



**MEDICAL BOARD OF CALIFORNIA**  
Executive Office



**LICENSING COMMITTEE**

MEMBERS OF THE COMMITTEE

April 29, 2010

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

*Janet Salomonson, M.D., Chair*  
*Jorge Carreon, M.D.*  
*Hedy Chang*  
*Gary Gitnick, M.D.*  
*Sharon Levine, M.D.*  
*Reginald Low, M.D.*  
*Gerrie Schipske, R.N.P., J.D.*

Sheraton Gateway Los Angeles  
Gateway Ballroom  
6101 West Century Boulevard  
Los Angeles, CA 90045  
(310) 642-1111

**AGENDA**

12:30 p.m. – 2:15 p.m.  
(or until conclusion of business)

**ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE**

**Open Session:**

1. Call to Order/Roll Call
2. 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, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a)]*
3. Approval of the Minutes from the January 28, 2010 Meeting
4. Overview Presentation of Licensing Processes and Associated Timeframes – Ms. Pellegrini
5. Regulatory Changes to Title 16, California Code of Regulations, Section 1306, Abandonment of Application – Ms. Taylor
6. Update on Implementation of Business and Professions Code, Section 2088, Limited Licenses – Ms. Boyd
7. Update on the Implementation of SB 132, Polysomnographic Technologists – Ms. Pellegrini

*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.*

8. Update on Priorities for Processing Physician and Surgeon Applications – Ms. Whitney
9. Business Process Reengineering Primary Recommendations and Related Implementation Timeframes – Ms. Pellegrini
  - A. Revision of Physician and Surgeon Application
  - B. Update of Medical Board of California Web Site Related to Applications
  - C. Implementation of New Management Reports
  - D. Revision and Updates of Policy and Procedure Manual
  - E. Study of Postgraduate Training Authorization Letter Process
10. Agenda Items for July 29-30, 2010 Meeting in Sacramento, CA
11. 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](mailto: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.*



## MEDICAL BOARD OF CALIFORNIA Licensing Program



### Licensing Committee San Francisco, CA January 28, 2010 MINUTES

The Licensing Committee convened in Open Session. Dr. Salomonson called the meeting to order on January 28, 2010, at 2:07 p.m. Roll was taken and a quorum was present. Due notice was mailed to all interested parties.

#### Members Present:

Janet Salomonson, M.D., Chair  
Jorge Carreon, M.D.  
Hedy Chang  
Gary Gitnick, M.D.  
Sharon Levine, M.D.

#### Members Absent:

Reginald Low, M.D.  
Gerrie Schipske, R.N.P., J.D.

#### Board Members, Staff and Guests Present:

Susan Cady, Enforcement Manager  
Candis Cohen, Public Information Officer  
Kurt Heppler, Department of Consumer Affairs, Staff Counsel  
Teri Hunley, Business Services Manager  
Barb Johnston, Executive Director  
Ross Locke, Business Services Office  
Armando Melendez, Business Services Office  
Margaret Montgomery, Kaiser Permanente  
Cindi Oseto, Associate Licensing Analyst  
Pat Park, Associate Licensing Analyst  
Deborah Pellegrini, Chief of Licensing  
Regina Rao, Business Services Office  
Paulette Romero, Enforcement Manager  
Gregory Santiago, Department of Consumer Affairs  
Kevin Schunke, Regulation Coordinator  
Anita Scuri, Department of Consumer Affairs Supervising Legal Counsel  
Rehan Sheikh  
Kathryn Taylor, Licensing Manager  
Cheryl Thompson, Executive Assistant  
Renee Threadgill, Chief of Enforcement  
Linda Whitney, Chief of Legislation  
Barbara Yaroslavsky, Board President

**Agenda Item 2            Statutory Amendments to the Business and Professions Code  
Proposed for 2010**

Section 2184. Passing score; Period of validity. Deborah Pellegrini, Chief, Licensing Program, gave a brief overview of the Licensing Program and how it processes physician and surgeon applications. In addition, Ms. Pellegrini explained program support functions for pre-licensure and post-licensure of physicians and surgeons.

