Johnston, Executive Director, January 2010

Medical Board of California Strategic Plan 2008

Objective	Plan	Progress	Timeline	Staff
2.2 Evaluation of peer review study and address the issues identified. ***Measure:*** Study is completed and recommendations are provided to the Board for review and possible action.	1. Report by contracted vendor pursuant to Business and Professions Code section 805.2 submitted to the Legislature.	1. **Report was completed** and submitted to the Legislature July 2008.	1. July 2008	Executive
	2. Review the report and seek action as appropriate to implement recommendations.	2. Senate B&P held a hearing in 2009 on the report and its recommendations. **Legislation was introduced in 2009 session**	2. July 2008 through 2009	
2.3 Re-establish the Board's Operation Safe Medicine Unit to target unlicensed activity, corporate practice of medicine, and lack of supervision violations. ***Measure***: Track the number of complaints and outcomes to this unit.	1. Develop budget change proposal to authorize appropriate funding and staffing to re-establish program.	1. The BCP for **staffing was approved** for fiscal year 09/10 with staff extension and funding to be requested for fiscal year 11/12.	1. Spring 2008	Enforcement
	2. Re-establish operation safe medicine.	2. **OSM re-established July 2008.**	2. July 2008 through 2009 and ongoing	

Prepared by Barb Johnston, Executive Director, January 2010

Medical Board of California Strategic Plan 2008

Goal	Objective	Plan	Progress	Timeline	Staff
	2.4 Restructure the Board's Probation Unit to transfer the monitoring of probations from investigators to inspectors. The investigators will be reassigned to the District Offices to decrease the length of time for investigations. ***Measure***: A decrease in the length of time to conduct investigations.	1. Reclassify investigator assistant positions to inspector positions.	1. **Re-classification done Spring 2008**.	1. Fall 2007	Enforcement
		2. Hire new manager and supervisors.	2. **New manager and supervisors employed, trained and in place 08/09**.	2. Fall 2007 through Jan 2008	
		3. Transition probation investigators to district office positions.	3. **Probation investigators transitioned** to district office positions in 08/09.	3. Fall 2007 through Spring 2008	
		4. Draft budget change proposal for additional inspector positions.	4. The BCP for **staffing was approved for fiscal year 09/10** and ongoing with funding to be absorbed.	4. Spring 2008	
Consumer Education Increase public awareness of the Board's Mission, activities and services.	**3.1** Complete a study of the public disclosure laws and take actions necessary to address issues identified. ***Measure:*** Study completed and any actions necessary have been identified.	1. Receive the public information study from the California Research Bureau as mandated by the legislature.	1. **Final report on Public Disclosure presented** to the board at the January 2009 Board meeting.	1. July 2008	Public Information Officer
		2. Review the report and seek action as appropriate to implement recommendations.	2. **Updated 805 summaries on the website.**	2. July 2008 through 2009.	

Prepared by Barb Johnston, Executive Director, January 2010

Medical Board of California Strategic Plan 2008

Objective	Plan	Process	Timeline	Staff
3.2 Recognition of excellence in medicine by California physicians. ***Measures**: 1)* Ensure annual award of recognition given to recipient. 2) Board presents award to recipient at a board meeting.	1. Solicit and review nominations for the board's physician humanitarian award.	1. Nomination sought and reviewed annually.	1. August to Dec Annually	Public Information Officer
	2. The Physician Recognition Committee will select awardee.	2. Selection is done by committee.	2. December Annually	
3.3 Improve education about the Board and its services to consumers including obtaining information on physicians. ***Measure**:* High levels of satisfaction reported by consumers who access educational material and other information on the Board's Web site.	1. Increase education material on the web site.	1. Educational materials have been added to the website and staff will under direction of the Board.	1. Ongoing	
	2. Represent the Board at professional and public events statewide.	2. Staff represents the Board at multiple meetings throughout the year including at all CA medical schools, the legislature, professions associations and other state agencies.	2. Ongoing	
	3. Develop a public service announcement educating the public about the board.	3. High cost with low benefit/impact was determined.	3. Canceled	
	4. Issue news releases and the board's Newsletter.	4. News releases and the newsletter are widely distributed.	4. Ongoing	
	5. Contact reporters to develop stories about issues related to the board.	5. Public Information Officer is in contact with reporters across the state on a regular basis.	5. Ongoing	

