MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED:	January 25, 2012
ATTENTION:	Members, Medical Board of California
SUBJECT:	Strategic Plan Objective 5.4 – Annual Review of Board Committees, Establishment of Committees
STAFF CONTACT:	Kimberly Kirchmeyer, Deputy Director

RECOMMENDED ACTION:

Review and discuss the Board's Committees' to determine if changes need to be made to their structure, goals, and meeting times. Additionally, determine if there is a need for every Committee.

BACKGROUND AND ANALYSIS:

One of the new Objectives of the Strategic Plan, which was reviewed at the July 29th Board Meeting and approved at the October 28th Board Meeting, was an annual review of the Board Committees. Specifically, the Objective requires a review of the Committees established by the Board to determine if they are still needed, if they are fulfilling the purpose of which they were established, and if they should be merged with other committees. This review was scheduled for the October Board Meeting, however, due to time constraints, this agenda item was tabled until the February 2012 Board Meeting.

The Board currently has the following Committees that need to be reviewed (please see the attachment for a description of each committee):

Committees
Executive Committee
Licensing Committee
Enforcement Committee
Application Review Committee
Midwifery Advisory Council
Special Faculty Permit Review Committee
Special Program Committee
Access to Care Committee
Advisory Committee on Physician Responsibility in the Supervision of Allied Health Care Professionals
Education Committee
Physician Recognition Committee
Wellness Committee
Cultural and Linguistic Competency Work Group

The Board Members were asked to provide input on the above Committees. Board staff has gathered the comments from the Members and has put the answers together into a consolidated format for review and discussion. Below is the information obtained from the Members.

SURVEY QUESTIONS AND MEMBER RESPONSES/COMMENTS:

The **Executive, Licensing, and Enforcement Committees** are committees that are needed and staff made the assumption that the Board will want to keep these committees.

Executive Committee issues:
1. Legislation discussions and positions
2. Executive Officer Evaluation
3. Strategic Planning
4. Administrative Issues

The Executive Committee usually meets during the Quarterly Full Board Meeting, when needed; however, it may need to meet in between quarterly meetings if issues arise needing Board discussion and decisions.

Question: Do you agree with these issues, do you have any issues to add, or do you have any other suggestions for the Executive Committee?

MEMBER RESPONSE/SUGGESTION/COMMENT:

- Concur with Committee goals.
- There should be a Budget Committee as part of the Executive Committee where issues can be addressed, or at least a two-person oversight subcommittee with the responsibility of reviewing the budget with the Executive Director.
- Concur with Committee goals.
- The Executive Committee could do a periodic assessment of the Board members to identify perceptions of effectiveness and efficiency of Board meetings, suggestions for improvement in Board functioning, etc. Most Boards have a mechanism for Board self-assessment, and the Executive Committee could take responsibility for this.

Licensing Committee issues:
1. Implementation of the Reengineering Report's recommendations regarding
   a. Policy and Procedures
   b. Revised application and instructions for Web site
2. Other programs of the Board related to licensing:
   a. Special faculty permits
   b. Special programs
   c. Fictitious name permits
   d. RDO program
   e. CME and audit

The Licensing Committee should meet, when necessary, during the Quarterly Full Board Meetings. It should meet when it has issues that need Committee discussion and input.

Question: Do you agree with these issues, do you have any issues to add, or do you have any other suggestions for the Licensing Committee?

MEMBER RESPONSE/SUGGESTION/COMMENT:

- Concur with Committee goals.
- These all seem appropriate. The Licensing Committee could be the venue in which the issue of Maintenance of Licensure (MOL) could be evaluated, and the progress of the FSMB pilots regarding MOL tracked. If the Board decides to proceed in that direction after a careful study, the Licensing Committee could do that work on behalf of and in

concert with the Board. The first issue should be revised to say "Oversight of staff implementation of the Reengineering Report's recommendations regarding..."

- The licensing committee gives a broader voice to issues that it needs to be engaged with, the first one, is having a broader participation and understanding of the needs of the licensing process. With SB 100, there might be further connection with licensing and policy, process, and oversight that might be gleaned from this committee.
- Concur with Committee goals.