Ms. Pellegrini stated that Business and Professions Code Section 2184 defines the United States Medical Licensing Examination (USMLE) scores are valid for 10 years. The validity period may be extended for time spent in postgraduate training **and** for good cause. The 10-year limit for those seeking a Postgraduate Training Authorization Letter (PTAL) is appropriate and requirements to retake the examination should continue to apply. However, some physicians delay commencing postgraduate training while they pursue training and postdoctoral fellowships toward obtaining a doctorate or other degree in a healthcare related field or subject. If 10 years elapse between the times they pass USMLE Step 1 and/or Step 2 and the time they begin postgraduate training, their written examination score(s) expires. Physicians who continue this type of additional training have to retake their exams. Legal counsel advised that simply amending the conjunction in the phrase "for good cause and for time spent" to "for good cause or for time spent" would allow staff to exercise greater flexibility in reviewing applicants' cases pursuant to Section 2184. Therefore, staff recommended changing the "and" to an "or" in Section 2184. It was suggested that this amendment would be non-controversial and could be achieved through omnibus legislation.

It was M/S/C (Gitnick/Chang) to approve the request to change the "and" to "or" in Section 2184.

**Agenda Item 3            Regulatory Amendments to Title 16, California Code of  
Regulations, Proposed for 2010**

Dr. Salomonson asked Ms. Scuri to explain the difference between Statutes and Regulations. Therefore, Ms. Scuri gave a brief overview.

- Section 1306: Applications and Refund of Fees (Abandonment of Application). Ms. Pellegrini explained that existing language is inadequate to address the many challenges that staff encounters in balancing the burden on the Board's limited resources of storing hundreds of abandoned applications against the applicants' desire to maintain their applications in active status for years. If the applicant is not accepted into postgraduate training in a timely manner, he/she continue to request additional PTALs. This cycle can repeat itself for many years as the Board does not have sufficient authority to abandon the application. Therefore, staff proposes to amend the regulation to better define the applicant's responsibility to proceed to licensure within a reasonable timeframe and clarify the circumstances under which staff may close an abandoned application after due notice to the applicant for both a PTAL and for licensure. Ms. Pellegrini requested approval to return the regulatory language changes to the Licensing Committee.
- Section 1321: Approved Postgraduate Training (Postgraduate Training Authorization Letter). Ms. Pellegrini explained that, at this time, an applicant for a PTAL has to submit almost the same amount of paperwork as a person applying for licensure. The Business Processing Reengineering study recommended creating a special project to examine how we currently process and handle PTALs. Ms. Pellegrini asked to return this item to a future committee meeting for committee direction.

Dr. Salomonson asked if there are any volunteers who would like to work on this project. Ms. Chang volunteered. Dr. Salomonson approved staff to proceed accordingly. At the April meeting, Ms. Pellegrini will bring the Committee, for their consideration, some conceptual changes to statutes and regulations for processing PTAL applications.

- Section 1328: Written examinations. Ms. Pellegrini explained that this item was included in the Licensing Committee agenda as informational and would be presented to the Full Board in the next day's Agenda as Item #14. Ms. Pellegrini explained that when Section 1328 was amended in 1996 to address the transition to USMLE, staff was unaware that the testing agencies would make the combination of USMLE Steps 1 and 2 and National Board of Medical Examiners Part III available during the transition period. Therefore, this exam combination was not added to Section 1328 in 1996.

It was M/S/C (Levine/Gitnick) that the Committee recommended that that Board noticed this item for a regulatory hearing.

- Section 1378.50: Polysomnographic Technologists. Ms. Pellegrini provided an overview of this new program with three registration categories: technologists, technicians, and assistants. The Board has one year to develop and implement this program, including regulations.

Committee members asked if there is a template that can be used for this type of licensing category. Ms. Scuri stated that they have not yet been able to identify any programs that mirror these licensure category requirements. As the program is developed, Ms. Pellegrini asked that the Committee work with staff, specifically in the area regarding scope of practice. The Committee requested the staff to try to identify a consultant that specializes in the area of sleep medicine so that accurate information is received regarding scope of practice for paraprofessionals. The Committee stated that they will work with the Licensing Program staff to help fulfill these obligations to protect the people of the state.

- Section 1315.50: Limited license. Ms. Pellegrini stated that staff is developing a program to implement recently enacted legislation to create a limited license category for disabled physicians. Ms. Pellegrini gave an example of the current process to issue a license for applicants with disabilities. As explained more fully below, Ms. Oseto, assigned Lead Analyst, has already identified implementation steps.

