

Texas Medical Board **Strategic Plan**

Fiscal Years 2025 – 2029



Agency Strategic Plan
Fiscal Years 2025 to 2029
BY
The Texas Medical Board

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PART 1. STRATEGIC PLAN

AGENCY MISSION

Our mission 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.

Agency Operational Goals and Action Plan

GOAL #1: STREAMLINE INTERACTIONS WITH PROSPECTIVE AND CURRENT LICENSEES

The Board seeks to streamline Board business interactions with prospective and current licensees by procuring a new, single Licensee Management System to replace multiple legacy systems.

SPECIFIC ACTION ITEMS TO ACHIEVE GOAL

- Develop and put out a request for information (RFI) containing specifications for a new licensee management system. **Estimated completion date – 6/1/2024*
- Include request for funding in 2026-2027 Legislative Appropriations Request. **Estimated completion date – 8/1/2024*
- Put out request for proposal (RFP), select vendor, and build-out. **9/1/2025 – Undetermined*

HOW GOAL OR ACTION ITEMS SUPPORT STATEWIDE OBJECTIVES

1. Accountable to tax and fee payers of Texas.

TMB licensees, especially physicians, will pay tens of thousands of dollars in application and renewal fees over the course of their careers while licensed by the Board. These licensees deserve their money to be funneled into systems that will better serve them.

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.

A singular, new system that is less complex to operate and maintain than the existing legacy systems will enable the Board to refocus critical IT personnel on other initiatives and reduce the need to ask for additional resources in the future.

3. Effective in successfully fulfilling core functions, measuring success in achieving performance measures, and implementing plans to continuously improve.

The core functions of the Board are to license and provide disciplinary oversight for the providers that fall under its purview. A single, reliable system that will enable the Board to effectively track every aspect of a licensee's interactions with the Board is fundamental to helping the agency successfully regulate the practice of

medicine. The impacts of a system that allows the Board to manage licensee matters more quickly will be reflected in agency performance measures - most notably within the agency's efficiency measures which generally gauge how long it takes the agency to issue licenses and resolve complaints.

4. Attentive to providing excellent customer service.

The agency's current legacy systems provide very limited, if any, opportunities for licensees to directly interface with the Board. In many ways the agency's process for handling (i.e. intake and organization) required documentation is very manual and creates opportunities for error that delay action and frustrate customers (i.e. applicants and licensees). A licensee's ability to upload documentation directly to the Board and have the system automatically and appropriately file it will ultimately reduce the time it takes to approve applications and resolve complaints.

5. Transparent such that agency actions can be understood by any Texan.

Visibility and transparency are one in the same. One of the goals of the new system is to allow prospective and current licensees greater viability into the status of any ongoing matters with the Board.

OTHER CONSIDERATIONS RELEVANT TO YOUR GOAL OR ACTION ITEM

1. Procuring a new licensee management system is contingent upon identifying adequate funding to do so.

GOAL #2: IMPROVE COMMUNICATION AND PROVIDE GREATER PROCESS TRANSPARENCY TO COMPLAINANTS & LICENSEES

The Board seeks to improve communication and provide greater process transparency to complainants and licensees through the establishment of an ombudsman's office.

SPECIFIC ACTION ITEMS TO ACHIEVE GOAL

- Request funding in 2026-2027 Legislative Appropriations Request to establish an ombudsman's office. **Estimated completion date – 8/1/2024*
- Post position(s) and onboard selected candidate(s). **Estimated completion date – 9/1/2025*

HOW GOAL OR ACTION ITEMS SUPPORT STATEWIDE OBJECTIVES

1. Accountable to tax and fee payers of Texas.

The Board receives an average of 8000-9000 complaints per year and each complaint receives a written response regarding the agency's determination (i.e. dismiss, investigate, etc.). TMB staff strive to provide complainants and respondents with as much information as possible to help them understand the agency's determinations. However, given the number and complexity of the

complaints received, the agency does not have the resources required to provide the level of explanation many individuals would prefer. An ombudsman's office would help bridge this information gap when it exists.

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.

TMB has allowed for a process for complainants to appeal the dismissal of their complaint. However, the process can require a lot of explanation and most complainants are not able to hire legal counsel to represent their interests or guide them through the appeal process. This results in an increase in the number of appeals. In fact, TMB can schedule a maximum of around 60 appeals per fiscal year, and we are approaching that threshold more and more each year. An ombudsman's office would help with this process. For one thing, an adequate explanation from a neutral source may help a complainant reach the conclusion not to appeal thereby cutting down on appeals altogether.

3. Effective in successfully fulfilling core functions, measuring success in achieving performance measures, and implementing plans to continuously improve.

Aside from helping complainants and respondents better understand agency determinations and helping complainants navigate the appeals process, an ombudsman's office would also be tasked with addressing complaints against the agency itself. Historically, complaints against the agency are related to concerns that a "medical" complaint wasn't handled appropriately by agency staff, or a license application wasn't properly evaluated. The ombudsman's office, which would be a more neutral resource, would be empowered to explore concerns raised in agency complaints and facilitate actual improvements if warranted.

4. Attentive to providing excellent customer service.

The goal of an ombudsman in any organization is to provide a safe space to talk about an issue or concern, explore options to help resolve conflicts, and bring systemic concerns to the attention of the organization for resolution. Each of these items are synonymous with providing excellent customer service.

5. Transparent such that agency actions can be understood by any Texan.

The Board intends to make the ombudsman's office, and the services it can provide, highly visible and accessible. Agency correspondence would feature the ombudsman's contact information and this information would also be available online for any Texan to access.