Enforcement Committee issues:

1. Review and reduction of time lines for processing complaints, investigations, and disciplinary actions
2. Training and recruitment of expert reviewers
3. Evaluation reports
4. Probation

The Enforcement Committee should meet, when necessary, during the Quarterly Full Board Meetings. It should meet when it has issues that need Committee discussion and input.

Question: Do you agree with these issues, do you have any issues to add, or do you have any other suggestions for the Enforcement Committee?

MEMBER RESPONSE/SUGGESTION/COMMENT:

- Agree that this committee is important and should be continued as long as progress can be made. Should have standardized training for medical consultants as well as for reviewers.
- Yes, it is important.
- The goals are accurate.
- Suggest that there also be engagement in policy around how enforcement is handled, how the different DAGs andMedical Board offices respond and oversee a plan as to ensure efficiency and similar timelines across the State. Review of policies and procedures that impact enforcement, review of laws that deal with enforcement, etc. Also suggest that policies and procedures of the process be evaluated on an ongoing manner, as issues evolve, but with insight and engagement of those individuals the Board depends on within its operation, so therefore, the Chief of Enforcement, and any designated members of the team, should be engaged and participatory as needed.
- Strongly agree with goals, particularly interested in expert recruitment and training.

The **Application Review Committee, Special Faculty Permit Review Committee, Special Program Committee, and Midwifery Advisory Council** are statutory committees and staff suggested these remain as they are and continue to meet on an as needed basis.

MEMBER RESPONSE/SUGGESTION/COMMENT:

- SFPRC - Recommend that the Board have a roster of all those that are in 2113 and 2168. Also, the Board should examine the performance and status of all 2168 candidates with data from their institutions.

For the other committees of the Board, staff requested information from the Members, including should the committee continue, when should the committee meet, and what should be the goal of the committee for 2012-2013?

Access to Care Committee

1. Continue to gather information on collaborative care models; however what should be done with this information: inform physicians via newsletter, link to articles?
2. Examine methods to enhance the use of physician volunteers in the workforce: gather information on volunteers in the workforce, inform the Board, and determine if the Board wants to pursue any action other than information.

Questions:

Should this committee continue?
What does the committee do with the information it gathers?
What is the goal of this committee?
Are there other issues this committee should be discussing?
How often does this committee need to meet?
Can this committee meet off-cycle of Board Meetings?

MEMBER RESPONSE/SUGGESTION/COMMENT:

- Access to Care Committee could be combined with the Education and/or Wellness Committees.
- Unsure what role the Board has in this or how it fits into the Board's mission and statutory requirements. The Board's role should be to ensure that the public is protected from sub-standard care by ensuring that physician volunteer endeavors are conducted by licensed physicians whose licenses are in good standing; and to identify opportunities to support and facilitate volunteerism and to work with those looking for ways to provide liability coverage to volunteers. This committee is not central to the mission of the Board; "access to care" has much more to do with how care delivery is organized than with assuring that physicians practicing in the state are qualified, competent and committed to lifelong learning. The goal of the committee is not clear; the committee has no authority to execute or any way to address what are admittedly significant issues regarding access to care. Any of the Committees could meet off cycle, pending staff and Board member availability. How often it meets depends on what work is being done.
- Any committee can always meet outside of the board meetings.
- The Committee needs to continue but it needs to formulate the question and then gather the answers and do something with the information gathered. Need to spread the word about the shortage of physicians; need to work with all related agencies to look for solutions.

Advisory Committee on Physician Responsibility in the Supervision of Allied Health Care Professionals

Note: At this time this committee does not have a Chair.

1. Implement certain aspects of Senate Bill 100 related to physician availability.

Questions:

Should this committee continue?
What is the goal of this committee?
Are there other issues this committee should be discussing?
How often does this committee need to meet?
Can this committee meet off-cycle of Board Meetings?

Note: Staff recommends this committee meet off-cycle of the Board Meetings.