**Agenda Item 4: Update on the Implementation of the Limited License Program, Business and Professions Code Section 2088**

Ms. Oseto explained that staff has met with legal counsel and determined that regulations are required to enact the statute. Based on this initial meeting, it appears that extensive work is required before the Board can issue this license type. Staff proposed to return to the April meeting with a completed project plan and some preliminary information defining criteria and application review processes.

Committee members asked if other states use this type of licensing category to reduce the work involved. Ms. Oseto stated that staff plans to conduct this research. The Committee also asked staff to invite a representative of the California Medical Association to participate for a cooperative working relationship from the beginning.

It was M/S/C (Gitnick/Chang) to approve the request to draft regulations that will define the application process for this new license type, the process by which licensees may qualify for an unrestricted license if their disability resolves, and an initial licensing fee and biennial renewal fee, not to exceed the \$790 maximum fee authorized by the bill.

**Agenda Item 5: Public Comment on Items Not on the Agenda**

None.

**Agenda Item 6: Agenda Items for the Next Meeting**

In addition to the statutory and regulatory proposals referenced above, the Committee members requested the following items to be discussed at the next meeting:

1. A presentation of the detailed steps in the application review process and associated timeframes
2. A discussion of how the Board prioritizes the processing of physician and surgeon applications
3. A discussion of the feasibility of conducting an audit of the Licensing Program similar to the one that the State Auditor conducts of the State Bar every two years.

Ms. Chang raised the issue of discussion of the Business Process Reengineering Study Report at the next meeting. The Report was set as an agenda item for the full Board meeting on the following day, and Ms. Pellegrini reminded the members that the Licensing Committee had not been constituted when the Business Process Reengineering Study was commenced; therefore, her obligation was to bring the report to the full Board. Staff counsel suggested that the appropriate time for discussion of the report was at the full Board meeting.

**Agenda Item 7: Adjournment**

The meeting adjourned at 3:00 p.m.

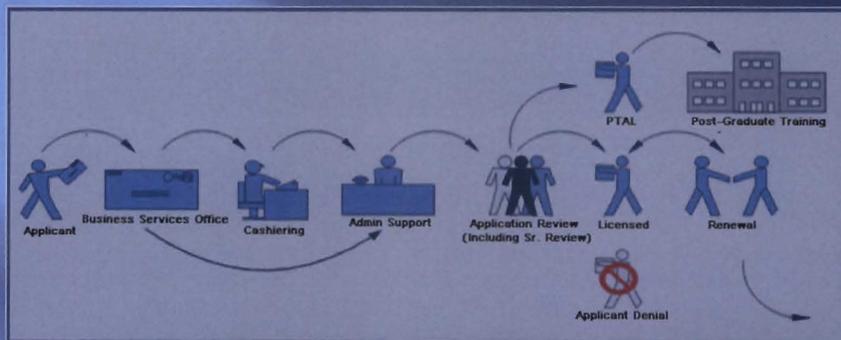
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Physician and Surgeon  
Licensing Process and Timeframes  
for United States, Canadian and International  
Medical School Graduates

1

## PTAL and Licensing Process



2

## Business Services Office (BSO) Step 1

- ▣ All Board mail delivered to BSO
- ▣ BSO date stamps, opens, sorts, and delivers mail to Board offices twice daily (**same day as delivered to BSO**)
- ▣ Licensing mail with checks goes to Cashiering Office **by afternoon day of delivery**
- ▣ Licensing mail without checks goes to Licensing Administrative Support Staff **by afternoon day of delivery**

3

## Cashiering Office Step 2

- ▣ Checks arriving with applications are cashiered within **1-2 business days**
- ▣ An Applicant Tracking System (ATS) record is created when application fees are cashiered
- ▣ Checks arriving without Fee Invoice and/or with other documents cashiered within **1-3 business days** (direction needed from Review Staff)
- ▣ Applications and documents forwarded to Administrative Support Staff

4

## Administrative Support Staff Step 3 (Applications)

- ▣ Complete application set up within **12 calendar days**

### Set up includes:

- Application Received Letter prepared and mailed
- Application reviewed for skipped questions and notary errors
- Application file folder prepared
- Fingerprint responses added to file or requested if missing
- American Medical Association (AMA) profiles requested/printed
- Federation of State Medical Board's (FSMB) Manual Physician Query Log database checked for State Board discipline
- ATS updated with demographic information and B&P code section applicant qualifies for licensure/PTAL
- Application forwarded to Z-Support Staff