OTHER CONSIDERATIONS RELEVANT TO YOUR GOAL OR ACTION ITEM

1. Establishing an ombudsman's office is contingent on identifying adequate funding to do so.

Redundancies and Impediments

<p>SERVICE, STATUTE, RULE, OR REGULATION</p>	<p>TEXAS PHYSICIAN HEALTH PROGRAM FEES Texas Occupations Code Sec. 153.053</p>
<p>DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS</p>	<p>The Texas Physician Health Program (TXPHP) provides confidential early intervention, treatment, and post-treatment monitoring for health professionals under the Texas Medical Board's jurisdiction who may not be able to practice safely due to an impairing health condition. The mission of the Texas Physician Health Program is to protect the health of Texans and to promote the best quality of care by serving participants affected by substance use disorders, physical illness, and impairment, and/or psychiatric conditions. This is done by providing education, recognition, and assistance in diagnosis and treatment through a recovery program adapted and monitored according to participants' specific needs.</p> <p>Prior to the 88th Regular Session, Texas law required TXPHP participants to pay an annual fee of \$1,200. HB 1998 88(R) amended the Occupations Code by removing the \$1,200 annual fee and replaced it with a surcharge that is not to exceed \$15. The surcharge was intended to be assessed on all TMB license types at the time of license issuance for first-time licensees and upon renewal of a registration permit since all licensees have equal access to the TXPHP. However, the final bill language unintentionally only assessed this fee to physicians.</p>
<p>PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION</p>	<p>Permit the Board to assess TXPHP surcharge equally to all TMB licensees.</p>
<p>DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE</p>	<p>The ability to charge the fee equally across all license types will ensure that one license type is not shouldering the financial burden for all the others – especially since they all have equal access to the program.</p>

<p>SERVICE, STATUTE, RULE, OR REGULATION</p>	<p>PHYSICIAN LICENSE ELIGIBILITY Texas Occupations Code 155.003</p>
<p>DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS</p>	<p>HB 1998 88(R) amended the Occupations Code to require the TMB to refuse to issue a license if an applicant previously held a medical license revoked by the licensing authority in another state or a province of Canada for an offense that would be grounds for revocation in Texas. While the statute only refers to “another state or a province of Canada”, the Legislature’s intent was to prohibit licensure for applicants who had medical licenses revoked in Texas as well. Limiting the application of the statute to only out-of-state applicants with revoked licenses based upon the same felony conviction, while allowing eligibility for Texas applicants revoked for the same basis, creates an unfair result.</p>
<p>PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION</p>	<p>Require the TMB to apply the same standard to applicants who have previously had their Texas license revoked.</p>
<p>DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE</p>	<p>Allows the Board to hold all applicants to a uniform standard thereby eliminating any unfair licensing practices.</p>
<p>SERVICE, STATUTE, RULE, OR REGULATION</p>	<p>SERVICE OF NOTICE Texas Occupations Code 164.006</p>

<p>DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS</p>	<p>The current methods outlined in the statute to provide notice to a respondent of a hearing about the charges against them are antiquated, ineffective and no longer fiscally prudent.</p> <p>Statute requires the use of certified mail. However, certified mail is imperfect as not everyone collects their mail every day or even regularly. Furthermore, there are now more effective ways to deliver, and ensure said delivery, than there were when certified mail was commonly required. Statute also requires publishing notice in the newspaper which is onerous and wholly ineffective at providing any meaningful notice.</p>
<p>PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION</p>	<p>Provide the agency with statutory authority to serve notice via alternative means that are more efficient, reliable, and budget conscious. This should include allowing the Board to rely on the notice and default provisions of the State Office of Administrative Hearings (SOAH) administrative rules for complaints filed with SOAH.</p>
<p>DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE</p>	<p>Certified mail is one of the costliest methods to serve notice because it requires staff to print, mail, stamp and then file return receipts that come back physically in the mail. The cost of publication in newspapers has risen as well. In moving away from these methods, the agency will avoid wasting taxpayer dollars on less effective notification methods.</p>

PART 2. SUPPLEMENTAL SCHEDULES

SCHEDULE A: 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.

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 (11)

- 1 Number of New Non-Compact Licenses Issued to Individuals: Physicians
- 2 Number of New Compact Licenses Issued to Individuals: Physicians
- 3 Number of New Letters of Qualification Issued to Individuals: Physicians
- 4 Number of New Licenses Issued to Individuals: Allied Health Professionals
- 5 Number of New License Issued to Individuals: Physician Limited Licenses
- 6 Number of New Licenses Issued to Business Facilities
- 7 Number of Non-Compact Licenses Renewed (Individuals) Physicians
- 8 Number of Compact Licenses Renewed (Individuals): Physicians
- 9 Number of Letters of Qualification Re-issued (Individuals): Physicians
- 10 Number of Licenses Renewed (Individuals): Allied Health Professional
- 11 Number of Licenses Renewed: Business Facilities

Efficiency Measures (5)

- 1 Average Number of Days for Non-Compact License Issuance: Physicians
- 2 Average Number of Days for Compact License Issuance: Physicians
- 3 Average Number of Days for Letter of Qualification Issuance: Physicians
- 4 Average Number of Days for Individual License Issuance: Allied Health Professionals
- 5 Average Number of Days for Letter of Qualification Re-Issuance: Physicians

Explanatory Measures (6)

- 1 Total Number of Individuals Licensed: Non-Compact Physician
- 2 Total Number of Physicians Participating in the Compact: Texas as State of Principal License (SPL)
- 3 Total Number of Physicians Participating in the Compact: Out-Of-State SPL
- 4 Total Number of Individuals Licensed: Allied Health Professionals
- 5 Total Number of Individuals Licensed: Physician Limited Licenses
- 6 Total Number of Business Facilities Registered

B. Goal: ENFORCE MEDICAL ACT

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

Outcome Measures (8)