MEMBER RESPONSE/SUGGESTION/COMMENT:

- The committee should include many aspects of SB 100 implementation, i.e. outpatient surgery centers, etc.
- The Committee could, on behalf of the Board, clarify the accountability of physicians, based on existing scope of practice laws and regulations, in supervising each category of allied health professional, and distribute the information to all California physicians on a periodic basis. How often the Committee meets should be determined based on the work it has. There is no problem with it meeting off schedule; actual scheduling may be a challenge given how busy Members are.
- This committee should be a task force with other like medical professionals participating. The goals of the committee should move beyond the botox and laser issues and encompass a broader idea of how do we share responsibilities, and what areas can the Medical professionals/doctors suggest opportunities for additional engagement. With SB 100 and what is overseen in that arena, there needs to be a broad review with stakeholders and a better discussion and understanding of the expectations for patient safety. There needs to be the ability to ensure that, similar to medical practices, there is identifying information in these locations that lets patients know who accredits the facility, when the last accreditation was done, and whom to contact if the patient has issues.
- This is going to be the most important issue after the new health care reform law becomes effective. Not just supervision, also how to work with other Allied Health Care workers to ensure quality care in the new concept of care.

Education Committee

1. Discuss the requirements of Senate Bill 380 related to educational material regarding the prevention and treatment of chronic disease

Questions:

Should this committee continue?
What is the goal of this committee?
Are there other issues this committee should be discussing?
How often does this committee need to meet?
Can this committee meet off-cycle of Board Meetings?

MEMBER RESPONSE/SUGGESTION/COMMENT:

- This can be a good committee but due to the shortage of manpower it became unproductive. If the Board wants to keep this committee, it needs to be real with goals and objectives.
- It's hard to see the value-added of a goal which is stated as " Discuss..." It contains no real action, and hard to see how the Committee's spending time doing this would add value to the Board's carrying out its core functions. The Committee could potentially review all the statutes related to physician education/CME, and develop recommendations to the legislature regarding the role CME (and its content) should play in assuring a competent and up-to-date physician workforce; how and by whom the content of CME should be developed; and how 21st century CME should be organized optimally. When the committee should meet depends on the work of the committee. Pending staff and Member availability this Committee could meet off-cycle.

- I think that the Education Committee has a valid bully pulpit opportunity, depending on what issues it wants to be engaged with. It should inform a broader constituency through the media, the newsletter, and elected officials, as well as other stakeholders. This could be a forum to discuss issues, make presentations, evolve a position on public opinion, and then disseminate it to the broader community. The committee could meet off cycle from Board meetings but it should meet regularly.

Physician Recognition Committee

1. Review applications for the Physician Humanitarian Award

Question: Should this committee continue?

MEMBER RESPONSE/SUGGESTION/COMMENT:

- This is a committee that might have finished its relevancy. It is not a Board Committee responsibility to recognize an individual at a Board meeting and in the Newsletter. Rather, the Board could use this time to consider thanking a public official for carrying legislation or a doctor for implementing something the Board wants to recognize.
- This Committee should continue.
- This Committee should not continue. Very few people are aware of the award, the selection process, etc. It's nice for the recipient, but not sure it's having the impact an award like this could or should have.
- This award is so arbitrary – consider discontinuing or consider awarding a "program" not an individual.

Wellness Committee

1. Educate physicians regarding physician wellness

Questions:

Does this committee want to continue to pursue development of articles for the newsletter?
Does the Committee want to have the Board site link to other sites and if so, what would those be?
Should this committee continue?
What is the goal of this committee?
Are there other issues this committee should be discussing?
Could this committee be consolidated with another committee or have its issues/goals addressed elsewhere?
How often does this committee need to meet?
Can this committee meet off-cycle of Board Meetings?

MEMBER RESPONSE/SUGGESTION/COMMENT:

- The Board should evaluate the impact of the Board's efforts in the area of educating physicians about wellness, and determine whether there has been any measurable result from the Board's effort. This Committee could benefit from a discussion about what the Board's role in promoting physician wellness is, and focus its efforts in that arena. One possible role would be an annual publication of resources, and contact information, regarding where a physician can turn for help for himself/herself, or a colleague, as well as resources (conferences, publications, etc.) related to promoting health and wellness. A valuable (and local to California) resource is Dr. Rachel Remen who has spent decades teaching, coaching, and counseling physicians in this area and developing models for physician resilience and mental, physical, and spiritual health.

