

AGENCY STRATEGIC PLAN

FISCAL YEARS 2019 TO 2023

BY

THE TEXAS MEDICAL BOARD

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JUNE 8, 2018



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PART 1: STRATEGIC PLAN

AGENCY MISSION

The mission of the Texas Medical Board is to protect and enhance the public's health, safety and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline, and education.

The agency has adopted a shortened version of its mission: *Safeguarding the public through professional accountability.*

AGENCY OPERATIONAL GOAL AND ACTION PLAN

The agency's operational goal of efficient and effective regulation supports the mission to protect and enhance public health and safety and to ensure quality health care through licensure, discipline and education.

The action items listed below continue to ensure this goal can be accomplished by August 31, 2023.

SPECIFIC ACTION ITEMS TO ACHIEVE AGENCY GOAL

1. Leverage technology to ensure efficient agency operations.
2. Implement timely license issuance for all license types.
3. Maintain well-defined, structured licensure and enforcement processes as required by state law.
4. Successfully complete all state required reporting and audit requirements and ensure public information is readily accessible online and via electronic publications.
5. Efficiently fulfill new legislative mandates as required after each legislative session.

DESCRIBE HOW YOUR GOAL OR ACTION ITEM SUPPORTS EACH STATEWIDE OBJECTIVE

Five Statewide Objectives

1. *Accountable to tax and fee payers of Texas.*
2. *Efficient such that maximum results are produced with a minimum waste of taxpayer funds, including through the elimination of redundant and non-core functions.*
3. *Effective in successfully fulfilling core functions, measuring success in achieving performance measures and implementing plans to continuously improve.*
4. *Providing excellent customer service.*
5. *Transparent such that agency actions can be understood by any Texan.*

- The agency's goal and action items support each of the five statewide objectives by ensuring that both personnel and technological resources are continuously reviewed in order to successfully implement the core functions of licensure, enforcement, and education.
- The agency's action items ensure accountability and transparency through: open meetings of all associated boards and committees and rules stakeholders groups;

publication of agency information, actions, and processes; and fulfilling all state agency reporting and audit requirements.

- The agency's action item for leveraging technology uses the following four initiatives to assist in meeting all five statewide objectives:

Agency Management System (AMS)

The agency's automated licensee management system provides a highly integrated data management and workflow for any information about licensees. All agency staff use licensee information to provide information to all stakeholders including the health professionals, public, and legislators. The agency is continuously modernizing, upgrading and expanding the system based on legislative requirements, to improve customer service, and to improve efficiency.

Electronic Document Management System (eDMS)

The agency uses electronic document management to centrally store, organize and access huge volumes of electronic information previously only available as paper copies or previously contained in separate systems. The eDMS includes multiple media types in addition to paper such as medical imaging. The Enforcement and Licensure processes use this system to facilitate collaboration, share data, increase customer service performance and reduce costs. Additionally, all agency staff and Board Members use the system to access documents and the system supports the ability of the agency to efficiently conduct board meetings using electronic information. This ongoing initiative provides for the maintenance and expansion of the capabilities as needed to support agency business needs.

TMB Online Presence

This initiative is the ongoing maintenance and continued expansion of the agency's online presence, including improved mobile compatibility. The agency offers several online services to licensees and the public including online application, renewals, updates and the highly rated physician profile information including public disciplinary actions. Specific licensure applicants can now upload documents electronically through a desktop or mobile portal and licensees can request license verification electronically. Online applications offer improved convenience and faster service for licensees along with saving agency staff time entering data while reducing data entry errors.

Infrastructure

Information technologies are vital for the agency to successfully meet its statutory requirements and offer excellent customer service with the resources available. A modern infrastructure provides the foundation for all other technology initiatives. This initiative addresses the continuing need to invest in the agency's infrastructure to meet changing business needs through cloud and other shared services. New legislative requirements, advances in technology, changing security requirements and the need to support a remote workforce require the agency to make regular improvements to increase the ability of the agency to securely store, process and transmit information.

DESCRIBE ANY OTHER CONSIDERATIONS RELEVANT TO YOUR GOAL OR ACTION ITEM

The agency is currently undergoing a limited Sunset review and looks forward to the continued opportunity to address operational and program efficiencies in the 86th legislative session via Sunset legislation.

The agency underwent a thorough and comprehensive Sunset review from 2015 to 2017 that resulted in the passage of over 20 recommendations in the 85th legislative session. The agency has implemented the majority of these and adopted numerous corresponding rule changes.

Due to a significant increase in workload and licensees with the passage of SB 202 in 2015 that transferred four license types and approx. 47,000 licensees to TMB from DSHS, the agency has made a number of operational changes to address this. The agency continues to assess what additional resources may be needed to addresses current and future workload and to ensure efficiency and optimal customer service.

REDUNDANCIES AND IMPEDIMENTS

Service, Statute, Rule or Regulation (Provide Specific Citation If Applicable)	Describe why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	Provide Agency Recommendation for Modification or Elimination	Describe the Estimated Cost Savings or Other Benefit Associated with Recommended Change
<p>TMB is undergoing a limited Sunset review and there are currently no recommendations for modification to or elimination of statute beyond what has been adopted by the Sunset Review Commission as recommendations to the 86th Legislature. (Final Report available here Staff Report with Commission Decisions - June 2018).</p> <p>These decisions include a requirement for TMB to adopt an expedited licensing process for qualified out-of-state physicians and an authorization for the Medical Board to offer a remedial plan — which is a nondisciplinary action for less serious violations — for a physician at most once every five years, instead of once per lifetime.</p>			

PART 2. SUPPLEMENTAL ELEMENTS

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Schedule D: Statewide Capital Planning	NOT APPLICABLE TO TMB
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SCHEDULE A: TMB BUDGET STRUCTURE

Goals, Objectives, Strategies, & Performance Measures

A. Goal: LICENSURE

Protect the public by licensing qualified practitioners, and non-profit entities, by determining eligibility for licensure through credential verification or renewal, and by collecting information on professionals regulated by the Texas Medical Board and its associated boards and advisory committees.

Objective

To ensure 100 percent compliance with Board rules for processing each licensure application in a timely manner in order to protect the public.

Outcome Measures (2)

- 1 Percent of Licensees Who Renew Online: Physician
- 2 Percent of Licensees Who Renew Online: PA

A.1.1. Strategy: LICENSING

Conduct a timely, efficient, and cost-effective licensure process through specific requirements for credentials verification of initial licensure and license renewals.

Output Measures (13)

- 1 Number of New Licenses Issued to Individuals: Physician
- 2 Number of New Licenses Issued to Individuals: Acupuncture
- 3 Number of New Licenses Issued to Individuals: Physician Assistant
- 4 Number of New Licenses Issued to Individuals: Surgical Assistant
- 5 Number of New Licenses Issued to Individuals: Physician in Training Permits
- 6 Number of New Licenses Issued: Other Types
- 7 Number of New Licenses Issued to Individuals: Allied Health Professionals
- 8 Number of Licenses Renewed: Other Types
- 9 Number of Licenses Renewed (Individuals): Physician
- 10 Number of Licenses Renewed (Individuals): Acupuncture
- 11 Number of Licenses Renewed (Individuals): Physician Assistant
- 12 Number of Licenses Renewed (Individuals): Surgical Assistant
- 13 Number of Licenses Renewed (Individuals): Allied Health Professionals

Efficiency Measures (8)

- 1 Average Number of Days for Individual License Issuance: Physician
- 2 Average Number of Days for Individual License Issuance: Physician Assistant
- 3 Average Number of Days for Individual License Issuance: Acupuncturist
- 4 Average Number of Days for Individual License Issuance: Surgical Assistant
- 5 Average Number Days to Renew License: Physician
- 6 Average Number Days to Renew License: Physician Assistant
- 7 Average Number Days to Renew License: Acupuncturist
- 8 Average Number Days to Renew License: Surgical Assistant

Explanatory Measures (7)

- 1 Total Number of Individuals Licensed: Physicians
- 2 Total Number of Individuals Licensed: Acupuncture
- 3 Total Number of Individuals Licensed: Physician Assistant
- 4 Total Number of Individuals Licensed: Surgical Assistant
- 5 Total Number of Individuals Licensed: Physician in Training Permits
- 6 Total Number of Licenses Issued: Other Types
- 7 Total Number of Individuals Licensed: Allied Health Professionals

B. Goal: ENFORCE MEDICAL ACT

To protect the public by conducting investigations of allegations against licensees and taking appropriate corrective and/or disciplinary action when necessary; by educating the public, staff, and licensees regarding the functions and services of the Texas Medical Board and its associated boards and advisory committees.

Objective

To ensure 100 percent timely due process of all enforcement cases and to respond to all complaints in order to protect the public.