- 1 Percent of Complaints Resulting in Disciplinary Action: Physician
- 2 Percent of Complaints Resulting in Disciplinary Action: Allied Health Professionals
- 3 Percent of Complaints Resulting in Remedial Action: Physician
- 4 Percent of Complaints Resulting in Remedial Action: Allied Health Professionals
- 5 Percent of Documented Complaints Resolved Within Six Months: Physician
- 6 Percent of Documented Complaints Resolved Within Six Months: Allied Health Professionals
- 7 Percent of Complaints Resulting in Warning Letter: Physician (**new measure**)
- 8 Percent of Complaints Resulting in Warning Letter: Allied Health Professionals (**new measure**)

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 (2)

- 1 Number of Complaints Resolved: Physician
- 2 Number of Complaints Resolved: Allied Health Professionals

Efficiency Measures (2)

- 1 Average Time for Complaint Resolution: Physician
- 2 Average Time for Complaint Resolution: Allied Health Professionals

Explanatory Measures (2)

- 1 Jurisdictional Complaints Received and Filed: Physician
- 2 Jurisdictional Complaints Received and Filed: Allied Health Professionals

B.1.2. Strategy: PHYSICIAN HEALTH PROGRAM

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

Output Measures (4)

- 1 Number of Physicians Voluntarily Participating in TXPHP
- 2 Number of Allied Health Professionals Voluntarily Participating in TXPHP
- 3 Number of Physicians Ordered to Participate in TXPHP
- 4 Number of Allied Health Professionals Ordered to Participate in TXPHP

B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION

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

Output Measure (1)

- 1 Number of Unique Outreach Efforts

SCHEDULE B: LIST OF MEASURE DEFINITIONS

A. Goal: LICENSURE

A.1.1. Strategy: LICENSING

Licensing Output Measure 1	Number of New Non-Compact Licenses Issued to Individuals: Physicians (Key)
<i>Definition</i>	The number of standard process, non-Compact licenses issued to individuals during the reporting period. This includes new licenses issued, licenses reissued after having lapsed.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of new standard process licenses issued and standard process licenses reissued after having lapsed, during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Output Measure 2	Number of New Compact Licenses Issued to Individuals: Physicians (Key)
<i>Definition</i>	The number of medical licenses issued to out-of-state physicians who are using the Interstate Medical Licensure Compact to obtain their Texas license and whose State of Principal License is not Texas during the reporting period. Includes new licenses issued and licenses reissued after having lapsed.
<i>Purpose</i>	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 Compact licensure criteria established by statute as verified by the outside state of principal licensure of the persons during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

<i>Methodology</i>	Number of new licenses issued and licenses reissued after having lapsed to out-of-state physicians through the Compact during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
Licensing Output Measure 3	Number of New Letters of Qualification Issued to Individuals: Physicians (Key)
<i>Definition</i>	The number of initial Letters of Qualification issued to Interstate Medical License Compact-eligible physicians who possess full, unrestricted Texas licensure and have selected Texas as their State of Principal License to enter into and participate in the program during the reporting period.
<i>Purpose</i>	This measure is a primary workload indicator which is intended to show the number of Texas licensed persons who were documented to have successfully met all Compact licensure criteria established by statute to participate through the program in other states as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of new Letters of Qualification issued during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek a Letter of Qualification or the number of applicants who are fully eligible to receive a Letter of Qualification.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
Licensing Output Measure 4	Number of New Licenses Issued to Individuals: Allied Health Professionals (Key)
<i>Definition</i>	The number of licenses issued to allied health professionals for the following types of licenses during the reporting period: physician assistants, acupuncturists, surgical assistants, acudetox specialists, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists

	(NCT) included on the NCT registry. Includes new licenses issued, and licenses reissued after having lapsed.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's databases.
<i>Methodology</i>	Number of new licenses issued and licenses reissued after having lapsed, during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Output Measure 5	Number of New License Issued to Individuals: Physician Limited Licenses
<i>Definition</i>	The number of Physician Limited Licenses issued to individuals during the reporting period.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure registration issuance. This measure is a primary workload indicator which is intended to show the number of unlicensed unregistered/non-certified persons which were documented to have successfully met all criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of new permits during the reporting period. Number of licenses, registrations and certificates issued to individuals during the reporting period. Includes newly issued and reissued after having lapsed. Types in this group are: Physicians in Training permits, faculty temporary licenses, visiting professor temporary licenses, state health agency temporary licenses, national health service corps temporary licenses, postgraduate research temporary licenses, and DSHS-MUA temporary licenses.

<i>Data Limitations</i>	The agency has no control over the number of applicants who seek these license types, nor does the agency have control over the number of slots available to Physicians in Training in qualified Texas training programs.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Output Measure 6	Number of New Licenses Issued to Business Facilities
<i>Definition</i>	The number of licenses, registrations, and certificates issued to Business Facilities during the reporting period.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure registration issuance. This measure is a primary workload indicator which is intended to show the number of Business Facilities which were documented to have successfully met all criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of new permits during the reporting period. Number of licenses, registrations and certificates issued to Business Facilities during the reporting period. Includes newly issued and reissued after having lapsed. Types in this group are non-profit health organizations and pain management clinics.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek these license types.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Output Measure 7	Number of Non-Compact Licenses Renewed (Individuals): Physicians (Key)
<i>Definition</i>	The number of licensed individuals who held registered licenses previously and renewed their license during the current reporting period, excluding those seeking to renew a Texas license obtained through the Interstate Medical Licensure Compact.

