



State of California
 Medical Board of California
 2005 Evergreen Street, Suite 1200
 Sacramento, Ca 95815
www.mbc.ca.gov

Memorandum

Date: July 8, 2011
 To: Board Members
 From: Kevin A. Schunke,
 Licensing Outreach Manager
 Subject: Licensing Outreach Plans – Fall, 2011

HISTORY OF THE MEDICAL BOARD'S LICENSING OUTREACH PROGRAM:

In 2001, the Board created a licensing outreach program. The purpose of the program is to build improved working relationships with California's teaching hospitals, the Graduate Medical Education (GME) staff, and applicants who need a license to move forward with their postgraduate training or fellowship. The outreach program has been expanded across all geographic regions of the state, including small and large hospitals, private and public hospitals, and those governed by the University of California, Office of the President.

Beginning Fall, 2009, outreach was expanded to include hospital recruiters and credentialing staff to better explain the licensing process for those hiring faculty or other professional positions; the intent is to demystify the licensing process and to discuss how their anticipated hiring dates might best dovetail with the Board's other obligations. About that same time, outreach was broadened to include medical groups, community clinics and health centers, professional societies, etc.

The outreach program mainly is achieved through two avenues at teaching hospitals: (1) participation in licensing workshops, and (2) presentations at resident orientation and/or during grand rounds. Then, when Board staff is planning to be in a certain geographic area, contact is made with other near-by entities that could benefit, and visits to those multiple sites are included. It has been a long-standing policy of the Board that if the proposed audience was minimal, visits to individual hospitals could not be planned unless other visits at near-by hospitals could be coordinated during the same trip.

In past years, the Board has experienced a cyclical backlog of applications for physician's and surgeon's licenses. The most severe backlog was experienced during the last 12 to 24 months. This backlog was unacceptable to the Board as it delayed physicians' ability to practice medicine and it limits access to care for patients. While some of the causes were beyond the Board's control – across-the-board budget cuts, the on-going furlough program which caused a 12 percent loss in productivity, a steadily-increasing number of license applications—the Board also implemented numerous "outside the box" operational changes to eliminate that backlog and ensure it does not occur again.

In 2010, with the encouragement of the Board members, the Board's Executive Officer elevated the Licensing Outreach Program to an executive-level function of the Board. It is critical that this function of the Board continue as it has vastly improved the process of getting applicants licensed before their statutory deadline and has significantly reduced the backlog of processing applications.

TWO BRANCHES OF THE MEDICAL BOARD'S LICENSING EDUCATION PROGRAM

1. Licensing workshops or "licensing fairs"

Without these outreach events, applicants do not have the impetus to start the application process and submit the required material in a timely manner. Realistically, human nature is to procrastinate, and residents already are overwhelmed by lengthy work-related obligations: the number of work-hours generally comprises of 80 hours a week, additional overnight call scheduled for every third day, and only 10 hours off between each exhausting shift. In addition to facing a plethora of paperwork they want to avoid or delay, the residents would have to make time in their already-busy schedule to get photos taken for the application, make an appointment to have their fingerprints scanned at a remote site, package and ship their diplomas to the Board, and pay for the services of a notary.

The Board has been instrumental in encouraging hospitals to coordinate these events. While the Board's participation is important to the success of the event, staff gives credit to the hospitals for being the sponsor. At these events, the hospital hires a notary, a mobile fingerprinting service (directly tied in with the California Department of Justice's Live Scan service), copying machine to copy and/or reduce the diploma, and a photographer--everything that is needed for the standard application process. This is a "one-stop shopping" opportunity for applicants to complete much of the application process; if there are no unusual circumstances, residents can complete the entire paperwork in less than 45 minutes.