Outcome Measures (20)

- 1 Percent of Complaints Resulting in Disciplinary Action: Physician
- 2 Percent of Complaints Resulting in Disciplinary Action: Acupuncture
- 3 Percent of Complaints Resulting in Disciplinary Action: Physician Assistant
- 4 Percent of Complaints Resulting in Disciplinary Action: Surgical Assistant
- 5 Percent of Complaints Resulting in Remedial Action: Physician
- 6 Percent of Complaints Resulting in Remedial Action: Physician Assistant
- 7 Percent of Complaints Resulting in Remedial Action: Acupuncture
- 8 Percent of Complaints Resulting in Remedial Action: Surgical Assistant
- 9 Recidivism Rate for Those Receiving Disciplinary Action: Physician
- 10 Recidivism Rate for Those Receiving Disciplinary Action: Acupuncture
- 11 Recidivism Rate for Those Receiving Disciplinary Action: Physician Assistant
- 12 Recidivism Rate for Those Receiving Disciplinary Action: Surgical Assistant
- 13 Percent of Documented Complaints Resolved Within Six Months: Physician
- 14 Percent of Documented Complaints Resolved Within Six Months: Acupuncture
- 15 Percent of Documented Complaints Resolved Within Six Months: Physician Assistant
- 16 Percent of Documented Complaints Resolved Within Six Months: Surgical Assistant
- 17 Percent of Licensees with No Recent Violations: Physician
- 18 Percent of Licensees with No Recent Violations: Acupuncture
- 19 Percent of Licensees with No Recent Violations: Physician Assistant
- 20 Percent of Licensees with No Recent Violations: Surgical Assistant

B.1.1. Strategy: ENFORCEMENT

Conduct competent, fair, and timely investigation; ensure due process for respondents; monitor the resolution of complaints; maintain adequate monitoring of all probationers in a timely fashion and contact consumer complainants in a timely and regular manner.

Output Measures (5)

- 1 Number of Complaints Resolved: Physician
- 2 Number of Complaints Resolved: Acupuncture
- 3 Number of Complaints Resolved: Physician Assistant
- 4 Number of Complaints Resolved: Surgical Assistant
- 5 Number of Complaints Resolved: Allied Health Professionals

Efficiency Measures (4)

- 1 Average Time for Complaint Resolution: Physician
- 2 Average Time for Complaint Resolution: Acupuncture
- 3 Average Time for Complaint Resolution: Physician Assistant
- 4 Average Time for Complaint Resolution: Surgical Assistant

Explanatory Measures (4)

- 1 Jurisdictional Complaints Received and Filed: Physician
- 2 Jurisdictional Complaints Received and Filed: Acupuncture
- 3 Jurisdictional Complaints Received and Filed: Physician Assistant
- 4 Jurisdictional Complaints Received and Filed: Surgical Assistant

B.1.2. Strategy: PHYSICIAN HEALTH PROGRAM

Protect Texas citizens by identifying potentially impaired physicians and other license types regulated by TMB's associated boards and committees; and directing these practitioners to evaluation and, if necessary, to treatment and monitoring for the participants in recovery.

Output Measure (1)

- 1 Number of Licensed Individuals Participating in Texas Physician Health Program
(new measure)

B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION

Improve public awareness by providing information and educational programs through public presentations, outreach to medical societies and professional associations, medical school visits, agency website and publications, and appropriate social media.

Output Measure (1)

- 1 Number of Publications Distributed

SCHEDULE B: PERFORMANCE MEASURE DEFINITIONS

A. Goal: LICENSURE

Outcome Measure 1	Percent of Licensees Who Renew Online: Physician (Key)
<i>Definition</i>	Percent of the total number of licensed, registered, or certified individuals that renewed their license, registration, or certification online during the reporting period.
<i>Purpose</i>	To track use of online license renewal technology by the licensee population.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Total number of initial or renewal registrations performed online divided by the total number of initial or renewal registration notices sent during the reporting period. The result should be multiplied by 100 to achieve a percentage.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew their license online.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Outcome Measure 2	Percent of Licensees Who Renew Online: Physician Assistant (Key)
<i>Definition</i>	Percent of the total number of licensed, registered, or certified individuals that renewed their license, registration, or certification online during the reporting period.
<i>Purpose</i>	To track use of online license renewal technology by the licensee population.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Total number of initial or renewal registrations performed online divided by the total number of initial or renewal registration notices sent during the reporting period. The result should be multiplied by 100 to achieve a percentage.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew their license online.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

A.1.1. Strategy: LICENSING

Licensing Output Measure 1	Number of New Licenses Issued to Individuals: Physician (Key)
<i>Definition</i>	The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of new licenses issued and licenses reissued after having lapsed, during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Licensing Output Measure 2	Number of New Licenses Issued to Individuals: Acupuncture (Key)
<i>Definition</i>	The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of new licenses issued and licenses reissued after having lapsed, during the reporting period
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Licensing Output Measure 3	Number of New Licenses Issued to Individuals: Physician Assistant (Key)
<i>Definition</i>	The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of new licenses issued and licenses reissued after having lapsed, during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Licensing Output Measure 4	Number of New Licenses Issued to Individuals: Surgical Assistant (Key)
<i>Definition</i>	The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed. .
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of new licenses issued and licenses reissued after having lapsed, during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Licensing Output Measure 5	Number of New Licenses Issued to Individuals: Physician in Training Permits
<i>Definition</i>	The number of Physician in Training permits issued to individuals during the reporting period.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to issuance of a Physician in Training permits. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all criteria for Physician in Training permits established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of new permits during the reporting period
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek Physician in Training permits or the number of slots available in qualified Texas training programs.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Output Measure 6	Number of New Licenses Issued: Other Types
<i>Definition</i>	Number of other licenses, registrations, etc. issued during the reporting period to certain entities and individuals.
<i>Purpose</i>	A successful licensing registration structure must ensure that legal standards for professional education and practice are met prior to licensure registration issuance. This measure is a primary workload indicator which is intended to show the number of unlicensed unregistered/non-certified persons or business facilities which were documented to have successfully met all criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license/permit holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of licenses, registrations and certificates issued to individuals and business facilities during the reporting period. Includes newly issued and reissued after having lapsed. Types in this group are: faculty temporary licenses, visiting professor temporary licenses, state health agency temporary licenses, national health service corps temporary licenses, postgraduate research temporary licenses, DSHS-MUA temporary licenses, acudetox certifications, and non-profit health organization registrations. Does not include physician, physician assistant, acupuncturist, surgical assistant, and the "allied health professionals."
<i>Data Limitations</i>	The agency has no control over the number of individuals or businesses who

	seek licensure/registration.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Licensing Output Measure 7	Number of New Licenses Issued to Individuals: Allied Health Professionals
<i>Definition</i>	The number of licenses issued to allied health professionals, for the following four types of licenses during the reporting period: respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry. Includes new licenses issued, and licenses reissued after having lapsed.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's databases.
<i>Methodology</i>	Number of new licenses issued and licenses reissued after having lapsed, during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Output Measure 8	Number of Licenses Renewed: Other Types
<i>Definition</i>	The number of other licensed individuals or registered business facilities which completed initial or renewal registrations during the reporting period.
<i>Purpose</i>	Registration is intended to ensure that persons who want to continue to practice in their respective profession and businesses that want to continue to operate as non-profit health organizations satisfy current legal standards established by statute and rule for professional education and practice, and organization. This measure is intended to show the number of registrations that were issued during the reporting period to individuals and business facilities.
<i>Data Source</i>	Data regarding the number of complaints, actions and license/permit holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of registration permits issued to licensees, permit holders, registrants, and certificate holders during the reporting period. Types in this group are: faculty temporary licenses, visiting professor temporary licenses, state health agency temporary licenses, national health service corps temporary licenses, postgraduate research temporary licenses, DSHS-MUA temporary licenses, acudetox certifications, and non-profit health organization

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	registrations. Does not include physician, physician assistant, acupuncturist, surgical assistant, and the “allied health professionals.” Physician in training permits are not renewable so are also not included in this measure.
<i>Data Limitations</i>	The agency has no control over the number of individuals/business facilities which seek licensure/registration.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Output Measure 9	Number of Licenses Renewed (Individuals): Physician (Key)
<i>Short Definition</i>	The number of licensed individuals who held licenses previously and renewed their license during the current reporting period.
<i>Purpose/Importance</i>	Licensure renewal is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of licenses that were issued during the reporting period to individuals who currently held a valid license.
<i>Source of Data</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency’s SQL database.
<i>Method of Calculation</i>	The number of registration permits issued to licensed physicians during the reporting period. (Note: Physician in training permits are no longer renewed, but are issued initially for the length of the training program. Thus they are eliminated from this calculation.)
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to register their license.
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 10	Number of Licenses Renewed (Individuals): Acupuncture (Key)
<i>Definition</i>	The number of licensed acupuncturists who held licenses previously and renewed their license during the current reporting period.
<i>Purpose</i>	Licensure renewal is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of licenses that were issued during the reporting period to individuals who currently held a valid license.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency’s SQL database.