<i>Purpose</i>	Licensure registration is intended to obtain required information by licensed persons to meet state statute requirements for online public profiles and other requirements for data provided to other agencies as required by law. Licensure renewal is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of licenses that were issued during the reporting period to individuals who currently held a valid license.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of renewal registration permits issued to physicians not licensed through the Compact during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to register their license.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Output Measure 8	Number of Compact Licenses Renewed (Individuals): Physicians (Key)
<i>Definition</i>	The number of Interstate Medical Compact Licenses registered or held previously and renewed by out-of-state physicians whose State of Principal License is not Texas during the reporting period.
<i>Purpose</i>	Licensure registration is intended to obtain required information by licensed persons to meet state statute requirements for online public profiles and other requirements for data provided to other agencies as required by law. Licensure renewal is intended to ensure that persons who want to continue to practice in their respective profession as an Interstate Medical Compact licensee satisfy current legal standards established by statute for professional education and practice. This measure is a primary workload indicator which is intended to show the number of licenses that were issued during the reporting period to individuals who currently held a valid license.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of renewal registration permits issued to all licenses held by out-of-state physicians whose State of Principal License is not Texas that were renewed during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew (register) their license.

<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
Licensing Output Measure 9	Number Of Letters of Qualification Re-issued (Individuals): Physicians
<i>Definition</i>	The number of Letters of Qualification re-issued to physicians whose State of Principal License is Texas during the reporting period.
<i>Purpose</i>	This measure is a primary workload indicator which is intended to show the number of persons who were previously granted a Letter of Qualification and sought to renew the document during the reporting period. Letters of Qualification are valid for 365 days. After this period, a physician must apply for re-issuance only if they seek to continue obtaining new licensure in other Compact states.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of Letters of Qualification re-issued during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek a Letter of Qualification.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
Licensing Output Measure 10	Number of Licenses Renewed (Individuals): Allied Health Professionals (Key)
<i>Definition</i>	The number of licensed allied health professionals who held licenses previously and renewed (registered) their license during the current reporting period. This includes: physician assistants, acupuncturists, surgical assistants, acudetox specialists, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry.
<i>Purpose</i>	Licensure renewal is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of licenses that were issued during the reporting period to individuals who currently held a valid license.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's databases.

<i>Methodology</i>	The number of registration permits issued to all licensed Allied Health Professionals during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew (register) their license.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Output Measure 11	Number of Licenses Renewed: Business Facilities
<i>Definition</i>	The number of registered Business Facilities which completed initial or renewal registrations during the reporting period.
<i>Purpose</i>	Registration is intended to ensure that persons who want to continue to practice in their respective profession and businesses that want to continue to operate as non-profit health organizations or pain management clinics 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 business facilities.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of registration permits issued to licensees, permit holders, registrants, and certificate holders during the reporting period. Types in this group are: Non-profit Health Organizations and Pain Management clinics.
<i>Data Limitations</i>	The agency has no control over the number of business facilities which seek licensure/registration.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Efficiency Measure 1	Average Number of Days for Individual Non-Compact License Issuance – Physicians (Key)
<i>Definition</i>	The average number of days to process a physician license application of individuals licensed during the reporting period, excluding individuals seeking Texas licensure through the Interstate Medical Licensure Compact.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is

	a primary workload indicator, which is intended to show the time to process unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The average number of days between successful completion of the initial license application, including all expected documents, and the date each physician applicant is notified that the application evaluation is complete, and he/she is eligible for a temporary license, for all physicians licensed during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target
Licensing Efficiency Measure 2	Average Number of Days for Compact License Issuance: Physicians (Key)
<i>Definition</i>	The average number of days to process an Interstate Medical License for an out-of-state physician whose State of Principal License is not Texas during the reporting period.
<i>Purpose</i>	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 Compact licensure criteria established by statute as verified by the outside state of principal licensure of the persons during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The average number of days between the time in which the Compact notifies the agency of a pending application until the date the license is issued during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Lower than target

Licensing Efficiency Measure 3	Average Number of Days for Letter of Qualification Issuance: Physicians (Key)
<i>Definition</i>	The average number of days to issue a Letter of Qualification to a physician whose State of Principal License is Texas during the reporting period.
<i>Purpose</i>	This measure is a primary workload indicator which is intended to show the time to process and issue a Letter of Qualification to persons who were documented to have successfully met all Compact licensure criteria established by statute as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The average number of days between the time in which a request for a Letter of Qualification is received until the date the letter is issued during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Lower than target
Licensing Efficiency Measure 4	Average Number of Days for Individual License Issuance: Allied Health Professionals
<i>Definition</i>	The average number of days to process a physician assistant, acupuncturist, surgical assistant, acudetox specialist, respiratory care practitioner, medical physicist, perfusionist, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry license application for all individuals licensed during the reporting period.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the time to process applications of persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The average number of days between the time in which a completed application is received until the date the license is issued, for all licenses issued during the reporting period.

<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target
Licensing Efficiency Measure 5	Average Number of Days for Letter of Qualification Re-Issuance: Physicians
<i>Definition</i>	The average number of days to re-issue a Letter of Qualification that has expired to a physician whose State of Principal License is Texas during the reporting period.
<i>Purpose</i>	This measure is a primary workload indicator which is intended to show the time to re-issue a Letter of Qualification to persons who were previously documented to have successfully met all Compact licensure criteria established by statute as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The average number of days between the time in which a request for a Letter of Qualification is received until the date the letter is issued during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Lower than target
Licensing Explanatory Measure 1	Total Number of Individuals Licensed: Non-Compact Physician
<i>Definition</i>	Total number of individuals licensed at the end of the reporting period, excluding out-of-state individuals licensed through the Compact and Compact Physicians reporting Texas as their SPL.
<i>Purpose</i>	The measure shows the total number of individual licenses currently issued that are not either part of the interstate medical licensing compact or issued as part of the Interstate Medical Licensing Compact. This indicates the size of one of the agency's primary constituencies.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