5

## Administrative Support Staff Step 3 (Mail)

- ▣ Date stamp each piece of mail from applicants and third parties
- ▣ Receive an average of **400 pieces** of mail daily
- ▣ Mark with ATS number and Review Staff's initials
- ▣ Documents forwarded to Z- Support Staff
- ▣ Completed within **0 - 3** calendar days

6

## Administrative Support Staff Step 3 (Z-Staff)

- Update receipt of applications and documents on ATS for Web Applicant Access System viewers in **1 to 2 calendar days**
- New employees' work receives a quality review to ensure accuracy
- From receipt by the Board, Z-Staff deliver mail to individual reviewers
  - For documents within **4 calendar days**
  - For applications within **14 calendar days**

7

## Review Staff Step 4

- Conduct initial reviews, prepare deficiency letters and determine if applications are complete
- Average case load for US/Canadian is **320** applications per reviewer – **3600 US/Canadian** new applications received annually
- Average case load for IMG is **430** applications per reviewer – **2600 IMG** new applications received annually

8

## Review Staff Step 4 (Initial Review)

- Approximate time to complete an initial application review is **30 minutes** for US/CAN and **one hour** for IMG
- Applications presenting with issues of concern take approximately **45 minutes to more than 8 hours** to review
- From receipt by Board to initial review = **68 calendar days** as of 4/24/10 (includes **14** days mail room/cashier/set up/Z)
- Goal from *receipt to review* is **45 calendar days** by 6/30/10
- Upon initial review, **13% of US/Canadian** and **1% of IMG license applications** are complete, and **7% of IMG PTAL applications** are complete

9

## Review Staff Step 4 (Deficiency Letter)

- Mail deficiency letter asking for additional materials
- Response time dependent on applicant and/or reporting source for materials

### Average time from request to receipt of all requested materials

IMG (License):	90 calendar days
IMG (PTAL):	37 calendar days
US/Canadian:	34 calendar days

10

## Review Staff Step 4 (Pending Mail)

- As each requested document is received, it is reviewed within **10 – 29 business days** including the 3 days from receipt to the reviewer (as of 4/24/10)
- Goal for *review of pending mail* is 7 calendar days by 6/30/10
- Upon review and approval of last outstanding document, file is reviewed for completeness (30 minutes) and forwarded to Quality Review staff

11

## Senior Review Files

- Review Staff forward applications with issues of concern requiring additional review by management and senior staff
- Managers review file to determine applicant's next step in process (ready for licensure, more information needed, SR2)
  - Presently **28** files at SR1, oldest received by SR1 staff **2/24/10**  
SR1 Initial reviews conducted within **38 business days** (as of 4/27/10)
- Managers forward SR2 files to senior staff analysts and legal counsel with serious issues (non-disclosure, recent drug/alcohol convictions, mental health, PG training, etc...)
  - Presently **62** files at SR2, oldest received by SR2 staff **2/3/10**  
SR2 Initial reviews conducted within **50 business days** (as of 4/27/10)
- Review time for these files can be **45 minutes to more than 8 hours**

12

## Senior Review Level 2

- ▣ SR2 files prepared for weekly senior staff meeting
- ▣ Senior staff (Executive staff, Licensing Chief, Managers and senior staff members, Legal Counsel, Deputy Attorney General), review issues and determine applicant's next step

### Denial/Probation Statistics (4/1/09 – 3/31/10)

- ▣ Number of denials: 16 (11 withdrew app; 3 accepted denial; 2 appealed)
- ▣ Processing time for denials: 60 days to 3 years
- ▣ Number of probationary licenses: 20
- ▣ Processing time for probationary licenses: 30 to 120 days

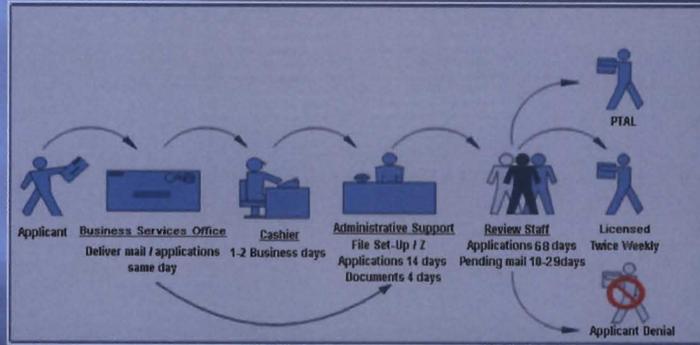
13

## Quality Review and Licensing Step 4

- ▣ Submit PTAL/license application file for Quality Assurance (QA) review 2 times per week
- ▣ QA files ready for PTAL returned to IMG reviewer – PTAL issued same or next day **(1 day)**
- ▣ QA files proceed to licensing 98.5%
- ▣ Licensing two times per week (Tuesdays and Thursdays)