- It is possible the stated reason for the committee, to educate physicians, is not the reason for this committee but to rather address how stakeholders can set methods for engagement given that the Diversion Program has been sunseted. If the committee were a forum for bringing together stakeholders and convening meetings to review best practices, etc., that may be a better use of time. Then these practices could be used for educational purposes and reported to a broad audience rather than through minutes or public meetings.
- Should discontinue this committee.

Cultural and Linguistic Competency Work Group

1. Encourage activities designed to promote the cultural and linguistic competency of physicians.

Questions:

Has this committee completed its purpose?
Should this committee continue?
What is the goal of this committee?
Are there other issues this committee should be discussing?
How often does this committee need to meet?
Can this committee meet off-cycle of Board Meetings?

MEMBER RESPONSE/SUGGESTION/COMMENT:

- This committee is very important as many more physicians are trained internationally. Foreign physicians need to be sensitive to US cultural issues and US born physicians need to know cultural issues of patient population.
- Not sure this committee needs to continue. If it does, it needs to have definite goals.
- This committee has a definite important purpose. The committee should identify what is being done, what needs to be improved upon, and how to better address the needs of an aging as well as culturally sensitive population. Suggest that meetings can always take place separate and apart from Board meetings.
- It is uncertain how impactful the Board's efforts can be in this arena, and how the Board can drive change through a goal of "encourage". The CME accrediting bodies have to ensure that this is addressed in CME, and the IMQ and ACCME do this work. If the Board wanted to get into the business of using the newsletter (or the Board website if that is an option) to publish CME offerings in this arena and notification to its readers of the newsletter opportunities. The Board needs to assess the feasibility of that effort and the staff resources needed to keep the information timely (most physicians work on at least a 3 to 4 month timeframe for scheduling patients, and so the notices would have to be available that far ahead of the actual meeting). Uncertain as to how much value is added given that all CME in California now has to include a component of this.

Are there other committees that need to be initiated in order to complete the mission and goals of the Board?
If so, what is the goal of that committee, how often should this committee meet, and can it meet off-cycle of the Board Meetings?

MEMBER RESPONSE/SUGGESTION/COMMENT:

- Not at this time.
- The Board should reconfigure/expand current committees – there is no need for additional committees.

If you have any questions concerning this memorandum, please telephone me at (916) 263-2389.

Consumer Affairs

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COMMITTEES OF THE BOARD

October 2011

REQUIRED COMMITTEES

Executive Committee

Membership: President of the Board, Chair
Vice President of the Board
Secretary of the Board
Immediate Past President of the Board
(The president may select additional members at his/her discretion.)

Responsibility: To oversee various administrative functions of the board, such as budgets and personnel, and to review legislation. The Executive Committee provides recommendations to the full Board, annually evaluates the performance of the Executive Director, and acts for the Board in emergency circumstances (as determined by the Chair) when the full board cannot be convened.

Staff: Linda Whitney, Executive Director
Kim Kirchmeyer, Deputy Director

Current Members: Barbara Yaroslavsky (Chair), Janet Salomonson, M.D. (Vice President), Gerrie Schipske, R.N.P, J.D. (Secretary), Hedy Chang, Shelton Duruisseau, Ph.D., Sharon Levine, M.D.

Application Review Committee

Membership: Determined by the President

Responsibility: To evaluate the credentials of licensure applicants, where statute provides the Board to exercise discretion, and make recommendations to the Licensing Program regarding eligibility for licensure. For example, postgraduate training hardship petitions (Section 1321(d)), and written licensing exam waiver requests (B&P Code Section 2113).

Staff: Curt Worden, Chief of Licensing

Current Members: Gerrie Schipske, R.N.P., J.D. (Chair), Silvia Diego, M.D., Reginald Low, M.D.