Prepared by Barb Johnston, Executive Director, January 2010

Medical Board of California Strategic Plan 2008

Goal	Objective	Plan	Progress	Timeline	Staff
Organizational Relationships Improve effectiveness of relationships with related organizations to further the Board's Mission and goals.	**4.1** Establish a plan to include board members in meetings with legislators and other key stakeholders on various legislative proposals. ***Measure:*** Increase support of the Board's legislative proposals.	1. Set up meetings with legislative policy and fiscal committee members to discuss annual legislative agenda and issues of mutual concern.	1. Board members remain actively involved with meetings with staff and the legislature. Board members and staff have testified several times to the legislature on Board bills and issues related to the Board. Executive staff works closely with Board Members to prepare for all meetings	1. Fall 2007 to Spring 2008	Chief of Legislation
		2. Set up meetings with key stakeholders on issues of mutual concern.	2. MBC has met with CMA, CAPG, CHA, OSPHD, CDPH, GME Offices, Latino Coalition for a Healthy California, and other relevant stakeholders such as the University of California Office of The President and the Malpractice Insurers.	2. Fall 2007 and ongoing	
		3. Schedule members to attend legislative policy hearings on legislation sponsored by or pertaining to the board	3. Members have been scheduled to attend these meetings and will continue to do this.	3. 2008 and ongoing	
	4.2 Develop a plan for Supervising Investigators to meet with legislative staff in district offices. ***Measure***: Increases personal contact with legislative district staff.	1. Develop board informational packets for the investigative staff to deliver to legislative district staff.	1. The informational packets were developed.	1. Fall 2007	Chief of Legislation and Supervising Investigators
		2. Set up meetings with legislative district offices and investigative staff.	2. Meetings with legislative district offices and investigative staff to 120 district offices.	2. Fall 2007 and ongoing	
Organizational Effectiveness Enhance organizational	**5.1** Develop better ways of assessing Board "customer satisfaction" and implement changes that would better serve applicants, licensees and the public. ***Measures:*** *1)* High levels	1. Develop an online system to allow potential licensees to access the status of their application.	1. Online system developed and launched in December 2009. Feedback will be encouraged to promote continuous improvements overtime.	1. 2008 and ongoing	All Staff

Prepared by Barb Johnston, Executive Director, January 2010

Medical Board of California Strategic Plan 2008

Goal	Objective	Plan	Progress	Timeline	Staff
effectiveness and systems to improve service to constituents.	of satisfaction reported by customers who receive services or who access information on the Board's Web site. 2) Decrease number of complaints regarding the board's processes and accessibility.	2. Establish a centralized 800-line for all consumer, applicant, and licensee inquiries to the board with customer support staff.	2. The centralized call number was developed and a consumer focused **Call center was implemented** December 2008.	2. Spring 2008	
		3. Medical Board's new headquarters will have one central public reception area to better serve physicians, applicants, the public, and other visitors.	3. Moved to new headquarters in March 2008 and central reception provided	3. Spring 2008	
	5.2 Reverse loss of investigators by addressing imbalances that are contributing to investigator retention problem. Perform a study to determine the difference in work performed and pay between Board investigators and investigators from other State boards/agencies. ***Measure:*** Improve retention of Board investigators.	1.Hire a vendor to perform an analysis of investigator classifications statewide to determine correct classification and pay for board investigators.	1. CPS awarded contract and provided initial report of analysis of investigator classifications in summer 2009. Additional work was required on report due winter 2009.	1. Summer 2008 to 2009	Chief of Enforcement
		2. Take appropriate action based upon study results.	2. Awaiting results of study.	2. 2009	