During past years, there has been a significant increase of applicants for whom the review process was problematic. As with society in general, our applicants are showing an increasing evidence of criminal histories, substance abuse problems, mental health issues, problems during their medical school or postgraduate careers, etc. While staff strictly has been directed by legal counsel not to discuss the specifics of these cases, the applicants often seek advice from staff about what types of documentation, evidence of rehabilitation, etc, are needed to continue in the application process. Naturally, most applicants are not comfortable discussing these issues in front of their colleagues, so the outreach staff will spend extra time in a private setting to discuss the process.

To conserve resources, since the program's inception, staff always strives to coordinate visits to a geographic region by visiting near-by hospitals in one multi-day trip. At UCSD and the UCLA, their residents also work at numerous facilities. However, their internal operations allow for the coordination of visits to these campuses in one trip spread over two consecutive days. (A visit to UCSD will cover the main hospital in San Diego/Hillcrest one day and the second day will cover the La Jolla campus, while also inviting residents from the Veteran's Administration, Scripps Green, Rady Children's Hospital, etc. A visit to UCLA will cover the main Ronald Reagan Medical Center and Mattel Children's Hospital in Westwood one full day and the morning of the next day, then reaching out to the affiliated Olive View in Sylmar in the San Fernando Valley that afternoon.

Conversely, at UCSF, not only do they have a tremendously large number of residents who need to start the licensing process each year, their residents are assigned to a number of affiliated facilities spread across the Bay Area. It is a physical and logistical impossibility to meet with the full contingent of applicants in one day. Thus, UCSF always has requested that the licensing fair be split into two days in two different months.

For these fairs, the licensing outreach manager spends an entire day at a teaching hospital, sometimes starting as early as 7:30 am or going as late as 6:00 pm. The actual times are

determined by the number of residents at the hospital and, just as importantly, the hospital's operational needs. An all-day event can capture over 125 residents, but this often only allows for a four- to five-minute consultation with each resident by the outreach staff during a 10-hour day.

During 2011: Staff has been invited to participate in the following licensing workshops:

August 11-12: UCSD-Hillcrest, Scripps Mercy, UCSD-LaJolla, SD Veteran's Administration Hospital, Rady Children's Hospital of San Diego, Scripps Green, and affiliated medical centers

August 18: (Day 1) UCSF, SF General Hospital, the San Francisco Veteran's Administration Hospital, and other affiliated medical centers

August 24 – 25: Huntington Hospital (Pasadena) and USC+LA County Hospital

August 30: Loma Linda Medical University and other affiliated medical centers

September 7: (Day 2) UCSF, SF General Hospital, the San Francisco Veteran's Administration Hospital, and other affiliated medical centers

October 5-6: California Pacific Medical Center (including the Pacific, Davies, and California medical centers) and St. Mary's Medical Center (both in San Francisco)

October 12-13: UCLA (the main Ronald Reagan Medical Center and the Mattel Children's Hospital in Westwood, and affiliated regional medical centers), then driving to Sylmar, San Gabriel Valley to visit the UCLA – Olive View Medical Center

October 21 – UCI Medical Center, Long Beach Memorial Hospital, Children's Hospital of Orange County, and affiliated medical centers

November 2-3: Kaiser Permanente-Los Angeles, including from various regional Kaiser Hospitals and affiliated medical centers, and Children's Hospital-Los Angeles

However, after these outreach trips were planned and scheduled, the Governor's Executive Order, #B-06-11 ("Travel Restrictions") was issued April 26, 2011, curtailing all discretionary travel which was not mission-critical. Because the Governor's Executive Order regarding travel restrictions still is in effect, the Board still must receive approval for this travel. The Department of Consumer Affairs advised staff a decision would be delayed until after the Budget was signed. Since the budget now has been signed, staff has resubmitted the request for this travel and is anxiously awaiting the authorization to continue with this outreach program. This exemption request covers only nine planned overnight trips.