<i>Methodology</i>	The number of registration permits issued to licensed acupuncturists during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew their license.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Licensing Output Measure 11	Number of Licenses Renewed (Individuals): Physician Assistant (Key)
<i>Definition</i>	The number of licensed individuals who completed held licenses previously and renewed their license during the current reporting period.
<i>Purpose</i>	Licensure registration is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of licenses that were issued during the reporting period to individuals who currently held a valid license.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of registration permits issued to licensed physician assistants during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew their license.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Licensing Output Measure 12	Number of Licenses Renewed (Individuals): Surgical Assistant (Key)
<i>Definition</i>	The number of licensed surgical assistants held licenses previously and renewed their license during the current reporting period
<i>Purpose</i>	Licensure registration is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of license that were issued during the reporting period to individuals who currently held a valid license.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of registration permits issued to licensed surgical assistants during

	the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew their license.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Licensing Output Measure 13	Number of Licenses Renewed (Individuals): Allied Health Professionals
<i>Definition</i>	The number of licensed allied health professionals who held licenses previously and renewed (registered) their license during the current reporting period. This includes respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry.
<i>Purpose</i>	Licensure renewal is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of licenses that were issued during the reporting period to individuals who currently held a valid license.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's databases.
<i>Methodology</i>	The number of registration permits issued to all licensed allied health professionals during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew (register) their license.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
Licensing Efficiency Measure 1	Average Number of Days for Individual License Issuance – Physician (Key)
<i>Definition</i>	The average number of days to process a physician license application of individuals licensed during the reporting period.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator, which is intended to show the time to process unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The average number of days between successful completion of the initial license application, including all expected documents, and the date each physician applicant is notified that the application evaluation is complete and he/she is eligible for a temporary license, for all physicians licensed during the

	reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target.
Licensing Efficiency Measure 2	Average Number of Days for Individual License Issuance – Physician Assistant
<i>Definition</i>	The average number of days to process a physician assistant license application for all individuals licensed during the reporting period.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the time to process applications of persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The average number of days between the time in which a completed application is received until the date the license is issued, for all licenses issued during the reporting period. Time spent under a supervised temporary license, either six months or 12 months, is not counted as part of the application processing time.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target

Licensing Efficiency Measure 3	Average Number of Days for Individual License Issuance – Acupuncturist
<i>Definition</i>	The average number of days to process acupuncture license application for all individuals licensed during the reporting period.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the time to process applications of persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The average number of days between the times in which a completed application is received until the date the license is issued, for all licenses issued

	during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target

Licensing Efficiency Measure 4	Average Number of Days for Individual License Issuance – Surgical Assistant
<i>Definition</i>	The average number of days to process a surgical assistant license application for all individuals licensed during the reporting period.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the time to process applications of persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The average number of days between the time in which a completed application is received until the date the license is issued, for all licenses issued during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target.

Licensing Efficiency Measure 5	Average Number of Days to Renew License – Physician
<i>Definition</i>	Average number of days to process renewals in report period
<i>Purpose</i>	This measures the ability of the agency to process renewal applications in a timely manner and its responsiveness to a primary constituent group (physicians).
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of calendar days between receipt of license registration or renewal applications for those processed during the reporting period, measured from the time of receipt of a completed registration application until the date the registration permit is mailed, divided by the total number of license registration applications processed in the same manner regardless of the number of days.

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<i>Data Limitations</i>	For renewals and registrations processed through Texas Online, the completed registration application date is the date the payment is made, because only completed registrations are accepted for payment in the online system. A small percentage of registrants submit paper renewal or registration forms and checks. In a few cases, registrants do not fully complete the form, thereby increasing the number of days to process their applications.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target
Licensing Efficiency Measure 6	Average Number of Days to Renew License – Physician Assistant
<i>Definition</i>	Average number days to process renewals in report period
<i>Purpose</i>	This measures the ability of the agency to process renewal applications in a timely manner and its responsiveness to a primary constituent group (physician assistant).
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of calendar days between receipt of license registration or renewal applications for those processed during the reporting period, measured from the time of receipt of a completed registration application until the date the registration permit is mailed, divided by the total number of license registration applications processed in the same manner regardless of the number of days.
<i>Data Limitations</i>	For renewals and registrations processed through Texas Online, the completed registration application date is the date the payment is made, because only completed registrations are accepted for payment in the online system. A small percentage of registrants submit paper renewal or registration forms and checks. In a few cases, registrants do not fully complete the form, thereby increasing the number of days to process their applications.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target

Licensing Efficiency Measure 7	Average Number of Days to Renew License – Acupuncturist
<i>Definition</i>	Average number of days to process renewals in report period
<i>Purpose</i>	This measures the ability of the agency to process renewal applications in a timely manner and its responsiveness to a primary constituent group (acupuncturists).
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of calendar days between receipt of license registration or renewal

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	applications for those processed during the reporting period, measured from the time of receipt of a completed registration application until the date the registration permit is mailed, divided by the total number of license registration applications processed in the same manner regardless of the number of days.
<i>Data Limitations</i>	For renewals and registrations processed through Texas Online, the completed registration application date is the date the payment is made, because only completed registrations are accepted for payment in the online system. A small percentage of registrants submit paper renewal or registration forms and checks. In a few cases, registrants do not fully complete the form, thereby increasing the number of days to process their applications.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target

Licensing Efficiency Measure 8	Average Number of Days to Renew License – Surgical Assistant
<i>Definition</i>	Average number of days to process renewals in report period
<i>Purpose</i>	This measures the ability of the agency to process renewal applications in a timely manner and its responsiveness to a primary constituent group (surgical assistants).
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database and in spreadsheets.
<i>Methodology</i>	The number of calendar days between receipt of license registration or renewal applications for those processed during the reporting period, measured from the time of receipt of a completed registration application until the date the registration permit is mailed, divided by the total number of license registration applications processed in the same manner regardless of the number of days.
<i>Data Limitations</i>	Data regarding surgical assistants is stored in the agency's automated information system and in spreadsheets, which may at times make reporting a little more complicated.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target
Licensing Explanatory Measure 1	Total Number of Individuals Licensed: Physician
<i>Definition</i>	Total number of individuals licensed at the end of the reporting period.
<i>Purpose</i>	The measure shows the total number of individual licenses currently issued which indicates the size of one of the agency's primary constituencies.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

<i>Methodology</i>	The number of physicians licensed (not cancelled-either for non-registration or for cause, not retired, and not deceased) plus the number of physician in training permits holders (in programs they have not completed and who have an unexpired permit).
<i>Data Limitations</i>	The number is dependent upon outside individuals seeking initial licensure or renewing their current license. These are choices made by individuals and are not within the control of the agency.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Explanatory Measure 2	Total Number of Individuals Licensed: Acupuncture
<i>Definition</i>	Total number of individuals licensed at the end of the reporting period.
<i>Purpose</i>	The measure shows the total number of individual licenses currently issued which indicates the size of one of the agency's primary constituencies.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of active acupuncturist licenses at the end of the reporting period.
<i>Data Limitations</i>	The number is dependent upon outside individuals seeking initial licensure or renewing their current license. These are choices made by individuals and are not within the control of the agency.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Licensing Explanatory Measure 3	Total Number of Individuals Licensed: Physician Assistant
<i>Definition</i>	Total number of individuals licensed at the end of the reporting period.
<i>Purpose</i>	The measure shows the total number of individual licenses currently issued which indicates the size of one of the agency's primary constituencies.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database
<i>Methodology</i>	The number of active and inactive physician assistant licenses at the end of the reporting period.
<i>Data Limitations</i>	The number is dependent upon outside individuals seeking initial licensure or renewing their current license. These are choices made by individuals and are not within the control of the agency.