REQUIRED COMMITTEES – CONTINUED

Midwifery Advisory Council

Membership:	Determined by the President
Responsibility:	To develop solutions to various regulatory, policy, and procedure issues with the midwifery program, including physician supervision, challenge mechanisms, and examinations.
Staff:	Curt Worden, Chief of Licensing
Current Members:	Karen Ehrlich, L.M. (Chair), William Frumovitz, M.D., Faith Gibson, L.M., Ruth Haskins, M.D., Carrie Sparrevohn, L.M., Barbara Yaroslavsky

Special Faculty Permit Review Committee

Membership:	A physician member and public member determined by the President. One representative from each California medical school, nominated by the school dean and approved by the Board.
Responsibility:	To evaluate the credentials of applicants proposed by a California medical school to meet the requirements of Section 2168.1. The Committee must determine whether the candidate meets the requirements of an academically eminent physician, or an outstanding physician in an identified area of need. The Committee submits a recommendation to the Board for each proposed candidate for a final approval or denial.
Staff:	Curt Worden, Chief of Licensing
Current Members:	Reginald Low, M.D. (Chair), Hedy Chang, Neal Cohen, M.D., Daniel Giang, M.D., F. Allan Hubbell, M.D., James Nuovo, M.D., Frank Sinatra, M.D., Neil Parker, M.D., Andrew Ries, M.D., Lawrence Shuer, M.D.

Special Programs Committee

Membership:	Determined by President
Responsibility:	To provide guidance, recommendation and expertise to Board staff regarding special program laws and regulations, specific applications, medical school site visits, and issues of concern. The committee makes recommendations; the delegation is the Chief of Licensing.
Staff:	Curt Worden, Chief of Licensing
Current Members:	Chair (Vacant), Hedy Chang, Jorge Carreon, M.D., Shelton Duruisseau, Ph.D.

COMMITTEES CREATED BY THE BOARD

Access-to-Care Committee

Membership:	Determined by the President
Responsibility:	The Access to Care Committee will identify opportunities for the Medical Board of California, consistent with the Board's consumer protection mission, to promote and assist physician involvement in access to care issues in California, and may include work with governmental, private, trade and association, and funding agencies as part of the committee's efforts. The committee will provide policy and program direction and recommendations to the board in the area of access to care and will establish measurable goals and milestones for its work.
Staff:	Kevin Schunke, Outreach Manager
Current Members:	Gerrie Schipske, R.N.P., J.D. (Chair), Hedy Chang, Jorge Carreon, M.D., Shelton Duruisseau, Ph.D., Barbara Yaroslavsky

Advisory Committee on Physician Responsibility in the Supervision of Allied Health Care Professionals

Membership:	Determined by the President
Responsibility:	To study the responsibility of physicians in the supervision of allied health professionals delegated to perform procedures in order to ascertain what actions should be taken to ensure responsible supervision. The goal of the Committee is to determine what regulatory, legislative, or enforcement actions need to be taken to ensure patient safety and report those to the Board.
Staff:	Jennifer Simoes, Chief of Legislation
Current Members:	Chair (Vacant), Gerrie Schipske, R.N.P., J.D., Janet Salomonson, M.D., Christopher Barnard, M.D., Jack Bruner, M.D., Beth Grivett, P.A,, Suzanne Kilmer, M.D., James Newman, M.D., Paul Phinney, M.D., Harrison Robbins, M.D.

COMMITTEES CREATED BY THE BOARD - CONTINUED

Education Committee

Membership:	Determined by the President
Responsibility:	To serve the board as an advisory body on public and licensee information issues. Develops informational materials for publication and Internet posting, works with the media, and develops and recommends communications strategies, policies and programs for the board. Monitors and reports on the board's strategic communications plan.
Staff:	Jennifer Simoes, Acting Public Information Officer
Current Members:	Barbara Yaroslavsky (Chair), Jorge Carreon, M.D., Hedy Chang, Sharon Levine, M.D., Janet Salomonson, M.D., Gerrie Schipske, R.N.P., J.D.

Enforcement Committee

Membership:	Determined by the President
Responsibility:	To serve as an expert resource and advisory body to members of the Board and its Enforcement Program by educating board members and the public on enforcement processes and by identifying program improvements in order to enhance protection of health care consumers.
Staff:	Renee Threadgill, Chief of Enforcement
Current Members:	Reginald Low, M.D. (Chair), Sharon Levine, M.D., Gerrie Schipske, R.N.P., J.D.