Prepared by Barb Johnston, Executive Director, January 2010

Medical Board of California Strategic Plan 2008

Objective	Plan	Progress	Timeline	Staff
5.3 Implement the restructuring of the Board to ensure greater communication and synergy between enforcement and licensing divisions of the Board. ***Measures** 1):* Implementation is completed and all board members are educated regarding all Board issues. 2) Training provided to all board members	1. Develop implementation plan of the board restructuring.	1. **Board was restructured** to operate as one unified Board January 2008.	1. December 2007	All Staff
	2. Implement plan and provide training to all board members on both licensing and enforcement programs.	2. **Training sessions** have begun and will continue to be developed. Staff continues to work with the Attorney General's office to provide training identified by Members as the highest priority.	2. 2008	
5.4 Perform a complete evaluation of the Licensing Program to identify areas for improvement. ***Measure**:* Evaluation completed and any recommendations for efficiency are implemented.	1. Initiate the evaluation process.	1. The Board contracted with an independent entity to perform this evaluation. The contractor began August 2009. Report to be provided to Board in Jan 2010.	1. August 2008	Licensing Staff
	2. Conduct review and analysis.	2. Initial staff analysis led to development of the first licensing policy and procedure manual in 08/09. This manual will require updating after independent review and report completed.	2. August 2008 t0 Sept 2009	
	3. Complete report and review recommendations for possible action.	3. Determine appropriate implementation after report received.	3. N/A	

Prepared by Barb Johnston, Executive Director, January 2010

Medical Board of California Strategic Plan 2008

Objective	Plan	Progress	Timeline	Staff
5.5 Coordinate relocation of the Board's headquarters facilities and staff to improve operational efficiencies and to improve customer service. ***Measure:*** Consumers, staff and other interested parties have improved access to the Board's services.	1. Develop a space plan to optimize workflow	1. Space plan developed, approved and **implemented at new facility.**	1. August 2007	All Staff
	2. Reorganize record storage and retention systems by moving to online environments and eliminating wasted space.	2. **Record storage has been reorganized** to eliminate wasted space.	2. August 2007 and ongoing	
	3. Establish one central public counter and call center with a toll-free number	3. **Established public counter** in March 2008 and call center in December 2008.	3. March 2008	
5.6 Develop consumer and licensee focused educational programs made available online from the Board's Web site to provide easy access statewide. ***Measure:*** Determine the number of individuals using these services and satisfaction with the courses.	1. Develop online educational programs for multiple topics including but not limited to filing applications and complaints, training, and/or mandatory reporting.	1. Project could not begin until move into headquarters completed due to telecommunication requirements. Draft of Licensing program content has been developed by staff. Submitted extensive plan for the purchase and implementation of a Videoconferencing system to run online content submitted February 2009. Due to Executive Order, the purchase order was denied by DCA. Will resubmit when funding is available – fiscal year 10/11.	1. Spring 2008 and ongoing	All Staff

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Objective	Plan	Progress	Timeline	Staff
5.7 Improve organizational business processes through replacement of current information **technology** systems with state of the art user-friendly fully interoperable information technology software. ***Measure:*** When fully implemented staff reports significant improvement in business processes.	1. Evaluate existing business processes to determine those systems that could be improved by upgrading information technology (IT) environment.	1. **Evaluation was completed** in partnership with AGs office in Spring 2008 to assure technology could become interoperable with AGs system due to Enforcement program's VE model.	1. Spring 2008 and ongoing	Executive and Information Technology Staff
	2. Purchase and implement expanded and upgraded IT system to support a more efficient business environment.	2. The **feasibility study report was approved winter 2008**. The budget change proposal requesting funding and staff to implement this IT enhancement was deemed premature in 2008 and has been resubmitted in 2009 for approval in budget year 10/11. Staff has continued to meet with the State CIO, Agency and DCA leadership to discuss this project. DCA is developing a plan to replace both IT systems used by the Board with a new IT system to be sued across all DCA Boards and Bureaus. MBC staff remains on the DCA IT committees for development and implementation of this new IT system.	2. In process	

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