<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Explanatory Measure 4	Total Number of Individuals Licensed: Surgical Assistant
<i>Definition</i>	Total number of individuals licensed at the end of the reporting period.
<i>Purpose</i>	The measure shows the total number of individual licenses currently issued which indicates the size of one of the agency's primary constituencies.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database
<i>Methodology</i>	The number of active and inactive surgical assistant licenses at the end of the reporting period.
<i>Data Limitations</i>	The number is dependent upon outside individuals seeking initial licensure or renewing their current license. These are choices made by individuals and are not within the control of the agency.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Licensing Explanatory Measure 5	Total Number of Individuals Licensed: Physician in Training Permits
<i>Definition</i>	Total # of physicians in training licensed.
<i>Purpose</i>	The measure shows the total number of physicians in training licensed at the end of the reporting period, which indicates the size of one of the agency's primary constituencies.
<i>Data Source</i>	Data regarding the number of complaints, actions and license/permit holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Total number of physicians in training holding active permits at the end of the reporting period.
<i>Data Limitations</i>	The number is dependent upon outside individuals seeking licensure. This is not within the control of the agency.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Licensing Explanatory Measure 6	Total Number of Licensed Issued: Other Types
<i>Definition</i>	Total # of other individuals licensed and business facilities registered during the reporting period.
<i>Purpose</i>	The measure shows the total number of individuals licensed, registered, or certified and the total number of business facilities registered at the end of the reporting period, which indicates the size of other agency constituencies.
<i>Data Source</i>	Data regarding the number of complaints, actions and license/permit holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Total number of other individuals licensed, registered, or certified and the total number of business facilities registered, active and inactive, but not cancelled or revoked, at the end of the reporting period. Does not include physician, physician assistant, acupuncturist, surgical assistant, physician in training, and the "allied health professionals."
<i>Data Limitations</i>	The number is dependent upon outside individuals seeking licensure, permits, registration, certification or business registrations or registrations of such. This is not within the control of the agency.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Licensing Explanatory Measure 7	Total Number of Licensed Issued: Allied Health Professionals
<i>Definition</i>	Total number of individual allied health professionals licensed at the end of the reporting period. This includes respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCTs) included on the NCT registry.
<i>Purpose</i>	The measure shows the total number of individual allied health professions licenses currently issued which indicates the size of one of the agency's primary constituencies.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's databases.
<i>Methodology</i>	The number of active licenses, for all allied health professions license types, at the end of the reporting period.
<i>Data Limitations</i>	The number is dependent upon outside individuals seeking initial licensure or renewing their current license. These are choices made by individuals and are not within the control of the agency.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

B. Goal: ENFORCE MEDICAL ACT

Enforcement Outcome Measure 1	Percent of Complaints Resulting in Disciplinary Action: Physician (Key)
<i>Definition</i>	Percent of complaints, which were resolved during the reporting period that, resulted in disciplinary action.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its disciplinary authority in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved that resulted in disciplinary action divided by the total number of documented (jurisdictional) complaints resolved during the reporting period. Action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, rehabilitation and / or fines on which the board has taken action.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether disciplinary action is justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 2	Percent of Complaints Resulting in Disciplinary Action: Acupuncture (Key)
<i>Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in disciplinary action.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its disciplinary authority in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database
<i>Methodology</i>	The number of complaints resolved that resulted in disciplinary action divided by the total number of documented (jurisdictional) complaints resolved during the reporting period. Action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, rehabilitation and / or fines on which the board has taken action.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does

	it have any control over the substance of that complaint, and whether disciplinary action is justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 3	Percent of Complaints Resulting in Disciplinary Action: Physician Assistant (Key)
<i>Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in disciplinary action.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its disciplinary authority in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved that resulted in disciplinary action divided by the total number of documented (jurisdictional) complaints resolved during the reporting period. Action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, rehabilitation and / or fines on which the board has taken action.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether disciplinary action is justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 4	Percent of Complaints Resulting in Disciplinary Action: Surgical Assistant (Key)
<i>Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in disciplinary action.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its disciplinary authority in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved that resulted in disciplinary action divided

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	by the total number of documented (jurisdictional) complaints resolved during the reporting period. Action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, rehabilitation and / or fines on which the board has taken action.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether disciplinary action is justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 5	Percent of Complaints Resulting in Remedial Action: Physician (Key)
<i>Definition</i>	Percent of complaints, which were resolved during the reporting period that, resulted in a remedial plan which is a corrective non-disciplinary action.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its authority to resolve complaints using non-disciplinary action in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved that resulted in remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether a remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 6	Percent of Complaints Resulting in Remedial Action: Physician Assistant (Key)
<i>Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in a remedial plan which is a corrective non-disciplinary action.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its authority to resolve complaints using non-disciplinary action in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency

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	responsiveness to this expectation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved that resulted in remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether a remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 7	Percent of Complaints Resulting in Remedial Action: Acupuncture (Key)
<i>Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in a remedial plan which is a corrective non-disciplinary action.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its authority to resolve complaints using non-disciplinary action in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database
<i>Methodology</i>	The number of complaints resolved that resulted in remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether a remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 8	Percent of Complaints Resulting in Remedial Action: Surgical Assistant (Key)
<i>Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in a remedial plan which is a corrective non-disciplinary action.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its authority to resolve complaints using non-disciplinary action in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved that resulted in remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether a remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Enforcement Outcome Measure 9	Recidivism Rate for Those Receiving Disciplinary Action: Physician
<i>Definition</i>	The number of repeat offenders at the end of the reporting period as a percentage of all offenders during the most recent three-year period.
<i>Purpose</i>	The measure is intended to show how effectively the agency enforces its regulatory requirements and prohibitions. It is important that the agency enforce its act and rules strictly enough to ensure consumers are protected from unsafe, incompetent and unethical practice by the registered or licensed professional.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of repeat offenders as a percentage of all offenders during the most recent three-year period. The number of individuals placed under board order within the current and preceding two fiscal years that have been found to violate that board order during that time divided by the total number of individuals placed under a board order within the current and preceding two fiscal years.
<i>Data Limitations</i>	The agency has no control over the actions taken by those previously disciplined, and their acceptance of risk as to further disciplinary action which would be taken.
<i>Calculation Method</i>	Non-cumulative

<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target

Enforcement Outcome Measure 10	Recidivism Rate for Those Receiving Disciplinary Action: Acupuncture
<i>Definition</i>	The number of repeat offenders at the end of the reporting period as a percentage of all offenders during the most recent three-year period.
<i>Purpose</i>	The measure is intended to show how effectively the agency enforces its regulatory requirements and prohibitions. It is important that the agency enforce its act and rules strictly enough to ensure consumers are protected from unsafe, incompetent and unethical practice by the registered or licensed professional.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of repeat offenders as a percentage of all offenders during the most recent three-year period. The number of individuals placed under board order within the current and preceding two fiscal years that have been found to violate that board order during that time divided by the total number of individuals placed under a board order within the current and preceding two fiscal years.
<i>Data Limitations</i>	The agency has no control over the actions taken by those previously disciplined, and their acceptance of risk as to further disciplinary action which would be taken.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target

Enforcement Outcome Measure 11	Recidivism Rate for Those Receiving Disciplinary Action: Physician Assistant
<i>Definition</i>	The number of repeat offenders at the end of the reporting period as a percentage of all offenders during the most recent three-year period.
<i>Purpose</i>	The measure is intended to show how effectively the agency enforces its regulatory requirements and prohibitions. It is important that the agency enforce its act and rules strictly enough to ensure consumers are protected from unsafe, incompetent and unethical practice by the registered or licensed professional.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of repeat offenders as a percentage of all offenders during the most recent three-year period. The number of individuals placed under board order within the current and preceding two fiscal years that have been found to violate that board order during that time divided by the total number of individuals placed under a board order within the current and preceding two fiscal years.

<i>Data Limitations</i>	The agency has no control over the actions taken by those previously disciplined, and their acceptance of risk as to further disciplinary action which would be taken.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target

Enforcement Outcome Measure 12	Recidivism Rate for Those Receiving Disciplinary Action: Surgical Assistant
<i>Definition</i>	The number of repeat offenders at the end of the reporting period as a percentage of all offenders during the most recent three-year period.
<i>Purpose</i>	The measure is intended to show how effectively the agency enforces its regulatory requirements and prohibitions. It is important that the agency enforce its act and rules strictly enough to ensure consumers are protected from unsafe, incompetent and unethical practice by the registered or licensed professional.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of repeat offenders as a percentage of all offenders during the most recent three-year period. The number of individuals placed under board order within the current and preceding two fiscal years that have been found to violate that board order during that time divided by the total number of individuals placed under a board order within the current and preceding two fiscal years.
<i>Data Limitations</i>	The agency has no control over the actions taken by those previously disciplined, and their acceptance of risk as to further disciplinary action which would be taken.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target

