

Department of Consumer Affairs

Position Duty Statement

HR-041 (new 5/04)

Classification Title	Board/Bureau/Division
Management Services Technician	Medical Board of California
Working Title	Office/Unit/Section / Geographic Location
	Enforcement (Central Complaint Unit) - Sacramento
Position Number	Effective Date
629-170-5278-001	

Under the supervision of the Staff Services Manager I, the Management Services Technician performs the less technical review and analysis of incoming complaints and inquiries the Central Complaint Unit (CCU) receives from the general public, medical insurance carriers, other physicians, hospitals, the County Coroner and law enforcement agencies, which pertain to the practice of medicine by licensed physicians to identify possible violations of the Business and Professions (B&P) Code. In addition, the incumbent is responsible for managing the initial intake and review of a caseload of medical malpractice reports.

A. SPECIFIC ASSIGNMENTS [Essential (E) / Marginal (M) Functions]

45% Complaint Analysis (E)

- Independently reviews and analyzes consumer complaints and inquiries received by the general public, medical insurance carriers, other physicians, hospitals, County Coroners and law enforcement agencies to determine if the complaint is within MBC's jurisdiction; refers non-jurisdictional complaints to the appropriate agency; prepares a letter to complainant acknowledging receipt of complaint or informing them the complaint was transmitted to the appropriate agency. **(15%)**
- Determines the complaint priority whether urgent (patient death, serious bodily injury, sexual misconduct or physician impairment), high or routine based on the alleged violation and potential consumer harm, source (patient, hospital, etc.) and type of allegation (physician conduct or quality of care); identifies the subject's specialty through interpretation of the complaint or query of the American Board of Medical Specialties (ABMS) web-site; identifies the county where the incident occurred in order to route the complaint to the correct analyst; initiates complaint records, into the Enforcement Tracking System within the BreEZe system, by entering standardized codes that coincide with the complaint information. **(15%)**
- Conducts a thorough search of the Board's licensing records to verify the subject is a California licensed physician or has a fictitious name permit; conducts a thorough search of the Enforcement Tracking System to independently determine whether the complaint is new or if the complaint was previously received from the same complainant, against the same physician, making the same allegation to ensure duplicate complaints are not initiated and to ensure any new information regarding an open complaint/investigation is forwarded to the appropriate analyst/investigator in a timely manner. **(15%)**

45% Malpractice Case Management (E)

- Reviews the information obtained to determine whether to secure a medical expert's review, recommend a field investigation or close without further review and makes a recommendation to the manager on the disposition of the complaint. Reviews the Medical Expert's report and either refers the case to the appropriate geographic district office for further investigation, requests additional information requested by the Medical Expert, or closes the case. **(20%)**
- Receives and manages malpractice cases reported to the Board pursuant to B&P Code Section 801. Requests documentation (medical records, depositions, etc.) from all parties (licensee, licensee's legal counsel, liability insurance company, etc.) to complete the case file and performs follow-up when documentation is not received; independently reviews the medical records provided and the physician's summary or explanation of the case to ensure that all relevant medical records have been received; ensures urgent cases are expedited and all required documentation is received timely. **(15%)**
- Determines the case priority whether urgent (patient death, serious bodily injury, sexual misconduct or physician impairment) or high; initiates and continually updates malpractice case records by entering standardized codes into the Enforcement Tracking System that coincide with the case information; reads, analyzes, summarizes and enters case inform into case notes in the Enforcement Tracking System. **(10%)**

10% Public Information (E)

10% Answers, screens, and refers complaint telephone calls on the toll-free complaint line; gives general information regarding the Board's complaint process; responds to consumer inquiries; assists consumers in filing complaints.

B. Supervision Received

The incumbent works under the supervision of the Staff Manager I, Case Management Unit.

C. Supervision Exercised

None

D. Administrative Responsibility

None

E. Personal Contacts

The incumbent will have occasional direct contact with consumers regarding the progression of their case. The incumbent will also have frequent direct contact with medical insurance carriers, physicians, hospitals, the County Coroner or law enforcement agencies requesting information for the case files. The incumbent will have daily direct contact with Enforcement Management regarding case status and frequent contact with MBC Investigators and Medical Experts.

F. Actions and Consequences

The incumbent's failure to perform the duties adequately may result in the improper evaluation of incidents of malpractice by practitioners whose care may have contributed to a patient's death or serious bodily injury. Failing to timely and

appropriately identify physicians whose competence may be questionable potentially places California's healthcare consumers in a harmful situation and raises concern that the MBC is not carrying out its mission to protect the public.

G. Functional Requirements

No specific physical requirements are required: the incumbent works 40 hours per week in an office setting, with artificial light and temperature control. Daily access to and use of a personal computer and telephone is essential. Sitting and standing requirements are consistent with office work.

H. Other Information

Incumbent must possess good written and verbal communication skills, use good judgment in decision-making, exercise creativity and flexibility in problem identification and resolution, manage time and resources effectively, and be responsive to MBC Staff, Board and Committee Members and DCA management needs.

The incumbent may 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 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: jj 4/2011.

Format Revised: 09/2014

Approved DPA 5/6/11