

AGENCY STRATEGIC PLAN

FISCAL YEARS 2017 TO 2021

BY

THE TEXAS MEDICAL BOARD

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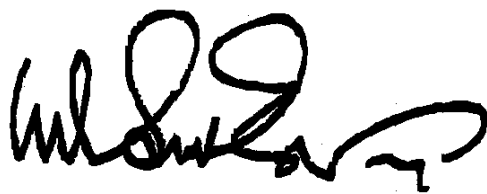
JUNE 24, 2016

SIGNED:



Mari Robinson, J.D., Executive Director

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Michael Arambula, M.D., Pharm.D., Board President

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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 ensure this goal can be accomplished on or before August 31, 2021. All action items have been implemented and may require additional review to determine if additional action items are needed once the current Sunset review is completed and Sunset legislation has been adopted in the 2017 legislative session.

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 ITEMS 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 data management and workflow for any information about licensees. All agency staff uses licensee information to provide information to all stakeholders including the health professionals, public, and legislators. The agency is continuously 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 store, organize and access huge volumes of electronic information previously only available as paper copies. The Enforcement and Licensure processes use this system to facilitate collaboration, 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. 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. 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. This initiative addresses the continuing need to invest in the agency's infrastructure to meet changing business needs. New legislative requirements, advances in technology and the need to support a remote workforce require the agency to make regular improvements to increase the ability of the agency to store, process and transmit information.

DESCRIBE ANY OTHER CONSIDERATIONS RELEVANT TO YOUR GOAL OR ACTION ITEM

The agency is currently undergoing Sunset review and looks forward to recommendations to increase operational and program efficiencies. The agency's workload increased significantly in 2016 due to the passage of SB 202 in 2015 that transferred four license types and approx. 45,000 licensees to TMB from DSHS. The agency continues to review what operational changes and/or additional resources may be needed to addresses current and future workload and to ensure efficiency and optimal customer service.

REDUNDANCIES AND IMPEDIMENTS

<p>Service, Statute, Rule or Regulation (Provide Specific Citation If Applicable)</p>	<p>Describe why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations</p>	<p>Provide Agency Recommendation for Modification or Elimination</p>	<p>Describe the Estimated Cost Savings or Other Benefit Associated with Recommended Change</p>
<p>Surgical Assistant Licensing, Occupations Code, Sec. 206.001 to Sec. 206.351</p>	<p>The statutory requirements for regulation of surgical assistants could potentially be considered inefficient or unnecessary since a health professional is not actually required to hold a surgical assistant license in order to perform surgical assisting duties.</p> <p>Sec. 206.002. APPLICABILITY. (a) A person is not required to hold a license under this chapter if the person is: (1) a student enrolled in a surgical assistant education program approved by the medical board who is assisting in a surgical operation that is an integral part of the program of study; (2) a surgical assistant employed in the service of the federal government while performing duties related to that employment; (3) a person acting under the delegated authority of a licensed physician; (4) a licensed health care worker acting within the scope of the person's license; (5) a registered nurse; or (6) a licensed physician assistant. (b) This chapter does not affect the authority of a licensed physician to delegate acts under Subtitle B.</p> <p>Added by Acts 2001, 77th Leg., ch. 1014, Sec. 1, eff. Sept. 1, 2001.</p>	<p>Agency recommends review of the statute for possible elimination. In FY 15, there were a total of 411 surgical assistants licensed.</p> <p>Approximately 30 surgical assistant licenses are issued per year. On average, the agency receives less than 10 complaints per year on this license type.</p>	<p>The equivalent of .5 FTE (Admin Assistant III) for all licensing and enforcement workload associated with surgical assistants is: \$18,335 (1/2 of \$36,667).</p>

PART 2. SUPPLEMENTAL ELEMENTS

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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 through the year 2021.

Outcome Measures

- Percent of Licensees Who Renew Online: Physician
- 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

- Number of New Licenses Issued to Individuals: Physician
- Number of New Licenses Issued to Individuals: Acupuncture
- Number of New Licenses Issued to Individuals: Physician Assistant
- Number of New Licenses Issued to Individuals: Surgical Assistant
- Number of New Licenses Issued to Individuals: Physician in Training Permits
- Number of New Licenses Issued to Individuals: Allied Health Professionals
- Number of New Licenses Issued: Other Types
- Number of Licenses Renewed (Individuals): Physician
- Number of Licenses Renewed (Individuals): Acupuncture
- Number of Licenses Renewed (Individuals): Physician Assistant
- Number of Licenses Renewed (Individuals): Surgical Assistant
- Number of New Licenses Renewed (Individuals): Allied Health Professionals
- Number of Licenses Renewed: Other Types

Efficiency Measures

- Average Number of Days for Individual License Issuance: Physician
- Average Number of Days for Individual License Issuance: Acupuncturist
- Average Number of Days for Individual License Issuance: Physician Assistant
- Average Number of Days for Individual License Issuance: Surgical Assistant
- Average Number Days to Renew License: Physician
- Average Number Days to Renew License: Acupuncturist
- Average Number Days to Renew License: Physician Assistant
- Average Number Days to Renew License: Surgical Assistant

Explanatory Measures

- Total Number of Individuals Licensed: Physicians
- Total Number of Individuals Licensed: Acupuncture
- Total Number of Individuals Licensed: Physician Assistant
- Total Number of Individuals Licensed: Surgical Assistant
- Total Number of Individuals Licensed: Physician in Training Permits
- Total Number of Individuals Licensed: Allied Health Professionals

Total Number of Licenses Issued: Other

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 through the year 2021.