Enforcement Outcome Measure 13	Percent of Documented Complaints Resolved Within Six Months: Physician
<i>Definition</i>	The percent of complaints resolved during the reporting period, that were resolved within in a six month period from the time they were initially filed by the agency.
<i>Purpose</i>	The measure is intended to show the percentage of complaints that are resolved within a reasonable period of time. It is important to ensure the swift enforcement of the Medical Practice Act (Texas Occupations Code, Subtitle B, Vernon's 2000) which is an agency goal.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL

	database.
<i>Methodology</i>	The number of complaints resolved within a period of six months or less from the date filed divided by the total number of complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 14	Percent of Documented Complaints Resolved Within Six Months: Acupuncture
<i>Definition</i>	The percent of complaints resolved during the reporting period, that were resolved within in a six month period from the time they were filed by the agency.
<i>Purpose</i>	The measure is intended to show the percentage of complaints that are resolved within a reasonable period of time. It is important to ensure the swift enforcement of the Medical Practice Act (Texas Occupations Code, Subtitle C) which is an agency goal.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved within a period of six months or less from the date filed divided by the total number of complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 15	Percent of Documented Complaints Resolved Within Six Months: Physician Assistant
<i>Definition</i>	The percent of complaints resolved during the reporting period, that were resolved within in a six month period from the time they were initially filed by the agency.
<i>Purpose</i>	The measure is intended to show the percentage of complaints that are resolved within a reasonable period of time. It is important to ensure the swift enforcement of the Medical Practice Act (Texas Occupations Code, Subtitle C) which is an agency goal.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved within a period of six months or less from the date filed divided by the total number of complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 16	Percent of Documented Complaints Resolved Within Six Months: Surgical Assistant
<i>Definition</i>	The percent of complaints resolved during the reporting period, that were resolved within in a six month period from the time they were initially received by the agency.
<i>Purpose</i>	The measure is intended to show the percentage of complaints that are resolved within a reasonable period of time. It is important to ensure the swift enforcement of the Medical Practice Act (Texas Occupations Code, Subtitle B (C?), Vernon's 2000) which is an agency goal.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved within a period of six months or less from the date of receipt divided by the total number of complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will

	impact the length of time necessary to resolve the complaint.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 17	Percent of Licensees with No Recent Violations: Physician
<i>Definition</i>	The percent of the total number of licensed, registered, or certified individuals at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).
<i>Purpose</i>	Licensing, registering, or certifying individuals helps ensure that practitioners meet legal standards for professional education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Total number of disciplinary actions for physicians and physician in training permit holders incurred during the current year plus the preceding two years, subtracted from the total number of individual physicians and physician in training permit holders currently licensed. The resulting number is then divided by the total number of individual physicians and physician in training permit holders currently licensed.
<i>Data Limitations</i>	The agency has no control over the number of disciplinary actions that will occur, as these are dependent upon jurisdictional complaints filed.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 18	Percent of Licensees with No Recent Violations: Acupuncture
<i>Definition</i>	The percent of the total number of licensed, registered, or certified individuals at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).
<i>Purpose</i>	Licensing, registering, or certifying individuals helps ensure that practitioners meet legal standards for professional education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

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<i>Methodology</i>	Total number of disciplinary actions on acupuncturists incurred during the current year plus the preceding two years, subtracted from the total number of individual acupuncturists currently licensed. This resulting number is then divided by the total number of individual acupuncturists currently licensed.
<i>Data Limitations</i>	The agency has no control over the number of disciplinary actions that will occur, as these are dependent upon jurisdictional complaints filed
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 19	Percent of Licensees with No Recent Violations: Physician Assistant
<i>Definition</i>	The percent of the total number of licensed, registered, or certified individuals at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).
<i>Purpose</i>	Licensing, registering, or certifying individuals helps ensure that practitioners meet legal standards for professional education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Total number of disciplinary actions on physician assistants incurred during the current year plus the preceding two years, subtracted from the total number of individual physician assistants currently licensed. This resulting number is then divided by the total number of individual physician assistants currently licensed.
<i>Data Limitations</i>	The agency has no control over the number of disciplinary actions that will occur, as these are dependent upon jurisdictional complaints filed
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Outcome Measure 20	Percent of Licensees with No Recent Violations: Surgical Assistant
<i>Definition</i>	The percent of the total number of licensed, registered, or certified individuals at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).
<i>Purpose</i>	Licensing, registering, or certifying individuals helps ensure that practitioners meet legal standards for professional education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Total number of disciplinary actions on surgical assistants incurred during the current year plus the preceding two years, subtracted from the total number of individual surgical assistants currently licensed. This resulting number is then divided by the total number of individual surgical assistants currently licensed.
<i>Data Limitations</i>	The agency has no control over the number of disciplinary actions that will occur, as these are dependent upon jurisdictional complaints filed
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

B.1.1. Strategy: ENFORCEMENT

Enforcement Output Measure 1	Number of Complaints Resolved: Physician (Key)
<i>Definition</i>	The total number of jurisdictional filed complaints resolved during the reporting period.
<i>Purpose</i>	The measure shows the workload associated with resolving complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database
<i>Methodology</i>	The number of jurisdictional filed complaints dismissed by the Medical Board and the number of jurisdictional filed complaints where the Medical Board enters an order or remedial plan.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, which is the essential input before the agency can initiate action to resolve the complaint.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Output Measure 2	Number of Complaints Resolved: Acupuncture (Key)
<i>Definition</i>	The total number of jurisdictional filed complaints resolved during the reporting period.
<i>Purpose</i>	The measure shows the workload associated with resolving complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional filed complaints dismissed by the Medical Board and the number of jurisdictional filed complaints where the Medical Board enters an order or remedial plan. Medical Board decision is preceded by a recommendation from the Acupuncture Board.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, which is the essential input before the agency can initiate action to resolve the complaint.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Output Measure 3	Number of Complaints Resolved: Physician Assistant (Key)
<i>Definition</i>	The total number of jurisdictional filed complaints resolved during the reporting period.
<i>Purpose</i>	The measure shows the workload associated with resolving complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional filed complaints dismissed by the Physician Assistant Board and the number of jurisdictional filed complaints where the Physician Assistant Board enters an order or remedial plan.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, which is the essential input before the agency can initiate action to resolve the complaint.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Output Measure 4	Number of Complaints Resolved: Surgical Assistant (Key)
<i>Definition</i>	The total number of jurisdictional filed complaints resolved during the reporting period.
<i>Purpose</i>	The measure shows the workload associated with resolving complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional filed complaints dismissed by the Medical Board and the number of jurisdictional filed complaints where the Medical Board enters an order or remedial plan.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, which is the essential input before the agency can initiate action to resolve the complaint.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Output Measure 5	Number of Complaints Resolved: Allied Health Professionals
<i>Definition</i>	The total number of jurisdictional filed complaints, resolved during the reporting period, for four allied health professions – medical radiologic technologists, respiratory care practitioners, medical physicists, and perfusionists.
<i>Purpose</i>	The measure shows the workload associated with resolving complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's databases.
<i>Methodology</i>	The number of jurisdictional filed complaints dismissed by the Medical Board or allied health professions boards and the number of jurisdictional filed complaints where the Medical Board or allied health professions boards enter an order or remedial plan.
<i>Data Limitations</i>	The agency has no control over the number of complaints received, which is the essential input before the agency can initiate action to resolve the complaint.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target

Enforcement Efficiency Measure 1	Average Time for Complaint Resolution: Physician (Key)
<i>Definition</i>	The average length of time to resolve a jurisdictional filed complaint for all complaints resolved within the reporting period.
<i>Purpose</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The summed total of the number of calendar days that elapsed between the date the jurisdictional complaint was filed and the date the complaint was resolved for all resolved jurisdictional filed complaints divided by the number of jurisdictional filed complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, or the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target

Enforcement Efficiency Measure 2	Average Time for Complaint Resolution: Acupuncture
<i>Definition</i>	The average length of time to resolve a jurisdictional complaint, for all complaints resolved during the reporting period.
<i>Purpose</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database
<i>Methodology</i>	The summed total of the number of calendar days that elapsed between the date the jurisdictional complaint was filed and the date the complaint was resolved for all resolved jurisdictional filed complaints divided by the number of jurisdictional filed complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.
<i>Data Limitations</i>	The agency has no control over the number of neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target

Enforcement Efficiency Measure 3	Average Time for Complaint Resolution: Physician Assistant
<i>Definition</i>	The average length of time to resolve a jurisdictional filed complaint, for all complaints resolved during the reporting period.
<i>Purpose</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The summed total of the number of calendar days that elapsed between the date the jurisdictional complaint was filed and the date the complaint was resolved for all resolved jurisdictional filed complaints divided by the number of jurisdictional filed complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, or the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.

<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target
Enforcement Efficiency Measure 4	Average Time for Complaint Resolution: Surgical Assistant
<i>Definition</i>	The average length of time to resolve a jurisdictional filed complaint, for all complaints resolved during the reporting period.
<i>Purpose</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The summed total of the number of calendar days that elapsed between the date the jurisdictional complaint was filed and the date the complaint was resolved for all resolved jurisdictional filed complaints divided by the number of jurisdictional filed complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.
<i>Data Limitations</i>	The agency has no control over the number of neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target
Enforcement Explanatory Measure 1	Jurisdictional Complaints Received and Filed: Physician (Key)
<i>Definition</i>	The total number of jurisdictional complaints filed during the reporting period that are within the agency's jurisdiction of statutory responsibility.
<i>Purpose</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints which are not filed by the board (jurisdictional-not-filed or JNF).
<i>Data Limitations</i>	The agency has neither control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.