2. Participation at "New Resident Orientation" and during grand rounds.

Medical school students generally graduate in May or June of each year; the postgraduate training year runs from July 1 of one year to June 30 of the following year. As part of a teaching hospital's new resident orientation held in mid June to early July, the Board's outreach manager is one of several guest speakers; staff offers an introduction to the Board and its mission and roles, outlines the licensing process, and offers a notice about licensing deadlines and requirements.

These new medical school graduates (in the past, often referred to as “interns;” now generally called “first year postgraduate residents” or “PGY1s”) assume that once they have graduated from medical school, they are officially a fully-functioning physician and surgeon; they are unaware of the other statutory requirements they must meet before a license can be granted. Further, most are unaware of the deadlines for licensure and the ramifications of failing to meet those deadlines—at a minimum, they must cease and desist all clinical training, and to the extreme, they are subject to termination of employment. Either option is an extreme hardship to the teaching hospitals, which suddenly would be faced with a vacancy in the training program and in the provision of health care services. Professionalism, ethics, etc., are topics covered in the presentation.

During 2011: Staff had been invited to attend, and was scheduled to present at, the following orientation sessions:

For New First-Year Residents:

- June 17: UC-San Francisco
- June 21: Kaiser Permanente – Santa Clara
- June 22: Loma Linda Medical Center
UC-Los Angeles
Kaiser Permanente – Los Angeles
- June 23: Huntington Hospital (Pasadena)
UC-San Diego
- June 24: UC-Irvine

For New Upperclass Residents and Fellows:

- June 30: UCSF
- July 1: Loma Linda Medical Center
UC-Irvine
UC-Los Angeles

The Board requested an exemption from the Governor’s Executive Order regarding travel restrictions for these orientation sessions, but it was denied by the Department of Consumer Affairs. This decision was made even though the Medical Board is a special fund agency not supported by any General Fund revenue.

Because of the proximity of the teaching hospital to Sacramento, staff was able to attend both orientation sessions at UC-San Francisco and made tele-conference presentations for the orientation sessions at Loma Linda. However, for the remaining incoming residents and fellows (approximately 1,000 trainees at the other mentioned hospitals), this opportunity has been lost.

CONCLUSION:

This outreach (reviewing applications before they are submitted, providing an explanation of what other criminal-history, training, educational, etc, related documents are needed, etc.) is preventative in nature and helps keep the workload of the Board’s staff consistent. Although we do not have quantifiable statistics to underscore this claim, comments from the senior licensing staff and the long-term GME staff at the hospitals indicate that there have been significantly fewer mistakes and problems since the outreach program began. Also, with the convenience of having all services provided at the licensing fair, it seems that many residents are applying earlier in the year, thus getting licensed earlier. This can only be seen as an advantage for the operational needs of the Board’s Licensing Program staff, the teaching hospitals, and other health care facilities.

In past years, the Board has had to perform numerous hours of overtime in the spring and early-summer months in order to meet the June 30 deadline. The reason for this overtime in part was due to the fact that applicants submitted their applications late in the Fiscal Year and, therefore, there was a significant increase in applications, which staff was unable to process. In the last year, due to the extensive outreach in 2010, applicants the number of applications has remained constant and therefore staff has been able to complete the reviews in a timely manner. **For the first time in several years the Board did not have to perform any overtime hours to ensure that those needing licensure were licensed by June 30.** Again, the Board equates this to 1) the significant education of staff and applicants at health care facilities and 2) the availability of the Board's program manager to attend licensing events at which applications are reviewed, questions were answered, applicants were informed of the need for timely submittal of applications, etc.

Simply stated, the costs of supporting this education program are significantly less than the costs of the overtime hours spent in past years by the Board's Licensing Program.

As illustrated in the FY 2010/11 licensing statistics provided to the Board during the past year, more applications are submitted in the first quarter of the year, with the remaining quarters being fairly constant, keeping staff's workflow at a level to allow for earlier and timely licensure.

If you have any questions, please feel free to contact me at (916) 263-2368 or via email at kevin.schunke@mbc.ca.gov.