14

# PTAL and Licensing Processes



## MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: April 7, 2010  
ATTENTION: Medical Board of California  
SUBJECT: Regulation Governing Abandoned Licensing Applications  
STAFF CONTACT: Deborah Pellegrini, Chief

REQUESTED ACTION:

Recommend the Licensing Committee forward to the Board the recommendation to direct staff to schedule a public hearing at the July 29-30, 2010 Board meeting to review proposed amendments to Section 1306 of Title 16, California Code of Regulations.

STAFF RECOMMENDATION:

Staff recommends that the Committee approve the amendments indicated on the attached copy of Section 1306, along with any edits or additional provisions that the Committee may suggest for inclusion in the regulation.

BACKGROUND:

At the Licensing Committee's meeting on January 28, 2010, the Committee members directed staff to draft amendments to Section 1306 of Title 16, California Code of Regulations. In its current form, Section 1306 does not clarify the Board's or the licensing applicants' rights and responsibilities in the application process. The Board needs realistic data on the number of pending applications in order to assign resources effectively. Staff's caseloads are inflated with hundreds of pending applications effectively abandoned by physicians who are not required to notify the Board if the application is abandoned and who will never complete their California applications for the following reasons:

- 1) They accepted employment or training opportunities in other states or countries;
- 2) Staff notified them of a deficiency in their training, written examination and/or the need to undergo an evaluation, and they have not remedied the deficiency or do not intend to remedy the deficiency;
- 3) Staff issued an applicant a Postgraduate Training Authorization Letter (PTAL) but the applicant was not accepted into a training program after several attempts or the applicant accepted a training program in another state.

Following is a breakdown of the number of applications pending as of April 6, 2010:

<b>Age of Pending Applications</b>	<b>US</b>	<b>IMG</b>	<b>PTAL</b>	<b>Total Pending Applications</b>
5+ Years	44	327	68	439
4 - 5 Years	45	299	147	491
3 - 4 Years	68	106	626	800
2 - 3 Years	119	207	915	1241
1 - 2 Years	283	246	1030	1559
0 - 1 Year	1968	567	1179	3714
	2527	1752	3965	<b>Total = *8244</b>

\*1,528 PTALs were recently issued and flagged; therefore, total number of pending applications is 6,716.

Without amendments to Section 1306, staff is unable to appropriately close files. This creates additional workload as staff must re-review these applications annually, determine if the applicant's status has changed and attempt to contact applicants, who may have moved several times, to ask if they intend to pursue California licensure in the near future or would prefer staff to close their applications.

The Licensing Program needs to purge applications that have truly been abandoned. On the other hand, applicants need reassurance that the Board will retain their applications while they work diligently toward licensure. But, they need a clear definition of their responsibilities to communicate with the Board and proceed through the licensing process in a timely fashion.

ANALYSIS:

Staff and legal counsel developed the attached amendments to Section 1306 for the Committee's review. The attached amendments attempt to balance each party's rights and responsibilities. Subsections (c) and (d) notify applicants of their responsibility to timely report any changes of address to the Board and update their applications as directed, in order to prevent misdirected Board communications. Arcane terminology is deleted, and the amendments describe the most common circumstances for which abandonment is appropriate, including failure to progress toward licensure within a reasonable time. Failure to progress is defined as no response when the following occurs:

- 1) The Board notified the applicant that required documentation is missing from his or her application (ex., transcripts, written examination scores, postgraduate training verification forms).
- 2) The Board notified the applicant to undergo a psychiatric or medical evaluation or a clinical skills assessment to demonstrate his or her ability to practice medicine safely.

- 3) The Board notified the applicant that he or she would be issued a license after he/she submits the initial licensing fee.
- 4) The applicant applied for licensure without having passed United States Medical Licensing Examination (USMLE) Step 3 or the applicant notifies the Board that he or she took and failed the examination.
- 5) The Board notified the applicant of the requirement to remedy an undergraduate clinical rotation deficiency.
- 6) The applicant has not submitted proof of enrollment in an accredited postgraduate training program or he/she began postgraduate training, but has been unable to successfully complete the number of years of training required for licensure.