Outcome Measures

- Percent of Complaints Resulting in Disciplinary Action: Physician
- Percent of Complaints Resulting in Disciplinary Action: Acupuncture
- Percent of Complaints Resulting in Disciplinary Action: Physician Assistant
- Percent of Complaints Resulting in Disciplinary Action: Surgical Assistant
- Percent of Complaints Resulting in Remedial Action: Physician
- Percent of Complaints Resulting in Remedial Action: Physician Assistant
- Percent of Complaints Resulting in Remedial Action: Acupuncture
- Percent of Complaints Resulting in Remedial Action: Surgical Assistant
- Recidivism Rate for Those Receiving Disciplinary Action: Physician
- Recidivism Rate for Those Receiving Disciplinary Action: Acupuncture
- Recidivism Rate for Those Receiving Disciplinary Action: Physician Assistant
- Recidivism Rate for Those Receiving Disciplinary Action: Surgical Assistant
- Percent of Documented Complaints Resolved Within Six Months: Physician
- Percent of Documented Complaints Resolved Within Six Months: Acupuncture
- Percent of Documented Complaints Resolved Within Six Months: Physician Assistant
- Percent of Documented Complaints Resolved Within Six Months: Surgical Assistant
- Percent of Licensees with No Recent Violations: Physician
- Percent of Licensees with No Recent Violations: Acupuncture
- Percent of Licensees with No Recent Violations: Physician Assistant
- 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

- Number of Complaints Resolved: Physician
- Number of Complaints Resolved: Acupuncture
- Number of Complaints Resolved: Physician Assistant
- Number of Complaints Resolved: Surgical Assistant
- Number of Complaints Resolved: Allied Health Professionals

Efficiency Measures

- Average Time for Complaint Resolution: Physician
- Average Time for Complaint Resolution: Acupuncture
- Average Time for Complaint Resolution: Physician Assistant
- Average Time for Complaint Resolution: Surgical Assistant

Explanatory Measures

Jurisdictional Complaints Received and Filed: Physician

Jurisdictional Complaints Received and Filed: Acupuncture

Jurisdictional Complaints Received and Filed: Physician Assistant

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.

B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION

To maintain 100 percent of the agency's ongoing public awareness programs through public presentations, outreach to medical societies and professional associations, medical school visits, agency website and publications, and appropriate social media through year 2021.

Output Measure

Number of Publications Distributed

SCHEDULE B: PERFORMANCE MEASURE DEFINITIONS

A. Goal: LICENSURE

Outcome Measure 1	Percent of Licensees Who Renew Online: Physician (Key)
<i>Short 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/Importance</i>	To track use of online license renewal technology by the licensee population.
<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>	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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Outcome Measure 2	Percent of Licensees Who Renew Online: Physician Assistant (Key)
<i>Short 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/Importance</i>	To track use of online license renewal technology by the licensee population.
<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>	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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

A.1.1. Strategy: LICENSING

Licensing Output Measure 1	Number of New Licenses Issued to Individuals: Physician (Key)
<i>Short Definition</i>	The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed
<i>Purpose/Importance</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>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>	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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 2	Number of New Licenses Issued to Individuals: Acupuncture (Key)
<i>Short Definition</i>	The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed
<i>Purpose/Importance</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>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>	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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 3	Number of New Licenses Issued to Individuals: Physician Assistant (Key)
<i>Short Definition</i>	The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed.
<i>Purpose/Importance</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>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>	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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 4	Number of New Licenses Issued to Individuals: Surgical Assistant (Key)
<i>Short Definition</i>	The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed. .
<i>Purpose/Importance</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>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>	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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 5	Number of New Licenses Issued to Individuals: Physician in Training Permits
<i>Short Definition</i>	The number of Physician in Training permits issued to individuals during the reporting period.
<i>Purpose/Importance</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>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>	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 Type</i>	Cumulative
<i>New Measure</i>	No (This change listed on LBB approval list)
<i>Desired Performance</i>	Meets target

Licensing Output Measure 6	Number of New Licenses Issued to Individuals: Allied Health Professionals
<i>Short Definition</i>	The number of licenses issued to allied health professionals, for the following four types of licenses during the reporting period: medical radiologic technologists, respiratory care practitioners, medical physicists, and perfusionists. Includes new licenses issued, and licenses reissued after having lapsed.
<i>Purpose/Importance</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>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 databases.
<i>Method of Calculation</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 Type</i>	Cumulative
<i>New Measure</i>	Yes
<i>Desired Performance</i>	Meets target

Licensing Output Measure 7	Number of New Licenses Issued: Other Types
<i>Short Definition</i>	Number of other licenses, registrations, etc. issued during the reporting period.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</i>	Number of licenses, registrations and certificates issued to individuals and business facilities (other than the 4 main license types of physician, physician assistant, acupuncturist, and surgical assistant) 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, non-certified radiological technologist registrations, non-profit health organization registrations.
<i>Data Limitations</i>	The agency has no control over the number of individuals or businesses who seek licensure/registration.
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Meet the target