<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Enforcement Explanatory Measure 2	Jurisdictional Complaints Received and Filed: Acupuncture (Key)
<i>Definition</i>	The total number of jurisdictional complaints filed during the reporting period that are within the agency's jurisdiction of statutory responsibility.
<i>Purpose</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints which are not filed by the board (jurisdictional-not-filed or JNF).
<i>Data Limitations</i>	The agency has neither control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Enforcement Explanatory Measure 3	Jurisdictional Complaints Received and Filed: Physician Assistant (Key)
<i>Definition</i>	The total number of jurisdictional complaints filed during the reporting period that are within the agency's jurisdiction of statutory responsibility.
<i>Purpose</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints which are not filed by the board (jurisdictional-not-filed or JNF).
<i>Data Limitations</i>	The agency has neither control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No

<i>Target Attainment</i>	Higher than target
Enforcement Explanatory Measure 4	Jurisdictional Complaints Received and Filed: Surgical Assistant (Key)
<i>Definition</i>	The total number of jurisdictional complaints filed during the reporting period that are within the agency's jurisdiction of statutory responsibility.
<i>Purpose</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints which are not filed by the board (jurisdictional-not-filed or JNF).
<i>Data Limitations</i>	The agency has neither control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

B.1.2. Strategy: PHYSICIAN HEALTH PROGRAM

Output Measure 1	Number of Licensed Individuals Participating in the Texas Physician Health Program (TXPHP)
<i>Definition</i>	The number of individuals who participated in the Texas Physician Health Program during the fiscal year. TXPHP is authorized to provide assistance to licensees and certificate holders of the Texas Medical Board and its four affiliated advisory boards (Physician Assistant, Acupuncture, Medical Radiologic Technologist, and Respiratory Care) and three affiliated advisory committees (Medical Physicists, Perfusionists, and Surgical Assistants). The TXPHP is also authorized to assist individuals (students) enrolled in Texas medical schools who are not licensees of the Texas Medical Board.
<i>Purpose</i>	This measure shows the number of licensed or certified individuals who continue to practice in their respective field who are participating in the Texas Physician Health Program. The measure also tracks participation by medical students who are not yet required to be licensed.
<i>Data Source</i>	Data regarding the number of participants, and categorized by license/certification type, and to include unlicensed medical students, is collected and stored by TXPHP staff in both paper and electronic formats.

<i>Methodology</i>	The first quarter's report includes all licensed or certified individuals, as well as medical students, participating in the Texas Physician Health Program carried forward from the prior fiscal year plus those individuals who have had disciplinary orders entered requiring the individual to participate in TXPHP / signed contracts with TXPHP during the first quarter. Reports for second, third, and fourth quarters will include only the number of licensed or certified individuals, as well as medical students, who have had disciplinary orders entered / signed contracts during the respective quarter for the cumulative year-to-date number to be the total number of licensed and certified individuals, as well as medical students, who participated in TXPHP during the current fiscal year.
<i>Data Limitations</i>	TXPHP has no control over how many participants will enter into the program, either voluntarily or due to a disciplinary referral by TMB or one of its associated boards or committees, or possibly due to a referral from another source such as a medical school.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target.

B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION

Output Measure 1	Number of Publications Distributed
<i>Definition</i>	Number of published documents that are distributed to licenses and other individuals, as well as the number of press releases issued electronically.
<i>Purpose</i>	Shows that agency is providing ongoing information to its licensed professionals and to the public.
<i>Data Source</i>	Data regarding the number of license holders and others who request the information is collected by agency staff and stored electronically in the agency's SQL database; distribution lists for news releases are maintained by the Public Information Officer.
<i>Methodology</i>	The total number of individuals currently licensed, registered, or certified by the agency, to whom the agency newsletter is distributed, as well as the number of entities and individuals who request the newsletter; and the total number of press releases issued.
<i>Data Limitations</i>	Number will always exceed number of licensees, due to outside requests for information.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

SCHEDULE C: HISTORICALLY UNDERUTILIZED BUSINESS PLAN

Texas Administrative Code §20.13(b) requires that each state agency make a good faith effort to award procurement opportunities to businesses certified as historically underutilized. The goal of this good faith effort is to ensure that a fair share of state business is awarded to Historically Underutilized Businesses (HUBs).

To be certified as a HUB, a business must:

- be at least 51% owned by an Asian Pacific American, Black American, Hispanic American, Native American, American woman, and/or Service Disabled Veteran
- maintain its principal place of business in Texas; and
- have an owner residing in Texas with a proportionate interest that actively participates in the control, operations and management of the entity's affairs.

Use of Historically Underutilized Businesses

The Historically Underutilized Business (HUB) program is governed by the Texas Government Code, Title 10, Subtitle D, Chapter 2161. The purpose of the program is to increase contracting opportunities with the State of Texas for minority and women-owned businesses.

HUB Participation

The Texas Medical Board (TMB) is continuously developing strategies to increase the agency's HUB participation and to ensure that the agency remains in compliance with all of the laws and rules established for the HUB program.

HUB Outreach

The agency focuses on the manner in which awards are distributed among the various ethnic HUB groups. TMB's goal is to ensure that contract awards are distributed among all HUB groups and not concentrated within just one or two ethnic HUB groups. The agency distributes information regarding the HUB program at various HUB events.

HUB Goal

To make a good faith effort to award procurement opportunities to businesses certified as historically underutilized.

HUB Objective

To make a good faith effort to increase utilization of historically underutilized businesses. The TMB strives to meet the statewide HUB goals as established by the Comptroller of Public Accounts (CPA) and has implemented policies to ensure that contracts are awarded to HUB vendors who provide the best value and are the most cost-efficient to the agency. These current goals include 23.7% for professional services contracts, 26% for all other service contracts and 21.1% for commodities contracts. The TMB is committed to reach its goal of purchasing from Historically Underutilized business (HUBs). TMB is continually striving to increase procurements with HUB vendors and will continue to explore new opportunities whenever possible.

HUB Strategy

In an effort to meet the agency's goals and objectives, TMB has established strategies that include:

- complying with HUB planning and reporting requirements;
- utilizing the CPA's Centralized Master Bidders List (CMBL) and HUB search to ensure that a good faith effort is made to increase the award of goods and services contracts to HUBs;
- adhering to the HUB purchasing procedures and requirements established by the CPA's Texas Procurement and Support Services division;
- informing staff of procurement procedures that encourage HUBs to compete for state contracts;
- holding internal agency meetings with HUB vendors;
- attending HUB Coordinator meetings, HUB small business trainings and HUB agency functions;
- utilizing HUB resellers from the Department of Information Resources' contracts as often as possible; and
- promoting historically underutilized businesses in the competitive bid process on all goods and services

SCHEDULE F. TMB WORKFORCE PLAN

I. AGENCY OVERVIEW

The mission of the TMB is to protect and enhance the public's health, safety and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline and education.

Goals, Objectives and Strategies

A: Goal: Licensure

Protect the public by licensing qualified practitioners or non-profit entities, by determining eligibility for licensure through, credential verification or renewal, and by collecting information on professionals regulated by the Texas Medical Board and its associated boards and advisory committees.

Objective

- To ensure 100 percent compliance with Board rules by applicants for processing each licensure application in a timely manner in order to protect the public.
 - Strategy – Conduct a timely, efficient and cost-effective licensure process through specific requirements for credentials verification of initial licensure and license renewals.

B: Goal: Enforce Acts

Protect the public by conducting investigations of allegations against licensees and taking appropriate corrective and/or disciplinary action when necessary; by educating the public, staff, and licensees regarding the functions and services of the Texas Medical Board and its associated boards and advisory committees.

Objective

- To ensure 100 percent timely due process of all enforcement cases and to respond to all complaints in order to protect the public.
 - Strategy – Conduct competent, fair, and timely investigation; ensure due process for respondents; monitor the resolution of complaints; maintain adequate monitoring of all probationers in a timely fashion and contact consumer complainants in a timely and regular manner.
 - Strategy – Protect Texas citizens by identifying potentially impaired physicians and other license types regulated by TMB's associated boards and committees; and directing these practitioners to evaluation and, if necessary, to treatment and monitoring for the participants in recovery.
 - Strategy – Improve public awareness by providing information and educational programs through public presentations, outreach to medical societies and professional associations, medical school visits, agency website and publications, and appropriate social media.

Agency Functions

TMB currently regulates, through licensure and enforcement, approximately 150,000 licensees and entities and is responsible for approximately 25 different types of licenses, permits, and certifications. Although TMB provides direct services to these licensees, the agency's primary responsibility is to protect the public by assuring professional standards and accountability of those who provide care to Texas patients.