Applicants are provided one year to notify the Board of their intentions to satisfy any deficiencies in their application, including but not limited to the deficiencies listed above. Staff selected one year as the standard active period for applications because most applicants are able to fulfill requirements within a one-year period. However, the Board will maintain their application in active status for more than one year as long as applicants are taking reasonable steps to progress toward licensure, such as submitting required documents and fees, requesting additional time to undergo an evaluation, and retaking the USMLE. If applicants notify the Board that they no longer wish to proceed to licensure in California, the Board will close their applications.

**FISCAL CONSIDERATIONS:**

Applicants will be required to submit a new application review fee, in effect at the time they submit a new application, after they have requested the Board to close a previous application, or, if the Board deems that the previous application has been abandoned for failure to provide licensure requirements.

**Specific Language of Proposed Changes**  
**Draft—3/29/2010**

Amend section 1306 in Article 2 of Chapter 1 of Division 13, Title 16 Cal.Code Regs. to read as follows:

1306. Applications and Refund of Fees.

(a) An application shall be ~~denied without prejudice when~~ deemed abandoned if an applicant ~~does not exercise due diligence in the completion of~~ fails to complete the application. ~~“Failure to complete the application” within one year constitutes failure to exercise due diligence.~~ means that the applicant:

(1) Did not submit all required supporting documents and information within 365 days from the date of the most recent written notification from the board of the documents needed to complete the application; or

(2) Unless otherwise authorized by the board, did not undergo a required evaluation within six months from the date of written notification from the board of the need to undergo an evaluation; or

(3) Failed to pay the required license fees within 365 days of notification that his/her application was otherwise complete; or

(4) Failed to either pass or re-take Step 3 of the USMLE within one year from the date of written notification by the board; or

(5) Failed to remedy clinical rotation deficiencies within one year from the date of notification by the board; or

(6) Failed to show progress toward licensure, as demonstrated by proof of acceptance of enrollment in an approved postgraduate training program within three

year from the date of application and completion within three years thereafter of the training required for licensure.

(b) An application submitted subsequent to the abandonment of a former application shall be treated as a new application, and the applicant must meet all licensure requirements in effect at the time of the subsequent application.

(c) An applicant shall report any change of address to the board within 30 working days.

(d) An applicant shall update his or her application upon request of the board, but not more frequently than once every 365 days.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2082, 2141 and 2435, Business and Professions Code.

**MEDICAL BOARD STAFF REPORT – LICENSING COMMITTEE**

DATE REPORT ISSUED: March 30, 2010  
 DEPARTMENT: Licensing Program  
 SUBJECT: Implementation Plan of Business and Professions Code,  
 Section 2088, Limited License  
 STAFF CONTACT: Fayne Boyd

**SUMMARY:**

Legislation, AB 501, effective January 1, 2010, authorizes the Licensing Program to issue a limited practice license to an applicant who is otherwise eligible for a medical license in California but is unable to practice all aspects of medicine safely due to a disability. Staff is preparing regulatory language to Division 13 of Title 16, California Code of Regulations, to set forth the criteria and requirements for a limited practice license. In addition, staff has developed an implementation plan to delineate the required tasks to execute this legislation.

**PROJECT STATUS TO IMPLEMENT LIMITED PRACTICE LICENSE:**

March 17, 2010, Licensing staff and legal counsel met to discuss and develop the requirements, policies and procedures for the issuance of a limited practice license.

**Tasks currently working on in April - May:**

- Draft regulatory language to be used for new limited practice license
- Consider regulatory change to Section 1355.35 to add in limited practice license
- Identify interested parties for review of regulatory language
- Develop criteria for initial qualification for a limited practice license
- Create and mail notice for interested parties meeting proposed for Wednesday, May 26, 2010 at 1:30p.m. at the Board's Sacramento office

**Tasks to be completed for June – July:**

- Consider statutory language to amend Section 2441 to ensure criteria for a disability license and limited practice license are consistent
- Seek License Committee approval of proposed regulatory language at July Board Meeting and schedule public hearing for November Board Meeting
- Develop process for Senior Review Level 2 applicant that is identified by senior staff as a limited license candidate
- Develop process to request change from limited practice license/disabled status to full and unrestricted license status