Licensing Output Measure 8	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 9	Number of Licenses Renewed (Individuals): Acupuncture (Key)
<i>Short Definition</i>	The number of licensed acupuncturists 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 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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 10	Number of Licenses Renewed (Individuals): Physician Assistant (Key)
<i>Short Definition</i>	The number of licensed individuals who completed held licenses previously and renewed their license during the current reporting period.
<i>Purpose/Importance</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>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 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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 11	Number of Licenses Renewed (Individuals): Surgical Assistant (Key)
<i>Short Definition</i>	The number of licensed surgical assistants held licenses previously and renewed their license during the current reporting period
<i>Purpose/Importance</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>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 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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 12	Number of Licenses Renewed (Individuals): Allied Health Professionals
<i>Short Definition</i>	The number of licensed allied health professionals (medical radiologic technologists, respiratory care practitioners, medical physicists, and perfusionists), who held licenses previously and renewed (registered) 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 databases.
<i>Method of Calculation</i>	The number of registration permits issued to licensed allied health professionals (medical radiologic technologists, respiratory care practitioners, medical physicists, and perfusionists), 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 Type</i>	Cumulative
<i>New Measure</i>	Yes
<i>Desired Performance</i>	Meets target
Licensing Output Measure 13	Number of Licenses Renew: Other Types
<i>Short Definition</i>	The number of other licensed individuals or registered business facilities which completed initial or renewal registrations during the reporting period.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</i>	The number of registration permits issued to licensees, permit holders, registrants, and certificate holders (other than Physician in Training permits and the 4 main license types of physician, physician assistant, acupuncturist, and surgical assistant) 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, non-certified radiological technologist registrations, and non-profit health organization registrations. Physician in training permits are not renewable so are 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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Meet target.
Licensing Efficiency Measure 1	Average Number of Days for Individual License Issuance – Physician (Key)
<i>Short Definition</i>	The average number of days to process a physician license application of individuals licensed during the reporting period.
<i>Purpose/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target.

Licensing Efficiency Measure 2	Average Number of Days for Individual License Issuance – Acupuncturist
<i>Short Definition</i>	The average number of days to process acupuncture license application for all individuals licensed during the reporting period.
<i>Purpose/Importance</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>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 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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Licensing Efficiency Measure 3	Average Number of Days for Individual License Issuance – Physician Assistant
<i>Short Definition</i>	The average number of days to process a physician assistant license application for all individuals licensed during the reporting period.
<i>Purpose/Importance</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>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 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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Licensing Efficiency Measure 4	Average Number of Days for Individual License Issuance – Surgical Assistant
<i>Short Definition</i>	The average number of days to process a surgical assistant license application for all individuals licensed during the reporting period.
<i>Purpose/Importance</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>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 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 Type</i>	Cumulative

<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target.

Licensing Efficiency Measure 5	Average Number of Days to Renew License – Physician
<i>Short Definition</i>	Average number of days to process renewals in report period
<i>Purpose/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Licensing Efficiency Measure 6	Average Number of Days to Renew License – Acupuncturist
<i>Short Definition</i>	Average number of days to process renewals in report period
<i>Purpose/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Licensing Efficiency Measure 7	Average Number of Days to Renew License – Physician Assistant
<i>Short Definition</i>	Average number days to process renewals in report period
<i>Purpose/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Licensing Efficiency Measure 8	Average Number of Days to Renew License – Surgical Assistant
<i>Short Definition</i>	Average number of days to process renewals in report period
<i>Purpose/Importance</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>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 and in spreadsheets.

<i>Method of Calculation</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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Licensing Explanatory Measure 1	Total Number of Individuals Licensed: Physician
<i>Short Definition</i>	Total number of individuals licensed at the end of the reporting period.
<i>Purpose/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Meets target

Licensing Explanatory Measure 2	Total Number of Individuals Licensed: Acupuncture
<i>Short Definition</i>	Total number of individuals licensed at the end of the reporting period.
<i>Purpose/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Meets target

Licensing Explanatory Measure 3	Total Number of Individuals Licensed: Physician Assistant
<i>Short Definition</i>	Total number of individuals licensed at the end of the reporting period.
<i>Purpose/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Meets target

Licensing Explanatory Measure 4	Total Number of Individuals Licensed: Surgical Assistant
<i>Short Definition</i>	Total number of individuals licensed at the end of the reporting period.
<i>Purpose/Importance</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>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 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 Type</i>	Non-cumulative

<i>New Measure</i>	No
<i>Desired Performance</i>	Meets target

Licensing Explanatory Measure 5	Total Number of Individuals Licensed: Physician in Training Permits
<i>Short Definition</i>	Total # of physicians in training licensed.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Meets target

Licensing Explanatory Measure 6	Total Number of Licensed Issued: Allied Health Professionals
<i>Short Definition</i>	Total number of individual allied health professionals licensed at the end of the reporting period
<i>Purpose/Importance</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>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 databases.
<i>Method of Calculation</i>	The number of active licenses, for all four 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 Type</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Desired Performance</i>	Meets target

Licensing Explanatory Measure 7	Total Number of Licensed Issued: Other
<i>Short Definition</i>	Total # of individuals licensed and business facilities registered.
<i>Purpose/Importance</i>	The measure shows the total number of individuals licensed, registered, or certified and the total number of business facilities registered (other than Physicians in Training and the 4 main license types of physician, physician assistant, acupuncturist, and surgical assistant) at the end of the reporting period, which indicates the size of other agency constituencies.
<i>Source of Data</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>Method of Calculation</i>	Total number of individuals licensed, registered, or certified and the total number of business facilities registered, active and inactive, but not cancelled or revoked, (other than Physicians in Training and the 4 main license types of physician, physician assistant, acupuncturist, and surgical assistant) at the end of the reporting period.
<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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Meets target

B. Goal: ENFORCE MEDICAL ACT

Enforcement Outcome Measure 1	Percent of Complaints Resulting in Disciplinary Action: Physician (Key)
<i>Short Definition</i>	Percent of complaints, which were resolved during the reporting period that, resulted in disciplinary action.
<i>Purpose/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 2	Percent of Complaints Resulting in Disciplinary Action: Acupuncture (Key)
<i>Short Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in disciplinary action.
<i>Purpose/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 3	Percent of Complaints Resulting in Disciplinary Action: Physician Assistant (Key)
<i>Short Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in disciplinary action.
<i>Purpose/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 4	Percent of Complaints Resulting in Disciplinary Action: Surgical Assistant (Key)
<i>Short Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in disciplinary action.
<i>Purpose/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 5	Percent of Complaints Resulting in Remedial Action: Physician (Key)
<i>Short 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/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Desired Performance</i>	Meets target