<i>Methodology</i>	The number of physicians licensed (not cancelled-either for non-registration or for cause, not retired, and not deceased) and not part of the interstate medical licensing compact).
<i>Data Limitations</i>	The number is dependent upon outside individuals seeking initial licensure or renewing their current license. These are choices made by individuals and are not within the control of the agency.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Explanatory Measure 2	Total Number of Physicians Participating in the Compact: Texas as State of Principal License (SPL) (Key)
<i>Definition</i>	Number of licensed physicians Licensed in the Compact with Texas as their State of Principal License at the end of the reporting period.
<i>Purpose</i>	The measure shows the total number of individual licenses currently issued that are participating in the Interstate Medical Licensing Compact which indicates the size of one of the agency’s primary constituencies.
<i>Data Source</i>	Data regarding the number of physicians participating in the Compact with Texas as their State of Principal License is collected and maintained electronically by the Interstate Medical Licensing Compact Commission and provided to agency staff upon request.
<i>Methodology</i>	The number of physicians licensed (license not cancelled-either for non-registration or for cause, not retired, and not deceased) in Texas participating in the Compact with Texas as their State of Principal License.
<i>Data Limitations</i>	The number is dependent upon Texas licensed individuals seeking to join the Interstate Medical Licensing Compact with Texas as their State of Principal Licensure or Compact members changing to Texas as their State of Principal Licensure. These are choices made by individuals and are not within the control of the agency.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
Licensing Explanatory Measure 3	Total Number of Physicians Participating in the Compact: Out-Of-State SPL (Key)
<i>Definition</i>	Number of Physicians licensed through the Compact whose State of Principal License is another member state at the end of the reporting period.

<i>Purpose</i>	The measure shows the total number of individual licenses currently issued which indicates the size of one of the agency's primary constituencies.
<i>Data Source</i>	Data regarding the number of physicians participating in the Compact with an out-of-state State of Principal License is collected and maintained electronically by the Interstate Medical Licensing Compact Commission and provided to agency staff upon request.
<i>Methodology</i>	The number of physicians licensed (not cancelled-either for non-registration or for cause, not retired, and not deceased) in Texas through the Compact whose State of Principal License is another member state.
<i>Data Limitations</i>	The number is dependent upon outside individuals seeking initial licensure or renewing their current license. These are choices made by individuals and are not within the control of the agency.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
Licensing Explanatory Measure 4	Total Number of Individuals Licensed: Allied Health Professionals
<i>Definition</i>	Total number of individual allied health professionals licensed at the end of the reporting period. This includes physician assistants, acupuncturists, surgical assistants, acudetox specialists, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCTs) included on the NCT registry.
<i>Purpose</i>	The measure shows the total number of individual allied health professions licenses currently issued which indicates the size of one of the agency's primary constituencies.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of active licenses, for all allied health professions license types, at the end of the reporting period.
<i>Data Limitations</i>	The number is dependent upon outside individuals seeking initial licensure or renewing their current license. These are choices made by individuals and are not within the control of the agency.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No

<i>Target Attainment</i>	Higher than target
Licensing Explanatory Measure 5	Total Number of Individuals Licensed: Physician Limited Licenses
<i>Definition</i>	Total number of Physician Limited Licenses registered during the reporting period.
<i>Purpose</i>	The measure shows the total number of Physicians in Training permits, faculty temporary licenses, visiting professor temporary licenses, state health agency temporary licenses, national health service corps temporary licenses, postgraduate research temporary licenses, and DSHS-MUA temporary licenses licensed at the end of the reporting period, which indicates the size of other agency constituencies.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Total number of Physician Limited Licenses registered, active and inactive, but not cancelled or revoked, 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 Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Licensing Explanatory Measure 6	Total Number of Licensed Business Facilities
<i>Definition</i>	Total number of business facilities registered during the reporting period.
<i>Purpose</i>	The measure shows the total number of business facilities registered at the end of the reporting period, which indicates the size of other agency constituencies. Included in this group are Non-profit health organizations and Pain Management clinics.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Total number of business facilities registered, active and inactive, but not cancelled or revoked, 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 Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

B. Goal: ENFORCE MEDICAL ACT

Enforcement Outcome Measure 1	Percent of Complaints Resulting in Disciplinary Action: Physician (Key)
<i>Definition</i>	Percent of complaints, which were resolved during the reporting period that, resulted in disciplinary action.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its disciplinary authority in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved resulting 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 acted.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether disciplinary action is justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Enforcement Outcome Measure 2	Percent of Complaints Resulting in Disciplinary Action: Allied Health Professionals (Key)
<i>Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in disciplinary action for seven allied health professions: acupuncturists, physician assistants, surgical assistants, respiratory care

	practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its disciplinary authority in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database
<i>Methodology</i>	The number of complaints resolved resulting 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 acted.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether disciplinary action is justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Enforcement Outcome Measure 3	Percent of Complaints Resulting in Remedial Action: Physician (Key)
<i>Definition</i>	Percent of complaints, which were resolved during the reporting period that, resulted in a remedial plan which is a corrective non-disciplinary action.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its authority to resolve complaints using non-disciplinary action in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved resulting in remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether a

	remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Enforcement Outcome Measure 4	Percent of Complaints Resulting in Remedial Action: Allied Health Professionals (Key)
<i>Definition</i>	Percent of complaints, which were resolved during the reporting period that, resulted in a remedial plan which is a corrective non-disciplinary action for seven allied health professionals: acupuncturists, physician assistants, surgical assistants, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its authority to resolve complaints using non-disciplinary action in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved resulting in remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether a remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Enforcement Outcome Measure 5	Percent of Documented Complaints Resolved Within Six Months: Physician
<i>Definition</i>	The percent of complaints resolved during the reporting period, that were resolved within in a six-month period from the time they were initially filed by the agency.