Tasks to be completed August – September:

- Identify Application Tracking System (ATS) changes to track applicants
- Identify license status for limited practice licenses on Consumer Affairs System
- Develop limited practice license policies and procedures
- Develop new application forms, instructions, and FAQs
- Develop wall certificate and pocket license for limited practice license

Tasks to be completed for October – December:

- Hold public hearing and seek Board approval at November Board Meeting to amend regulations to add in limited practice license
- Develop language for License Look-up on Web site
- Train Licensing and CIU staff

Tasks to be completed after regulation package is approved

- Update Web site with limited practice license application, information, and FAQ's
- Prepare article for Board's Newsletter

## MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: March 23, 2010  
 DEPARTMENT: Licensing Operations  
 SUBJECT: Update on Implementation of SB 132 Polysomnographic Technologists, Technicians and Trainees  
 STAFF CONTACT: Abbie French

SUMMARY:

SB 132, Denham, (Statutes of 2009) adding Chapter 7.8 to Division 2 of the Business and Professions Code, took effect as an urgency measure on October 23, 2009. SB 132 requires 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; have graduated from a board-approved educational program; and, have passed a board-approved national certifying examination (with a specified exception for that examination requirement for a three-year period).

SB 132 prohibits 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 other requirements.

SB 132 would define polysomnography to mean the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders. SB 132 would further require the board, within one year after the effective date of this act, to adopt regulations related to the employment of polysomnographic technologist, technicians and trainees.

STATUS:

March 2, 2010, Rhonda Baldo, the Associate Governmental Program Analyst in Licensing Operations was hired to implement this program.

March 16, 2010, Manager Abbie French, Associate Analyst Kelly Nelson, and Associate Analyst Rhonda Baldo met with David Gonzalez, the lobbyist who worked for the Society sponsoring SB 132. Discussions included background and suggestions on where to obtain information.

Currently working on:

- Identifying the national organizations currently certifying each registrant category
- Identifying the scope of practice for each registrant category
- Identifying the applicable experience in lieu of passage of a national certifying examination
- Identifying the projected number of applicants for each registrant category

Within the next few months, work will commence on:

<b>Task</b>	<b>Proposed Completion Date</b>
Preparing the proposed regulatory package for Board approval	June 1, 2010
Establishing criteria for educational certification (to be implemented within three years)	June 1, 2010
Creating certificate and wallet card for each registrant category	July 2010
Proposed Draft of Regulations	July 29 – 30, 2010 Board Meeting
Creating and testing the Applicant Tracking System for new registration categories	September 2010
Drafting new forms and applications	September 2010
Working with the Department of Justice regarding contracted data	September 2010
Developing policies and procedures	September 2010
Starting outreach activities and Board website information	September 2010
Preparing outreach pamphlets	September 2010
Developing and executing appropriate contacts for fingerprint services, printing services, etc.	September 2010
Polysomnographic Regulation Hearing	November 3 – 4, 2010 Board Meeting

## MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: April 8, 2010  
 ATTENTION: Licensing Committee  
 SUBJECT: Discussion of Business Processing Reengineering (BPR)  
 Study's Primary Recommendations and Related Timeline  
 STAFF CONTACT: Deborah Pellegrini, Chief

SUMMARY:

In recognition that the Medical Board of California's (MBC) Licensing Program had a series of underlying systematic problems, the Board hired a BPR consultant 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.

The Licensing Program hired Hubbert Systems Consulting Inc. (HSC) in August 2009 to conduct a four-month study. Business process maps were developed, current processes and workload were observed, recommendations were developed to meet the BPR Study objectives, and an outline of an implementation plan was presented. The report and its recommendations intended to serve as a road map for the MBC Licensing Program over the next 24 months.

The Licensing Program's primary responsibility is processing licensing applications. The following three components to achieve the Governor's Job Creation Initiative are due by June 30, 2010:

- 1) Reduce the initial application review to 45 days.
- 2) Reduce the licensing inventory by 50 percent.
- 3) Review pending mail correspondence within seven days.

Licensing managers and staff can therefore only devote part of their work time to the BPR improvement projects. As such, the Chief of Licensing and staff identified five priority areas from the BPR's 30+ recommendations to undertake at this time. The following five process improvements were selected to implement based on cost, benefits, and customer service.