Enforcement Outcome Measure 6	Percent of Complaints Resulting in Remedial Action: Physician Assistant (Key)
<i>Short 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/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Desired Performance</i>	Meets target

Enforcement Outcome Measure 7	Percent of Complaints Resulting in Remedial Action: Acupuncture (Key)
<i>Short 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/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Desired Performance</i>	Meets target

Enforcement Outcome Measure 8	Percent of Complaints Resulting in Remedial Action: Surgical Assistant (Key)
<i>Short 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/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Desired Performance</i>	Meets target

Enforcement Outcome Measure 9	Recidivism Rate for Those Receiving Disciplinary Action: Physician
<i>Short 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/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Outcome Measure 10	Recidivism Rate for Those Receiving Disciplinary Action: Acupuncture
<i>Short 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/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Outcome Measure 11	Recidivism Rate for Those Receiving Disciplinary Action: Physician Assistant
<i>Short 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/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Outcome Measure 12	Recidivism Rate for Those Receiving Disciplinary Action: Surgical Assistant
<i>Short 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/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Outcome Measure 13	Percent of Documented Complaints Resolved Within Six Months: Physician
<i>Short 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/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement	Percent of Documented Complaints Resolved Within Six Months:
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Outcome Measure 14	Acupuncture
<i>Short 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/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 15	Percent of Documented Complaints Resolved Within Six Months: Physician Assistant
<i>Short 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/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 16	Percent of Documented Complaints Resolved Within Six Months: Surgical Assistant
<i>Short 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/Importance</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>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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 17	Percent of Licensees with No Recent Violations: Physician
<i>Short 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/Importance</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>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>	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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 18	Percent of Licensees with No Recent Violations: Acupuncture
<i>Short 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/Importance</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>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>	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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 19	Percent of Licensees with No Recent Violations: Physician Assistant
<i>Short 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/Importance</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>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>	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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 20	Percent of Licensees with No Recent Violations: Surgical Assistant
<i>Short 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/Importance</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>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>	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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

B.1.1. Strategy: ENFORCEMENT

Enforcement Output Measure 1	Number of Complaints Resolved: Physician (Key)
<i>Short Definition</i>	The total number of jurisdictional filed complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the workload associated with resolving complaints.
<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 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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Output Measure 2	Number of Complaints Resolved: Acupuncture (Key)
<i>Short Definition</i>	The total number of jurisdictional filed complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the workload associated with resolving complaints.
<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 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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Output Measure 3	Number of Complaints Resolved: Physician Assistant (Key)
<i>Short Definition</i>	The total number of jurisdictional filed complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the workload associated with resolving complaints.
<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 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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Output Measure 4	Number of Complaints Resolved: Surgical Assistant (Key)
<i>Short Definition</i>	The total number of jurisdictional filed complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the workload associated with resolving complaints.
<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 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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Output Measure 5	Number of Complaints Resolved: Allied Health Professionals
<i>Short 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/Importance</i>	The measure shows the workload associated with resolving complaints.
<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 databases.
<i>Method of Calculation</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 Type</i>	Cumulative
<i>New Measure</i>	Yes
<i>Desired Performance</i>	Meets target

Enforcement Efficiency Measure 1	Average Time for Complaint Resolution: Physician (Key)
<i>Short Definition</i>	The average length of time to resolve a jurisdictional filed complaint for all complaints resolved within the reporting period.
<i>Purpose/Importance</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Efficiency Measure 2	Average Time for Complaint Resolution: Acupuncture
<i>Short Definition</i>	The average length of time to resolve a jurisdictional complaint, for all complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Efficiency Measure 3	Average Time for Complaint Resolution: Physician Assistant
<i>Short Definition</i>	The average length of time to resolve a jurisdictional filed complaint, for all complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target
Enforcement Efficiency Measure 4	Average Time for Complaint Resolution: Surgical Assistant
<i>Short Definition</i>	The average length of time to resolve a jurisdictional filed complaint, for all complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<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 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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target
Enforcement Explanatory Measure 1	Jurisdictional Complaints Received and Filed: Physician (Key)
<i>Short 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/Importance</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<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 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 Type</i>	Cumulative
<i>New Measure</i>	No
Enforcement Explanatory Measure 2	Jurisdictional Complaints Received and Filed: Acupuncture (Key)
<i>Short 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/Importance</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<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 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 Type</i>	Cumulative
<i>New Measure</i>	No
Enforcement Explanatory Measure 3	Jurisdictional Complaints Received and Filed: Physician Assistant (Key)
<i>Short 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/Importance</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<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 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 Type</i>	Cumulative
<i>New Measure</i>	No

Enforcement Explanatory Measure 4	Jurisdictional Complaints Received and Filed: Surgical Assistant (Key)
<i>Short 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/Importance</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<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 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 Type</i>	Cumulative
<i>New Measure</i>	No

B.1.2. Strategy: PHYSICIAN HEALTH PROGRAM

B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION

Public Information & Education Output Measure 1	Number of Publications Distributed
<i>Short 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/Importance</i>	Shows that agency is providing ongoing information to its licensed professionals and to the public.
<i>Source of Data</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>Method of Calculation</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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</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 licensees; directing these practitioners to evaluation and/or treatment, and monitoring the participants in recovery.
 - Strategy – Improve public awareness by providing information and educational programs to educate the public and licensees regarding the agency's functions, services and responsibilities.