Licensing Committee

Membership:	Determined by the President
Responsibility:	To provide oversight of the Board's licensing function by reviewing regulations, policies and procedures, and making improvement recommendations to the Board.
Staff:	Curt Worden, Chief of Licensing
Current Members:	Janet Salomonson, M.D. (Chair), Jorge Carreon, M.D., Hedy Chang, Silvia Diego, M.D., Shelton Duruisseau, Ph.D., Gerrie Schipske, R.N.P., J.D.

COMMITTEES CREATED BY THE BOARD - CONTINUED

Physician Recognition Committee

Membership:	Determined by the President
Responsibility:	To solicit and review nominations for the board's award program to recognize physicians who provide outstanding service to the medically underserved. This committee meets annually to review nominations and select awardees.
Staff:	Kevin Schunke, Outreach Manager
Current Members:	None

Wellness Committee

Membership:	Determined by President
Responsibility:	To achieve the Board's mission of consumer protection, the Wellness Committee shall keep the Board, licensees, and health care administrators informed on the benefits of available activities and resources which renew and balance a physician's life; further, to help licensees and administrators acknowledge that when a physician's personal and professional lives are balanced on all levels (physical, emotional, psychological, and spiritual), excellent patient care outcomes are best achieved.
Staff:	Kevin Schunke, Outreach Manager
Current Members:	Shelton Duruisseau, Ph.D. (Chair), Jorge Carreon, M.D., Silvia Diego, M.D., Daniel Giang, M.D., Laurie Gregg, M.D., William Norcross, M.D., Gary Nye, M.D.

SUBCOMMITTEES OF TWO MEMBERS OR LESS

Budget Subcommittee

Membership:	Determined by the President
Responsibility:	To meet with the Executive Director and Deputy Director to review budget documents, expenditures, and revenues.
Staff:	Linda Whitney, Executive Director Kim Kirchmeyer, Deputy Director
Current Members:	Barbara Yaroslavsky

Cultural and Linguistic Competency Work Group

Membership:	Determined by the President
Responsibility:	To encourage activities designed to promote the cultural and linguistic competency of physicians.
Staff:	Jennifer Simoes, Chief of Legislation
Current Members:	Jorge Carreon, M.D. (Chair), Sergio Aguilar-Gaxiola, M.D., Ph.D., Shelton Duruisseau, Ph.D., David Hayes-Bautista, Ph.D., Barbara Yaroslavsky

Full Board Evaluation Subcommittee

Membership:	Determined by the President
Responsibility:	To meet with the Executive Director and Deputy Director to review sunset review questions and responses.
Staff:	Linda Whitney, Executive Director Kim Kirchmeyer, Deputy Director
Current Members:	Janet Salomonson, M.D.

Legislation Subcommittee

Membership:	Determined by the President
Responsibility:	To vet legislative proposals, amendments, and pending legislation with the Executive Director and Chief of Legislation; to participate in "meet and greet" events with legislators.
Staff:	Linda Whitney, Executive Director Jennifer Simoes, Chief of Legislation
Current Members:	Sharon Levine, M.D., Shelton Duruisseau, Ph.D.

SUBCOMMITTEES OF TWO MEMBERS OR LESS - CONTINUED

Special Task Force on International Medical School Recognition

Membership:	Determined by the President
Responsibility:	To work with the Chief of Licensing and licensing medical consultants to address the issues related the evaluation and re-evaluation of international medical schools.
Staff:	Curt Worden, Chief of Licensing
Current Members:	Reginald Low, M.D.

Strategic Plan Subcommittee

Membership:	Determined by the President
Responsibility:	To revise the Board's Strategic Plan every three to four years.
Staff:	Linda Whitney, Executive Director Kim Kirchmeyer, Deputy Director
Current Members:	Sharon Levine, M.D., Barbara Yaroslavsky

Telemedicine Subcommittee

Membership:	Determined by the President
Responsibility:	To promote access to health care and educate health care providers on the application of telemedicine, videoconferencing, and store and forward technology in the delivery of care.
Staff:	Kevin Schunke, Outreach Manager
Current Members:	Barbara Yaroslavsky