<i>Purpose</i>	The measure is intended to show the percentage of complaints that are resolved within a reasonable period of time. It is important to ensure the swift enforcement of the Medical Practice Act which is an agency goal.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved within a period of six months or less from the date filed divided by the total number of complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Enforcement Outcome Measure 6	Percent of Documented Complaints Resolved Within Six Months: Allied Health Professionals
<i>Definition</i>	The percent of complaints resolved during the reporting period, that were resolved within in a six-month period from the time they were filed by the agency for seven allied health professions: acupuncturists, physician assistants, surgical assistants, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry.
<i>Purpose</i>	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 each health occupation's respective practice act which is an agency goal.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved within a period of six months or less from the date filed divided by the total number of complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of

	seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Enforcement Outcome Measure 7	Percent Complaints Resulting in Warning Letter: Physician (Key)
<i>Definition</i>	The percentage of complaints that are within the agency's jurisdiction of statutory responsibility which are received but not filed for investigation during the reporting period and are resolved with a non-disciplinary warning letter.
<i>Purpose</i>	In its disposition of complaints, the agency is statutorily required to distinguish among categories of complaints and prioritize them accordingly. This measure captures that effort by demonstrating the number of jurisdictional complaints the agency receives but resolves via non-disciplinary action during the pre-investigations process with a warning letter. Warning letters are used to allow agency staff to quickly and efficiently address violations that do not involve patient harm or boundary violations without opening a formal investigation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional-not-filed complaints received and resolved via the pre-investigations process. There will be an independent calculation for complaints which are jurisdictional and filed by the agency.
<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 warning letter (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
Enforcement Outcome Measure 8	Percent Complaints Resulting in Warning Letter: Allied Health Professionals
<i>Definition</i>	The percentage of complaints that are within the agency's jurisdiction of statutory responsibility which are received but not filed for investigation during the reporting period and are resolved with a non-disciplinary warning letter.
<i>Purpose</i>	In its disposition of complaints, the agency is statutorily required to distinguish among categories of complaints and prioritize them accordingly. This measure

	captures that effort by demonstrating the number of jurisdictional complaints the agency receives but resolves via non-disciplinary action during the pre-investigations process with a warning letter. Warning letters are used to allow agency staff to quickly and efficiently address violations that do not involve patient harm or boundary violations without opening a formal investigation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional-not-filed complaints received and resolved via the pre-investigations process. There will be an independent calculation for complaints which are jurisdictional and filed by the agency.
<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 warning letter (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target

B.1.1. Strategy: ENFORCEMENT

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

<i>Target Attainment</i>	Higher than target
Enforcement Output Measure 2	Number of Complaints Resolved: Allied Health Professionals (Key)
<i>Definition</i>	The total number of jurisdictional filed complaints, resolved during the reporting period, for seven allied health professions – acupuncturists, physician assistants, surgical assistants, medical radiologic technologists, respiratory care practitioners, medical physicists, and perfusionists.
<i>Purpose</i>	The measure shows the workload associated with resolving complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency’s SQL database.
<i>Methodology</i>	The number of jurisdictional filed complaints dismissed by the Medical Board or allied health professions boards and the number of jurisdictional filed complaints where the Medical Board or allied health professions boards enter an order or remedial plan.
<i>Data Limitations</i>	The agency has no control over the number of complaints received, which is the essential input before the agency can initiate action to resolve the complaint.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

Enforcement Efficiency Measure 1	Average Time for Complaint Resolution: Physician (Key)
<i>Definition</i>	The average length of time to resolve a jurisdictional filed complaint for all complaints resolved within the reporting period.
<i>Purpose</i>	The measure shows the agency’s efficiency in resolving jurisdictional filed complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency’s SQL database.
<i>Methodology</i>	The summed total of the number of calendar days that elapsed between the date the jurisdictional complaint was filed and the date the complaint was resolved for all resolved jurisdictional filed complaints divided by the number of jurisdictional filed complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.

<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target
Enforcement Efficiency Measure 2	Average Time for Complaint Resolution: Allied Health Professionals
<i>Definition</i>	The average length of time to resolve a jurisdictional complaint, for all complaints resolved during the reporting period for seven allied health professions: acupuncturists, physician assistants, surgical assistants, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry.
<i>Purpose</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The summed total of the number of calendar days that elapsed between the date the jurisdictional complaint was filed and the date the complaint was resolved for all resolved jurisdictional filed complaints divided by the number of jurisdictional filed complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.
<i>Calculation Method</i>	Non-Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target
Enforcement Explanatory Measure 1	Jurisdictional Complaints Received and Filed: Physician (Key)

<i>Definition</i>	The total number of jurisdictional complaints filed during the reporting period that are within the agency's jurisdiction of statutory responsibility.
<i>Purpose</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints which are not filed by the board (jurisdictional-not-filed or JNF).
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Enforcement Explanatory Measure 2	Jurisdictional Complaints Received and Filed: Allied Health Professionals (Key)
<i>Definition</i>	The total number of jurisdictional complaints filed during the reporting period that are within the agency's jurisdiction of statutory responsibility for seven Allied Health professions: acupuncturists, physician assistants, surgical assistants, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry.
<i>Purpose</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints which are not filed by the board (jurisdictional-not-filed or JNF).
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.
<i>Calculation Method</i>	Cumulative