Agency Functions

TMB currently regulates, through licensure and enforcement, approximately 140,000 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 Sunset review and changes to the mission, goals, and strategies in the next legislative session as well as in the next five years are possible. 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 also now supports two new 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 16, TMB is authorized 201 FTEs in the General Appropriations Act, and as of May 31, 2016, has 190.5 actual FTEs. The Texas Physician Health Program is allocated 9.5 FTEs and has 8.5 actual FTEs as of May 31, 2016.

General Demographics

The TMB workforce had the following composition in FY 2016:

- TMB has a mature workforce. The average age of TMB's employees is 45.18 years. Approximately 64% of staff is age 40 or older compared to 61% of the state's workforce. The lowest percentage of TMB's employees is evenly split between those employees who are under 30 and over 60 at 9% of the workforce for each age category.
- The percentage of TMB's female workforce has increased slightly, from 72% in FY 2014 to 75% in FY 2016. The state's workforce is more evenly split between men (57%) and women (43%).
- Approximately 40% of TMB's workforce is comprised of ethnic minorities, which is less than the state percentage of 52%.
- Approximately 24% of TMB employees have been with the agency longer than two years, while 37% of TMB employees have been with the agency for more than five years.

Current Staffing Levels

The TMB's FTE cap has increased from 168 FTEs in FY 12 to the present authorization of 201 in FY 16. The majority of the FTE increases granted have been to assist with increases in the TMB's enforcement and licensure workloads.

Employee Turnover and Exit Interview Information

The TMB employee turnover rate for FY 15 was 15.5%, which is trending down from 22.6% in FY 14 and 18.6% in FY 13. TMB's turnover is below the average state turnover rate of 19.3% for FY 15. TMB's turnover rate is higher than the 11% turnover rate for regulatory agencies and has consistently remained at higher levels since FY 08.

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 be at or above the state average because 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 2015 data, TMB estimates that approximately 8% of its workforce will be eligible to retire at the end of calendar year 2016. TMB estimates that over the next five years, 12% of the current workforce will be eligible to retire.

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 may be eligible to retire 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 now support 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 140,000 licensees and entities and is responsible for approximately 25 different types of licenses, permits, and certifications.

CUSTOMER INVENTORY

A wide variety of customers are 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 16-17. TMB has identified 16 primary customer groups.

Table 1 – Customers by Strategy and Services for FY 16-17

<i>Licensing Strategy – includes information and services provided by three departments (1) Consumer and Application Resources (CAR), (2) Licensing and (3) Registration</i>	
Customer Categories	Services and Information Received
1) Applicants for licenses or permits 2) Current license or permit holders	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. <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 4) Health-care Entities (seeking verification of physician licensure, etc.)</p>	<p>In addition to pre-licensure duties, the Consumer and Application Resources 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>Enforcement Strategy – includes information and services provided by four departments (1) Enforcement Support, (2) Investigations, (3) Litigation, and (4) Compliance</p>	
<p>Customer Categories</p>	<p>Services Received</p>
<p>5) Complainants – <i>individuals or entities that file complaints including patients, family or friends of patients, other health professionals, government agencies, law enforcement, and health care entities.</i> 6) Respondents (and representatives such as defense counsel) – <i>a respondent is any licensee of the agency responding to a complaint inquiry including physicians, physician assistants, acupuncturists, surgical assistants, etc.</i> 7) Probationers – <i>a licensee fulfilling the terms of a remedial/corrective action or disciplinary order.</i></p>	<p>A complaint received by TMB against a licensed individual or entity triggers the enforcement process. 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. 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>
<p>Physician Health Program Strategy – includes information and services provided by the Texas Physician Health Program</p>	
<p>8) Self-referrals – <i>TMB applicants and licensees.</i> 9) Referrals - <i>TMB, concerned colleagues, hospitals and others who may refer or suggest self-referral to TMB applicants and licensees.</i></p>	<p>The Texas Physician Health Program (PHP) is administratively attached to the Texas Medical Board, but overseen by an 11-member governing board. 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 five departments (1) Executive office, (2) General Counsel, (3) Governmental Affairs & Communications, (4) Information Resources, and (5) Finance.

In addition to many of the customers listed above, the following groups are also served by these departments:

- 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 and schools for PAs and acupuncture
- 18) Hospitals

A wide variety of information and services are provided including:

- 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

The TMB has utilized a variety of methods to survey its consumers. In FY 14, the agency focused on the quality of information and customer service provided by the agency’s website. TMB created an online survey which was published to the homepage with a hyperlink directing customers to the online form. Prior to that, the TMB surveyed callers to its customer service line, which was staffed by the Pre-Licensure, Registration, & Consumer Services Department.

This year, 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.

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 form required responses to all 10 items for submission.

CUSTOMER SATISFACTION SURVEY RESULTS AND ANALYSIS

TMB surveyed approximately 50 stakeholders with a 36% response rate (18).

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

Surveying participants regarding the agency’s stakeholder meetings, 94% agreed or strongly agreed that the agency’s rule stakeholder meetings are informative; 94% agreed or strongly agreed that the agency’s rule stakeholder meetings provide an opportunity for feedback; and 89% agreed or strongly agreed that the agency provides adequate notice and information in advance of meetings

Regarding the agency’s communications, 72% agreed or strongly agreed that the agency’s website information is useful and informative; 67% agreed or strongly agreed that the agency’s

website is easy to navigate; 78% agreed or strongly agreed that overall, they were satisfied with their experience using the agency’s website; 83% agreed or strongly agreed that the TMB Bulletin (newsletter) and Board press releases contain useful information. Finally, 78% agreed or strongly agreed that overall, they are satisfied with the information in the TMB Bulletin and press releases. See Table 1.