Anticipated Changes to the Mission, Goals, and Strategies over the Next Five Years

The agency is currently undergoing a limited Sunset review but does not anticipate major changes to the agency's mission or current goals and strategies in the next legislative session. The agency continues to have a separate strategy for the Texas Physician Health Program which was created by SB 292 in the 81st Legislature (2009) and is administratively attached to TMB. Based on SB 202 passed in 2015, the agency supports two additional boards and advisory committees and regulates approx. 47,000 additional licensees.

TMB's Organization and Structure

The executive director of the agency is appointed by the Medical Board and serves at the pleasure of the board as the chief executive and administrative officer of the agency. The agency is organized by function, rather than by license type, to increase the efficiency of operations. The executive director oversees the agency's medical director as well as all of the agency's divisions and departments: General Counsel's Office, Licensure Division, Enforcement Division, Governmental Affairs Department, and Administrative Departments (Finance, IT).

II. CURRENT WORKFORCE PROFILE

TMB's talented workforce is the agency's greatest resource. However, it is often difficult to maintain this staff and minimize turnover due to the inability to consistently provide competitive salaries and merit raises or bonuses. For FY 18, TMB (including the Texas Physician Health Program) is authorized 208.5 FTEs in the General Appropriations Act, and as of June 2018, has 187 actual FTEs.

General Demographics

The TMB workforce has the following composition in FY 2018:

- TMB has a mature workforce. The average age of TMB's employees is 45.2 years. Approximately 64% of staff is age 40 or older compared to 58% of the state's workforce. The percentage of TMB employees under 30 is 5% and over 60 is 12%. The corresponding state workforce percentages are 18% for employees under 30 and 11% for employees 60 and older.
- TMB's workforce continues to be predominantly female. The workforce split is 72.6% female and 27.4% male. The state's workforce is more evenly split between women (53%) and men (47%).
- Approximately 45% of TMB's workforce is comprised of ethnic minorities, which is less than the state percentage of 49%.

Current Staffing Levels

The agency FTE cap decreased by 2 FTEs from 210.5 FTEs in FY16 to the present authorization of 208.5 for FY18. The decrease was due to across-the-board budget and FTE reductions for all state agencies mandated by the 85th Legislature (2017).

Employee Turnover and Exit Interview Information

The TMB employee turnover rate for FY17 was 12.5%, which is trending down from 17.6% in FY16 and 15.5% in FY15. TMB's turnover is below the average state turnover rate of 32.4% for FY17 (includes transfers between state agencies).

Employees responding to exit interviews since FY11 have listed a variety of reasons for their choice of voluntarily terminating their employment with TMB. In addition to retirement, employees listed: entering or returning to school, relocation, self-employment, inadequate training, limited career opportunities, and location or transportation issues. However, one of the most common responses to what exiting employees would like to see changed at the agency was compensation and benefits.

Projected Turnover Rate over the Next Five Years

TMB anticipates that employee turnover may trend upward over the next five years since all departments will continue to have very high volumes of workload and the agency requires high performance standards from all of its employees.

Percentage of Workforce Eligible to Retire

Based on 2018 data, TMB estimates approximately 11.6 % of its workforce will be eligible, or are already eligible, to retire within the next 12 months. TMB estimates that over the next five years, at least 17.9% of the current workforce will meet retirement eligibility requirements.

Workforce Skills Critical to TMB's Mission and Goals

TMB is a complex regulatory agency requiring a variety of critical workforce skills and credentials in order to perform the core business functions. Based on the agency's mission and goals, the following identify the agency's critical workforce skills and credentials for the agency to successfully administer and provide service to our stakeholders, public, legislators, and other interested parties:

- Decision Making and Problem Solving
- Communication
- Customer Service
- Mediation/Conflict Resolution
- Customer Service
- Legislative Process
- Rulemaking
- Interpersonal Relationships
- Personal Responsibility
- Policy Development and Implementation
- Research/Writing/Editing
- Investigation
- Emerging and Advanced Computer Technology
- Compliance Regulation
- Risk Assessment
- Data Analysis/Management
- RN, LVN, or PA credentials
- Paralegal credentials
- Healthcare/Medical Quality Assurance
- L.L.B. or J.D. Degree

- M.D. License
- Health Law
- Technology Skills

All employees must be minimally proficient in various technologies as it relates to the job function. TMB is moving to paperless functions and this means that all employees will need to be proficient with Microsoft Office, the agency's imaging program, web-based services and record retention technology.

III. FUTURE WORKFORCE PROFILE

Expected Workforce Changes

To continue to meet TMB's workload, legislative and public needs, the agency must make better use of available budget/FTEs, cross-train within and outside of departments, establish automated procedures to provide efficiency and streamline processes, improve communication across departments, prepare and plan for change in leadership as retirements occur and increase the use of technology throughout the agency.

Anticipated Changes in the Number of Employees Needed

It is anticipated that the demand for TMB services will continue to grow based on demographic projections for the state, a business climate that is attractive to physicians, and the legislative interest in increasing the health professions workforce in underserved areas. It is imperative that the agency do everything possible to retain staff that performs functions critical to the agency.

IV. WORKFORCE & GAP ANALYSIS

Similar to many other small to medium size state agencies, recruitment and retention of staff is frequently a challenge primarily due to uncompetitive salary levels. TMB continues to experience difficulty in recruiting professional employees, particularly in the positions that require IT or medical expertise.

Key managerial staff and employees assigned to perform critical functions for the agency are either currently eligible to retire or will be eligible within the next two to five years. Succession planning and knowledge transfer provide the opportunity for the next generation of employees to launch new ideas that may improve and streamline services to new levels.

Due to budget constraints, it is difficult for departments to attract and retain staff with the skills needed to address change management, process re-engineering and problem solving at a supervisory level. Ongoing internal training to match the agency culture and expectations could assist with this deficit as well as additional funding for salaries.

V. WORKFORCE STRATEGIES

TMB proposes the following strategies to address the issues identified in the workforce analysis.

Strategy 1 – Recruitment and Retention Programs.

Every department's goal is to attract and retain high performing individuals with valuable work skill sets. Therefore, a variety of recruitment and retention strategies are available throughout the agency including but not limited to the following:

- Promoting state benefits
- Providing telecommuting opportunities

- When funds permit, hiring above the minimum salary and awarding One-Time Bonus and Merit Increases
- Providing in-house promotional opportunities for current employees
- Providing flexible work schedules for positions that allow flexibility
- Professional development opportunities
- Recognition Programs
- Outstanding Performance Leave Awards
- Teambuilding activities
- Expanding the size and diversity of the applicant pool by broadening the sites where jobs are posted.

Strategy 2 - Career Development Programs

All managers are responsible for planning the development needs for their employees. The Human Resources Department is able to assist each individual manager and employees to create development plans based on the required knowledge and skills.

Strategy 3 - Leadership Development and Replacement

The following are essential to the leadership development and replacement process:

- Identify pivotal positions across the agency that are critical to the mission and goals of the agency to include in the succession plan
- Develop methods for preparing and developing employees for advancement
- Develop processes and methods to transfer institutional knowledge
- Create a management development program for first-line and senior staff.

SCHEDULE G. REPORT ON CUSTOMER SERVICE

AGENCY OVERVIEW

The mission of Texas Medical Board (TMB) is to protect and enhance the public's health, safety, and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline, and education.

With the transfer of four license types and approximately 45,000 licensees to TMB from DSHS based on SB 202 (2015), agency staff supports five boards and two advisory committees. These are the: Texas Medical Board, Texas Physician Assistant Board, Texas State Board of Acupuncture Examiners, Texas Board of Medical Radiologic Technology, Texas Board of Respiratory Care, Medical Physicists Licensure Advisory Committee and Perfusionist Licensure Advisory Committee.

Consequently, the agency currently regulates approximately 150,000 licensees and entities and is responsible for approximately 25 different types of licenses, permits, and certifications.

CUSTOMER INVENTORY

TMB has identified 18 primary customer groups served by the strategies in all three TMB goals (licensure, enforcement, administration). Individuals, especially those regulated by TMB, may receive a variety of information and services from the agency and may be included in more than one customer category for the purpose of assessing customer service.

Table 1 shows TMB's categories of customers, and information and services they receive by strategy for FY 17-18.