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

B.1.2. Strategy: PHYSICIAN HEALTH PROGRAM

Output Measure 1	Number of Physicians Voluntarily Participating in TXPHP (Key)
<i>Definition</i>	The number of physicians and medical students who self-referred to the Texas Physician Health Program during the fiscal year.
<i>Purpose</i>	This measure shows the number of licensed individuals or medical students (who are not yet required to be licensed) who self-referred and are participating in the Texas Physician Health Program.
<i>Data Source</i>	Data regarding the number of participants, and categorized by license/certification type, and to include unlicensed medical students, is collected and stored by TXPHP staff in both paper and electronic formats.
<i>Methodology</i>	Reports will include the number of licensed individuals, as well as medical students, enrolled in the program during the respective quarter.
<i>Data Limitations</i>	TXPHP has no control over how many participants will enter into the program.
<i>Calculation Method</i>	Non-Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Output Measure 2	Number of Allied Health Professionals Voluntarily Participating in TXPHP (Key)
<i>Definition</i>	The number of Allied Health Professionals who self-referred to Texas Physician Health Program during the fiscal year. Allied health professionals include licensees and certificate holders of the Texas Medical Board’s four affiliated advisory boards (Physician Assistant, Acupuncture, Medical Radiologic Technologist, and Respiratory Care) and three affiliated advisory committees (Medical Physicists, Perfusionists, and Surgical Assistants).
<i>Purpose</i>	This measure shows the number of allied health professionals who self-referred and are participating in the Texas Physician Health Program.
<i>Data Source</i>	Data regarding the number of participants, and categorized by license/certification type, is collected, and stored by TXPHP staff in both paper and electronic formats.
<i>Methodology</i>	Reports will include the number of allied health professionals enrolled in the program during the respective quarter.

<i>Data Limitations</i>	TXPHP has no control over how many participants will enter into the program.
<i>Calculation Method</i>	Non-Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Output Measure 3	Number of Physicians Ordered to Participate in TXPHP (Key)
<i>Definition</i>	The number of physicians and medical students who were ordered to participate in the Texas Physician Health Program during the fiscal year.
<i>Purpose</i>	This measure shows the number of licensed individuals or medical students (who are not yet required to be licensed) who have had disciplinary orders entered requiring the individual to participate in the Texas Physician Health Program.
<i>Data Source</i>	Data regarding the number of participants, and categorized by license/certification type, and to include unlicensed medical students, is collected and stored by TXPHP staff in both paper and electronic formats.
<i>Methodology</i>	Reports will include the number of licensed individuals, as well as medical students, who are enrolled in the program due to a disciplinary order entered during the respective quarter.
<i>Data Limitations</i>	TXPHP has no control over how many participants will enter into the program.
<i>Calculation Method</i>	Non-Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Output Measure 4	Number of Allied Health Professionals Ordered to Participate in TXPHP (Key)
<i>Definition</i>	The number of allied health professionals who were ordered to participate in the Texas Physician Health Program during the fiscal year. Allied health professionals include licensees and certificate holders of the Texas Medical Board's four affiliated advisory boards (Physician Assistant, Acupuncture, Medical Radiologic Technologist, and Respiratory Care) and three affiliated advisory committees (Medical Physicists, Perfusionists, and Surgical Assistants).
<i>Purpose</i>	This measure shows the number of allied health professionals who have had disciplinary orders entered requiring the individual to participate in the Texas Physician Health Program.
<i>Data Source</i>	Data regarding the number of participants, and categorized by license/certification type, and to include unlicensed medical students, is collected and stored by TXPHP staff in both paper and electronic formats.

<i>Methodology</i>	Reports will include the number of allied health professionals who are enrolled in the program due to a disciplinary order entered during the respective quarter.
<i>Data Limitations</i>	TXPHP has no control over how many participants will enter into the program.
<i>Calculation Method</i>	Non-Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION

Output Measure 1	Number of Unique Outreach Efforts
<i>Definition</i>	Number of newsletters and press releases that are distributed to licensees and other individuals, as well as the number of off-site and web-based information presentations conducted for licensees and other individuals.
<i>Purpose</i>	This measure shows the agency is providing ongoing information to its licensed professionals and to the public.
<i>Data Source</i>	Data regarding the number of newsletters, press releases, off-site and web-based information presentations executed is collected by agency staff and stored electronically.
<i>Methodology</i>	The total number of unique outreach efforts: newsletters, press releases, off-site and web-based information presentations executed by agency staff.
<i>Data Limitations</i>	Press release volume is variable depending on agency happenings. The agency has no control over the number of education presentations requested.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target

SCHEDULE C: HISTORICALLY UNDERUTILIZED BUSINESS PLAN

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

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

Use of HUBs

The 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 TMB focuses on the manner in which awards are distributed among the various ethnic HUB groups. The goal of the TMB is to ensure that contract awards are distributed among all HUB groups and not concentrated within just one or two ethnic HUB groups. The TMB 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 HUBs. The TMB strives to meet the statewide HUB goals as established by the Texas Comptroller of Public Accounts (CPA). Policies have been implemented to ensure that contracts are awarded to HUB vendors who provide the best value and are the most cost-efficient for the TMB. 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 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 TMB's goals and objectives the following strategies have been established:

- 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 D: STATEWIDE CAPITAL PLAN (NOT APPLICABLE TO TMB)

SCHEDULE E: HEALTH & HUMAN SERVICES STRATEGIC PLAN (NOT APPLICABLE TO TMB)

SCHEDULE F: AGENCY WORKFORCE PLAN

SECTION I: OVERVIEW

MISSION

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.

The TMB currently regulates, through licensure and enforcement, over 170,000 licensees and entities and is responsible for approximately 26 different types of licenses, permits, and certifications. Although the TMB provides direct services to these licensees, the TMB's primary responsibility is to protect the public by assuring professional standards and accountability of those who provide care to Texas patients.

ORGANIZATIONAL STRUCTURE

The TMB is overseen by a nineteen-member policymaking board appointed by the governor with the advice and consent of the senate. The board is made up of twelve physicians and seven members of the public. The physician board members consist of nine physicians who must be graduates of a reputable medical school or college with a degree of Doctor of Medicine (M.D.) and three of whom must be graduates of a reputable medical school or college with a degree of Doctor of Osteopathic Medicine (D.O.). Each physician board member must have been practicing medicine for at least five years prior to appointment, be licensed to practice medicine in Texas for at least three years prior to appointment and have actively participated in medical peer review at a health care entity for at least three years prior to appointment. Each public member must be a resident of Texas and have resided in the state for five years prior to appointment. Members of the board serve staggered six-year terms and serve without salary.