Table 1

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Average Rating
1) The agency’s rule stakeholder meetings are informative.	0.00% 0	0.00% 0	5.56% 1	50.00% 9	44.44% 8	Agree
2) The agency’s rule stakeholder meetings provide an opportunity for feedback.	0.00% 0	5.56% 1	0.00% 0	33.33% 6	61.11% 11	Agree-Strongly Agree
3) The agency provides adequate notice and information in advance of meetings.	0.00% 0	0.00% 0	11.11% 2	38.89% 7	50.00% 9	Agree
4) The agency’s website information is useful and informative.	0.00% 0	0.00% 0	27.78% 5	50.00% 9	22.22% 4	Agree
5) The agency’s website is easy to navigate.	0.00% 0	0.00% 0	33.33% 6	55.56% 10	11.11% 2	Agree
6) Overall, I am satisfied with my experience using the agency’s website.	0.00% 0	0.00% 0	22.22% 4	72.22% 13	5.56% 1	Agree
7) The TMB Bulletin (newsletter) and Board press releases contain useful information.	0.00% 0	0.00% 0	16.67% 3	72.22% 13	11.11% 2	Agree
8) Overall, I am satisfied with the information in the TMB Bulletin and press releases.	0.00% 0	0.00% 0	22.22% 4	66.67% 12	11.11% 2	Agree

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.

Just over 60% of survey participants said they visited the TMB’s website at least once or twice a month. The remaining 40% 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” (83%) followed by the “Licensing and/or Registration” (61%) sections. See Tables 2 & 3.

Table 2

	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?	1	2	4	7	4

Table 3

	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?	11	3	15	6	5	1

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 receives feedback on services and processes from a variety of customer groups including stakeholder groups in the rulemaking process, professional associations, legislative offices, and customers who contact the agency.

Performance Measures FY 16

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

- 50 Total Customers Surveyed
- 2,000,000 Total Customers Served (estimated)

Efficiency Measures

- \$1.75 Cost Per Customer Surveyed

Explanatory Measures

- 2,000,000 Total Customers Identified (estimated)
- 18 Total Customer Groups Inventoried

To assist in the process required by Chapter 2110, Texas Government Code, state agencies should submit an assessment of advisory committees using the format provided. Please submit your assessment for each advisory committee under your agency's purview. Include responses for committees created through statute, administrative code or ad-hoc by your agency. Include responses for all committees, whether ongoing or inactive and regardless of whether you receive appropriations to support the committee. Committees already scheduled for abolishment within the 2016-17 biennium are omitted from the scope of this survey. When submitting information for multiple advisory committees, right-click the sheet "Cmte1", select Move or Copy, select Create a copy and move to end.

NOTE: Only the items in blue are required for inactive committees.

SECTION A: INFORMATION SUBMITTED THROUGH ADVISORY COMMITTEE SUPPORTING SCHEDULE IN LEGISLATIVE APPROPRIATIONS REQUEST

Committee Name:

Number of Members:

Committee Status (Ongoing or Inactive): Note: An Inactive committee is a committee that was created prior to the 2014-15 biennium but did not meet or supply advice to an agency during that time period.

Date Created: Date to Be Abolished:

Budget Strategy (Strategies) (e.g. 1-2-4) Strategy Title (e.g. Occupational Licensing)

Budget Strategy (Strategies) Strategy Title

State / Federal Authority	Select Type	Identify Specific Citation
State Authority	Statute	Chpt. 602, Occupations Code, Sec. 602.051 - Sec. 602.058
State Authority		
State Authority		
Federal Authority		
Federal Authority		

Advisory Committee Costs: This section includes reimbursements for committee member costs and costs attributable to agency staff support.

Committee Members' Direct Expenses	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
Travel	\$0	\$5,400	\$4,400
Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	0	0
Total, Committee Expenditures	\$0	\$5,400	\$4,400

Committee Members' Indirect Expenses	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
Travel	\$0	\$0	\$0
Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	\$0	\$0
Total, Committee Expenditures	\$0	\$0	\$0

Method of Financing	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
Method of Finance			
1 - General Revenue Fund	\$0	\$5,400	\$4,400
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
Expenses / MOFs Difference:	\$0	\$0	\$0

Meetings Per Fiscal Year	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
	n/a	3	2

Committee Description: (Enter Committee Description and Justification for Continuation/Consequences of Abolishing) The committee is an advisory committee to the Texas Medical Board (TMB) as established by SB 202, 84th Session (2015). The advisory committee and the Texas Medical Board are responsible for regulating the practice of medical physics as required by the Medical Physics Practice Act, Chapter 602, Occupations Code. More information is available on the TMB website: <http://www.tmb.state.tx.us/page/medical-physicist-licensure-advisory-committee>

SECTION B: ADDITIONAL COMMITTEE INFORMATION

Committee Bylaws: Please provide a copy of the committee's current bylaws and most recent meeting minutes as part of your submission.

1. When and where does this committee typically meet and is there any requirement as to the frequency of committee meetings?

2. What kinds of deliverables or tangible output does the committee produce? If there are documents the committee is required to produce for your agency or the general public, please supply the most recent iterations of those.

3. What recommendations or advice has the committee most recently supplied to your agency? Of these, which were adopted by your agency and what was the rationale behind not adopting certain recommendations, if this occurred?

4a. Does your agency believe that the actions and scope of committee work is consistent with their authority as defined in its enabling statute and relevant to the ongoing mission of your agency? 4b. Is committee scope and work conducted redundant with other functions of other state agencies or advisory committees?

5a. Approximately how much staff time (in hours) was used to support the committee in fiscal year 2015?