Table 1 – Customers by Strategy and Services for FY 17-18

<i>Licensing & Administrative Strategies – includes information and services provided by three departments (1) Licensing, (2) Registration and (3) Executive Support – Call Center</i>	
Customer Categories	Services and Information Received
<p>1) Applicants for licenses or permits 2) Current license or permit holders</p>	<p>TMB issues initial licenses or permits to the following customer groups. The majority of these licenses/permits are renewed (registered) on either a biennial or annual basis.</p> <ul style="list-style-type: none"> • Physicians • Physicians-in-Training • Physician Assistants • Acupuncturists • Surgical Assistants • Medical Radiologic Technologists • Respiratory Care Practitioners • Medical Physicists • Perfusionists • Non-profit Health Care Entities • Non-certified Radiological Technicians • Acudetox Specialists

<p>1 & 2 above as well as all categories of TMB customers including: 3) General Public (including patients)</p>	<p>Customer Service Support -</p> <p>The Executive Support Department runs the agency's call center/customer service line which fields questions about licensure information and agency processes (and forwards as necessary to the appropriate departments) from all categories of TMB customers in addition to applicants and licensees - including the general public, other governmental entities, etc.</p> <p>The Registrations Department responds to the email received via the Customer Service email address and forwards to the appropriate departments as necessary.</p>
<p>4) Health Care Entities and State Regulatory Boards seeking verification of licensure</p>	<p>The Registrations Department responds to numerous verification requests for licensure of physicians and other license types. The department also provides license verifications to other state boards upon request of licensees.</p>

Enforcement Strategy – includes information and services provided by four departments (1) Enforcement Support, (2) Investigations, (3) Litigation, and (4) Compliance

Customer Categories	Services Received
<p>5) Complainants – individuals or entities that file complaints including patients, family or friends of patients, other health professionals, government agencies, law enforcement, TMB itself as the result of specific regulatory activities, or health care entities such as insurance companies.</p> <p>6) Respondents (and representatives such as defense counsel) – a respondent is any licensee of the agency responding to a complaint inquiry including physicians, physician assistants, acupuncturists, surgical assistants, etc.</p> <p>7) Probationers – a licensee fulfilling the terms of a remedial/corrective action or disciplinary order.</p>	<p>A complaint received by TMB against a licensed individual or entity triggers the enforcement process.</p> <p>Each complaint receives an initial review and if necessary is investigated to determine if a violation has occurred and, if so, what appropriate remedial/corrective or disciplinary action is needed.</p> <p>If a remedial plan or disciplinary action is issued by the board, then a compliance officer works with the licensee (probationer) to ensure the terms of the action are met.</p>

Physician Health Program Strategy – information and services provided by the Texas Physician Health Program

Customer Categories	Services Received
<p>8) Self-referrals – TMB applicants and licensees. 9) Referrals - TMB, concerned colleagues, hospitals and others who may refer or suggest self-referral to TMB applicants and licensees.</p>	<p>The Texas Physician Health Program (PHP) is administratively attached to the Texas Medical Board, but overseen by an 11-member governing board.</p> <p>PHP is a non-disciplinary program that encourages physicians, physician assistants, acupuncturists and surgical assistants to seek early assistance with drug or alcohol-related problems or mental or physical conditions that present a potentially dangerous limitation or inability to practice medicine with reasonable skill and safety.</p>

Public Education & Administration Strategies – includes information and services provided by four departments: (1) General Counsel, (2) Governmental Affairs & Communications, (3) Information Resources, and (4) Finance.	
Customer Categories	Services Received
<p>In addition to many of the customers listed above, the following groups are also served by these departments.</p> <p>10) Elected Officials 11) Media/News outlets 12) Open Records Requestors 13) Oversight agencies 14) Professional associations and societies 15) Licensee/Respondent Representatives such as defense counsel and consultants 16) Vendors & Contracted Professional Services 17) Medical schools, PA schools, and acupuncture schools 18) Hospitals</p>	<p>A wide variety of information and services are provided including:</p> <ul style="list-style-type: none"> - TMB Website - Outreach presentations to medical societies, medical schools, and hospital groups - Responses to constituent information requests - Policy, rules, and regulations information - Responses to media inquiries - Open Records responses - TMB Data Products

DESCRIPTION OF THE SURVEY PROCESS

In FY 16, the TMB focused on agency communications and obtained feedback from key stakeholder groups, which are actively involved in the agency rulemaking process and represent a broad spectrum of TMB customers with a substantive understanding of the agency’s processes. Over the years, TMB has utilized a variety of methods to survey its consumers, including automated surveys on incoming phone calls to the agency’s call center, and online surveys posted to the agency’s website.

This year’s survey followed the same model but was expanded to include additional interested parties who are actively engaged with the agency especially agency rulemaking.

The first eight questions of the ten question survey asked the participants specifically to rank their satisfaction level with the agency’s stakeholder meetings and communications (website, newsletters and press releases) by having them rate how strongly they agree with a series of applicable statements. Statement ratings ranged from **Strongly Disagree - Disagree - Neutral - Agree - Strongly Agree**.

The final two questions asked the frequency in which the participants use the website and what specific sections of the website are accessed. The survey required responses to all ten items for submission.

CUSTOMER SATISFACTION SURVEY RESULTS AND ANALYSIS

TMB surveyed approximately 150 stakeholders and interested parties who have participated in the agency’s rulemaking process within the past two years. The survey had a 32% response rate (48).

The majority of participants “agreed” or “strongly agreed” with each survey statement.

Surveying participants regarding the agency’s stakeholder meetings, 90% agreed or strongly agreed that the agency’s rule stakeholder meetings are informative; 92% agreed or strongly agreed that the agency’s rule stakeholder meetings provide an opportunity for feedback; and 75%

agreed or strongly agreed that the agency provides adequate notice and information in advance of meetings

Regarding the agency's communications, 69% agreed or strongly agreed that the agency's website information is useful and informative; 58% agreed or strongly agreed that the agency's website is easy to navigate; 71% agreed or strongly agreed that overall, they were satisfied with their experience using the agency's website; 73% agreed or strongly agreed that the TMB Bulletin (newsletter) and Board press releases contain useful information. Finally, 73% agreed or strongly agreed that overall, they are satisfied with the information in the TMB Bulletin and press releases. **See Table 2.**

Table 2

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Average Rating
1) The agency's rule stakeholder meetings are informative.	0.00% 0	2.08% 1	8.33% 4	56.25% 27	33.33% 16	Agree
2) The agency's rule stakeholder meetings provide an opportunity for feedback.	0.00% 0	0.00% 0	8.33% 4	50.00% 24	41.67% 20	Agree-Strongly Agree
3) The agency provides adequate notice and information in advance of meetings.	0.00% 0	14.58% 7	10.42% 5	50.00% 24	25.00% 12	Agree
4) The agency's website information is useful and informative.	0.00% 0	12.50% 6	18.75% 9	56.25% 27	12.50% 6	Agree
5) The agency's website is easy to navigate.	2.08% 1	14.58% 7	25.00% 12	47.92% 23	10.42% 5	Agree
6) Overall, I am satisfied with my experience using the agency's website.	0.00% 0	14.58% 7	14.58% 7	56.25% 27	14.58% 7	Agree
7) The TMB Bulletin (newsletter) and Board press releases contain useful information.	0.00% 0	2.08% 1	25.00% 12	50.00% 24	22.92% 11	Agree

8) Overall, I am satisfied with the information in the TMB Bulletin and press releases.	0.00% 0	4.17% 2	22.92% 11	50.00% 24	22.92% 11	Agree
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The final two questions of the survey asked the participant how often they accessed the TMB’s website and asked them to identify what section(s) of the website they visited.

Of the total survey participants, 65% said they visited the TMB’s website on a weekly and monthly basis. The remaining 35% visited the website once or twice every 1-6 months or less. The most visited section of the website was “Laws & Rules and/or FAQs” (79%) followed by the “Licensing and/or Registration” (65%) sections. **See Tables 3 & 4.**

Table 3

	Never	Once or twice a year	Once or twice every 1-6 months	Once or twice a month	Once or twice a week
9) How often do you access the agency’s website?	3	2	12	22	9

Table 4

	Licensing and/or Registration	Forms	Laws & Rules and/or FAQs	Publications and/or Newsroom	Consumer and/or Agency	N/A
10) Which section(s) of the website do you visit?	31	10	38	24	9	3

ONGOING MEASURES OF CUSTOMER SATISFACTION

TMB will continue researching other methods to measure customer satisfaction to ensure a robust survey process in future years. The agency generally receives feedback on services and processes throughout a given year from a wide variety of customers that interact with agency departments and processes – ranging from licensees’ feedback to interactions with consumers of medical services to feedback from other state agencies and elected officials.

Performance Measures FY 18

Outcome Measures

- 94.4% Percentage of Surveyed Customer Respondents Expressing Overall Satisfaction with Services Received
- 5.6% Percentage of Surveyed Customer Respondents Identifying Ways to Improve Service Delivery

Output Measures

- 150 Total Customers Surveyed
- 500,000 Total Customers Served (estimated)

Efficiency Measures

- \$.50 Cost Per Customer Surveyed

Explanatory Measures

- 500,000 Total Customers Identified (estimated)
- 18 Total Customer Groups Inventoried