**Priority 1: Revise Physician and Surgeon Application Forms and Instructions**

The Physician and Surgeon application forms and instructions were last revised in 2005. Over the past 12 weeks, 13.5 percent of United States/Canadian medical school graduate (US/CAN) applications (132 out of 843) and 2.4 percent of international medical school graduate (IMG) applications (8 out of 317) were complete upon initial review conducted between 63 and 75 days from receipt. Communications with applicants after they received their deficiency letter regarding missing and/or incomplete items indicate that they find the application form and instructions confusing and that they provide incomplete and/or incorrect answers due to the lack of clarity in the application itself and the instructions.

Benefits: Improves customer service, provides better applicant guidance, and, decreases application errors, phone calls to staff, applicant deficiency letters, and time to licensure.

Action: A project team is composed of a Licensing Manager, US/CAN and IMG application reviewers, and staff from the Information Services Branch (ISB), Outreach, and Consumer Information Unit (CIU).

Timeline: Begin project in May 2010, complete March 2011 and review annually thereafter.

**Priority 2: Complete the Licensing Program’s Policy and Procedure Manual**

The physician and surgeon policy and procedure manual was started December 2008 and is approximately 70 percent complete. As additional policies and procedures are developed and/or revised, a Decision Log is used to track these changes and communicate the changes to staff.

Benefits: Improves application review consistency, improves quality and timeliness of reviews, ensures statutory and regulatory compliance, standardizes processes, and serves as a written resource for staff.

Action: A project team is composed of an Associate Analyst (AGPA), Quality Assurance Analyst, and IMG application reviewer. A Licensing Manager and Legal Counsel are final reviewers.

Timeline: Complete June 2011, then ongoing revisions as changes occur.

**Priority 3: Update MBC Web Site Content on “Applicants” Tab**

The MBC Web site “Applicants” tab has not had a full review since 2000. The Web site should be updated as changes to the application forms are made. This will provide applicants more information regarding eligibility for a California physician and surgeon license and clarifying information for completing the application process. In addition, staff will be assigned to periodically update the “Applicants” tab to align it with changes in statutes, regulations, policies and procedures.

Benefits: Improves customer service, decreases licensure times, and, decreases phone calls to review staff and to the call center.

Action: A project team will be selected by August 2010 and will include US/CAN and IMG application reviewers, and, staff from ISB, Outreach, and CIU.

Timeline: Initiate project team in August 2010, complete March 2011 (same time as revised application).

**Priority 4: Implement New Management Report Recommendations**

The Applicant Tracking System (ATS) tracks physician and surgeon applications. ATS is a 15-year-old data entry system and was not initially designed to generate reports. The Department of Consumer Affairs recently developed an Ad Hoc Reporting tool to generate reports from ATS. The Board’s ISB and Licensing staff worked together and generated the first automated report in August 2009. To date, there are five automated reports. The BPR Study identified and recommends implementing over 20 more reports to assist in managing the application inventory and processing of applications. In addition, other reporting needs have been identified that complement those suggested by the BPR study. All of these will be prioritized.

Benefit: Analyze trends, workload and staffing needs, increase staff accountability, and improve customer service by recognizing workload issues before they rise to a level of concern.

Action: A project team is composed of the Chief, Managers, AGPA, and staff from ISB.

Timeline: Complete development and implementation of priority reports by December 2010 with an ongoing revision, enhancement and development of new reports.

**Priority 5: Study the Postgraduate Training Authorization Letter (PTAL) Processes and Implement Changes**

The PTAL authorizes international medical school graduates to begin training in California in an Accredited Council for Graduate Medical Education (ACGME) postgraduate training program. The BPR Study identified eight major issues and recommended that a special project team study the current statutes, regulations, policies and procedures to determine a more efficient and effective way to process these applications. The recommended process improvements could include: prepare new statutory and regulatory requirements to include renewal limits and fees; create new policy and procedures; update the application and instructions; update the Web site to reflect the new requirements; and resolve ATS constraints. In addition, the study will address what is needed for all aspects as they relate to consumer protection that might guide legislative or regulatory changes.

Benefits: Improve customer service to applicants and the programs trying to place these trainees, provide improved guidance to applicants, decrease application errors and time to issue a PTAL.

Action: A project team is composed of the Chief, a Senior Review AGPA, and an IMG application reviewer.

Timeline: Begin project in January 2011, complete December 2011. (If legislative changes recommended, then forward for introduction in 2012).