5b. Please supply a general overview of the tasks entailed in agency staff assistance provided to the committee.

6. Have there been instances where the committee was unable to meet because a quorum was not present?

7a. What opportunities does the committee provide for public attendance, participation, and how is this information conveyed to the public (e.g. online calendar of events, notices posted in Texas Register, etc.)?

7b. Do members of the public attend at least 50 percent of all committee meetings? 7c. Are there instances where no members of the public attended meetings?

8. Please list any external stakeholders you recommend we contact regarding this committee.

9a. In the opinion of your agency, has the committee met its mission and made substantive progress in its mission and goals?

9b. Please describe the rationale for this opinion.

10. Given that state agencies are allowed the ability to create advisory committees at will, either on an ad-hoc basis or through amending agency rule in Texas Administrative Code:

10a. Is there any functional benefit for having this committee codified in statute? 10b. Does the scope and language found in statute for this committee prevent your agency from responding to evolving needs related to this policy area?

10c. If "Yes" for Question 10b, please describe the rationale for this opinion.

11a. Does your agency recommend this committee be retained, abolished or consolidated with another committee elsewhere (either at your agency or another in state government)?

11b. Please describe the rationale for this opinion.

12a. Were this committee abolished, would this impede your agency's ability to fulfill its mission?

12b. If "Yes" for Question 12a, please describe the rationale for this opinion.

13. Please describe any other suggested modifications to the committee that would help the committee or agency better fulfill its mission.

April, 2016
(503 Texas Medical Board)

To assist in the process required by Chapter 2110, Texas Government Code, state agencies should submit an assessment of advisory committees using the format provided. Please submit your assessment for each advisory committee under your agency's purview. Include responses for committees created through statute, administrative code or ad-hoc by your agency. Include responses for all committees, whether ongoing or inactive and regardless of whether you receive appropriations to support the committee. Committees already scheduled for abolishment within the 2016-17 biennium are omitted from the scope of this survey. When submitting information for multiple advisory committees, right-click the sheet "Cmte1", select Move or Copy, select Create a copy and move to end.

NOTE: Only the items in blue are required for inactive committees.

SECTION A: INFORMATION SUBMITTED THROUGH ADVISORY COMMITTEE SUPPORTING SCHEDULE IN LEGISLATIVE APPROPRIATIONS REQUEST

Committee Name:

Number of Members:

Committee Status (Ongoing or Inactive): Note: An inactive committee is a committee that was created prior to the 2014-15 biennium but did not meet or supply advice to an agency during that time period.

Date Created: **Date to Be Abolished:**

Budget Strategy (Strategies) (e.g. 1-2-4): **Strategy Title (e.g. Occupational Licensing):**

Budget Strategy (Strategies): **Strategy Title:**

State / Federal Authority
State Authority

Select Type
Statute

Identify Specific Citation

Statute	Cmpt. 603, Occupations Code, Sec. 603.051 - Sec. 603.057

State Authority

State Authority
Federal Authority
Federal Authority
Federal Authority

Advisory Committee Costs: This section includes reimbursements for committee member costs and costs attributable to agency staff support.

Committee Members' <u>Direct</u> Expenses	Expended	Estimated	Budgeted
	Exp 2015	Est 2016	Bud 2017
Travel	\$0	\$4,400	\$4,400
Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	0	0
<i>Total, Committee Expenditures</i>	\$0	\$4,400	\$4,400

Committee Members' <u>Indirect</u> Expenses	Expended	Estimated	Budgeted
	Exp 2015	Est 2016	Bud 2017
Travel	\$0	\$0	\$0
Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	\$0	\$0
<i>Total, Committee Expenditures</i>	\$0	\$0	\$0

Method of Financing	Expended	Estimated	Budgeted
	Exp 2015	Est 2016	Bud 2017
Method of Finance			
1 - General Revenue Fund	\$0	\$4,400	\$4,400
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0

Expenses / MOFs Difference:	\$0	\$0	\$0
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Meetings Per Fiscal Year	n/a	2	2
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Committee Description: (Enter Committee Description and Justification for Continuation/Consequences of Abolishing) The committee is an advisory committee to the Texas Medical Board (TMB) as established by SB 202, 84th Session (2015). The advisory committee and the Texas Medical Board are responsible for regulating the practice of perfusion as required by the Licensed Perfusionists Act, Chapter 603, Occupations Code. More information is available on the TMB website: <http://www.tmb.state.tx.us/page/perfusionist-licensure-advisory-committee>.

SECTION B: ADDITIONAL COMMITTEE INFORMATION

Committee Bylaws: Please provide a copy of the committee's current bylaws and most recent meeting minutes as part of your submission.

1. When and where does this committee typically meet and is there any requirement as to the frequency of committee meetings? This committee meets at the Texas Medical Board headquarters in Austin, TX. The advisory committee meets as requested by the Texas Medical Board per Sec. 603.057 of the Texas Occupations Code.

2. What kinds of deliverables or tangible output does the committee produce? If there are documents the committee is required to produce for your agency or the general public, please supply the most recent iterations of those.

Sec. 603.151 of the Texas Occupations Code requires the TMB, with the assistance of the advisory committee, to develop rules and regulations on licensure and disciplinary actions which results in the collection of fees, and issuing of licenses and disciplinary action orders.

3. What recommendations or advice has the committee most recently supplied to your agency? Of these, which were adopted by your agency and what was the rationale behind not adopting certain recommendations, if this occurred?

The committee is in the process of drafting rules to be reviewed and approved by the Texas Medical Board.

4a. Does your agency believe that the actions and scope of committee work is consistent with their authority as defined in its enabling statute and relevant to the ongoing mission of your agency ?

4b. Is committee scope and work conducted redundant with other functions of other state agencies or advisory committees?

5a. Approximately how much staff time (in hours) was used to support the committee in fiscal year 2015?

5b. Please supply a general overview of the tasks entailed in agency staff assistance provided to the committee.

Agency staff provide information and recommendations for the efficient and effective development of rules and procedures for licensing and discipline of perfusionists.

6. Have there been instances where the committee was unable to meet because a quorum was not present?

Please provide committee member attendance records for their last three meetings, if not already captured in meeting minutes. See Attached.

7a. What opportunities does the committee provide for public attendance, participation, and how is this information conveyed to the public (e.g. online calendar of events, notices posted in Texas Register, etc.)?

All committee meeting dates are posted in the Texas Register as well as on the Texas Medical Board website, and are open to the public per Sec. 551.002 of the Texas Government Code

7b. Do members of the public attend at least 50 percent of all committee meetings?

7c. Are there instances where no members of the public attended meetings?

8. Please list any external stakeholders you recommend we contact regarding this committee.

Staff of Sunset Advisory Commission, American Society of Extracorporeal Technology

9a. In the opinion of your agency, has the committee met its mission and made substantive progress in its mission and goals?

9b. Please describe the rationale for this opinion.

The committee has met to develop rules and discuss licensure issues as required by statute.

10. Given that state agencies are allowed the ability to create advisory committees at will, either on an ad-hoc basis or through amending agency rule in Texas Administrative Code:

10a. Is there any functional benefit for having this committee codified in statute?

10b. Does the scope and language found in statute for this committee prevent your agency from responding to evolving needs related to this policy area?

10c. If "Yes" for Question 10b, please describe the rationale for this opinion.

This committee was created by SB202, 84th Legislative Session (2015), to license and regulate perfusionists according to Chapter 603 of the Texas Occupations Code. SB 202 included DSHS Sunset recommendations to transfer the regulation of perfusionists from DSHS to TMB.

11a. Does your agency recommend this committee be retained, abolished or consolidated with another committee elsewhere (either at your agency or another in state government)?

11b. Please describe the rationale for this opinion.

This committee was created by SB202, 84th Legislative Session (2015), to license and regulate perfusionists according to Chapter 603 of the Texas Occupations Code. SB 202 included DSHS Sunset recommendations to transfer the regulation of perfusionists from DSHS to TMB.

12a. Were this committee abolished, would this impede your agency's ability to fulfill its mission?

12b. If "Yes" for Question 12a, please describe the rationale for this opinion.

This advisory committee is essential to the Texas Medical Board's mission to protect and enhance the public's health, safety, and welfare by using their knowledge gained in the medical field to license and regulate perfusionists.

13. Please describe any other suggested modifications to the committee that would help the committee or agency better fulfill its mission.

N/A

TMB – SB 202 Advisory Committees – FY 16 Committee Attendance**Medical Physicists Licensure Advisory Committee**

Meetings: 12/09/2015 (6 of 7 attended) & 01/11/2016 (6 of 7 attended)

Charles W. Beasley, PhD – attended both
Dianna D. Cody, PhD – attended both
Douglas A. Johnson – attended both
Nikolaos Papanikolaou, PhD – attended both
Kiran Shah – attended 1/11
Alvin L. Schlichtemeier, MD – attended both
Gregory P. Swanson, MD - attended 12/9

Perfusionist Licensure Advisory Committee

Meeting: 02/12/2016 (5 of 6 attended)

Patricia Blackwell
David R. Boyne, LP, CCP, FPP
Ann Guercio, CCP, LP, MBA (just appointed – didn't attend 2/12 mtg)
Gary Wayne Hay
R. Brent New, MD
Kirti Priyavadan Patel



Texas Medical Board

MEDICAL PHYSICISTS LICENSURE ADVISORY COMMITTEE

Meeting Minutes

DECEMBER 09, 2015

The meeting was called to order on December 9, 2015 at 11:49 a.m. by the Chair, Charles W. Beasley, Ph. D. Committee members present were: Dianna D. Cody, PhD; Douglas A. Johnson; Nikolaos Papanikolaou, PhD; Alvin L. Schlichtemeier M.D.; and Gregory P. Swanson, M.D. Kiran Shah was not present. Board staff present were Mari Robinson, J.D., Executive Director; Robert Bredt, M.D., Medical Director; Scott Freshour, J.D., General Counsel; Rob Blech, Assistant General Counsel; and various other staff.

Agenda item #2, Executive Director Report.

Budget. Ms. Robinson reported the budget continues to remain on target.

Outreach Update. Ms. Robinson reviewed the Outreach schedule and asked for suggestions on an Outreach presentation for Medical Physicists.

Legislative Update. Ms. Robinson gave a legislative update including information on the upcoming Sunset Review. Ms. Robinson advised the Committee that they would be involved in the Sunset Review.

Agenda item #3, Discussion, recommendation, and possible action regarding proposed amendments and rule review to 22 T.A.C. Chapter 160, §§160.1- 160.30.

Ms. Robinson went over proposed amendments and rule review to 22 T.A.C. Chapter 160, §§160.1-160.3.

The Committee recessed at 1:40 p.m.

The Committee reconvened at 1:53 p.m.

Ms. Robinson continued the discussion with the Committee on rules.

After discussion, the Committee directed staff to revise the proposed rules as discussed and bring back to the Committee in January to review and approve for publication and comment.

The Committee directed staff to further research issues recommended by the Committee.

Agenda item #4, Adjourn. There being no additional agenda items, **Dr. Papanikolaou moved, Dr. Schlichtemeier seconded, and the motion passed to adjourn at 2:51 p.m.**