The board also oversees the boards for the Texas State Board of Acupuncture Examiners, the Texas Physician Assistant Board, the Texas Board of Medical Radiologic Technology, and the Texas Board of Respiratory Care as well as the advisory committees for Medical Physicist Licensure and Perfusionist Licensure. Each board consists of nine members appointed by the governor with the advice and consent of the senate expert for the Texas Physician Assistance Board who has thirteen members. The advisory committees are served by seven members appointed by the TMB president.

An Executive Director, appointed by the nineteen-member board, serves as the chief executive and administrative officer of the board who is responsible for the administration and enforcement of the Texas Medical Practice Act and other applicable laws of the TMB. A Medical Director, who is a licensed physician in Texas, is employed by the Executive Director and is responsible for implementing and maintaining policies, systems, and measures regarding clinical and professional issues and determinations by the board. The Executive Director is also responsible for employing staff to administer the Texas Medical Practice Act and other applicable laws of the TMB.

The TMB is organized into three core business functions; Licensing, Enforcement, and Administrative Support, rather than by license type, to increase the efficiency of operations in a cost-effective manner. In fiscal year 2023, the board restructured its operations so that the Licensing and Enforcement functions report under the Operations division and the Administrative Support function reports under the Business Administration division. Each division is overseen by a deputy executive director who reports to the Executive Director. General Counsel, a department within Enforcement, along with Human Resources,

Information Technology and Governmental Affairs and Communications - all departments within Administrative Support - individually report to the Executive Director.

CORE BUSINESS FUNCTIONS

Licensing – Licensing is made up of the Licensure and Registrations departments. Licensure is responsible for gathering all documentation required to process applications and permits for individual medical or health professionals, facilities, and other entities. Registrations ensures the appropriate registration (or renewal) of all licenses and permits for individual medical or health professionals, facilities, and other entities by performing criminal history background checks and continuing education validation and audits. Registrations also streamlines the process for licensure in Texas for physicians who are licensed and in good standing in another state under the Interstate Medical Licensure Compact.

Enforcement – Enforcement is made up of the Investigations, Litigation, and Compliance departments. Investigations investigates complaints against an individual medical or health professional, facility, or entity licensed in the state of Texas by the TMB. Litigation prepares and presents referred cases for hearings before a board disciplinary panel and formal hearings to the State Office of Administrative Hearings (SOAH). Compliance ensures licensees with a disciplinary action instituted by the board comply with the terms of the action.

The Office of the General Counsel also falls under the Enforcement function and provides legal counsel to the Executive Director, the TMB and its associated boards and committees, as well as TMB staff.

Both Licensing and Enforcement are provided with operational support by staff in the Operations Support section under the Operations division. The Operations division is overseen by the Deputy Executive Director of Operations who is responsible for the coordination of licensing and enforcement strategies, the prioritization of action items impacting the operations side of the TMB, and representation of the TMB on licensing and enforcement matters including media and legislative inquiries.

Administrative Support – Administrative Support is made up of the Office of the Executive Director and the departments of Finance, Human Resources, Information Technology and Governmental Affairs and Communications. The Office of the Executive Director includes staff who support the Executive Director with oversight for the TMB. Finance provides the TMB with financial services and support for accounts payable, payroll, travel, budgeting, financial reporting, and revenue collections. Human Resources provides support and guidance on workforce requirements, recruitment, retention, employee compensation and benefits, labor laws, and professional development and training for TMB. Information Technology provides the TMB with support for information technology systems, software, databases, networks, cybersecurity, and communications. Governmental Affairs and Communications organizes and disseminates a wide variety of public, licensee, and stakeholder information for the TMB and also serves as the interface between the TMB, the Office of the Governor, and the Texas legislatures.

The TMB is provided with procurement and support services by staff, including workplace safety, in the Staff Services Support section under the Business Administration division.

Additionally, the Executive Director oversees the administration of the Texas Physician Health Program which provides support for mental health or substance use disorders to the TMB's licensee population on a volunteer basis or through board action.

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 TMB 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.
 - Strategy – Conduct a timely, efficient, and cost-effective licensure issuance and renewal process by which credentials are verified and applications are reviewed.

B: Goal - Enforce Acts

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

ANTICIPATED CHANGES TO THE MISSION, GOALS, AND STRATEGIES OVER THE NEXT FIVE YEARS

With the conclusion of the 88th Texas Legislature, the Governor signed into law House Bill (H.B.) 1998 which expanded the TMB's authority to collect additional fees to support the Texas Physician Health Program and administer a continuous query program through the National Practitioner Data Bank (NPDB) for criminal history and background checks at a national level; makes the submission of fingerprints for physicians mandatory and requires all physicians who have not previously submitted their fingerprints to do so; and granted additional disciplinary authority to the TMB. The agency hired five staff members for the Licensee Data Verification and Publication section under the Registrations department to carry out the administration of NPDB and fingerprinting requirements. While the TMB does not anticipate any significant changes to its mission, goals, and strategies over the next five years, the continued growth of

the TMB’s licensee population in proportion to the population growth in the state of Texas due to its economic strength will require additional staffing and resources to maintain the same level of quality in services and public safety provided to the citizens of Texas.

Additionally, any legislative actions impacting the TMB may result in additional staffing and/or resources to implement those actions effectively. The TMB must also be prepared for the possibility of the Interstate Medical Licensure Compact Commission (IMLCC) expanding into other states, further expanding our licensee population.

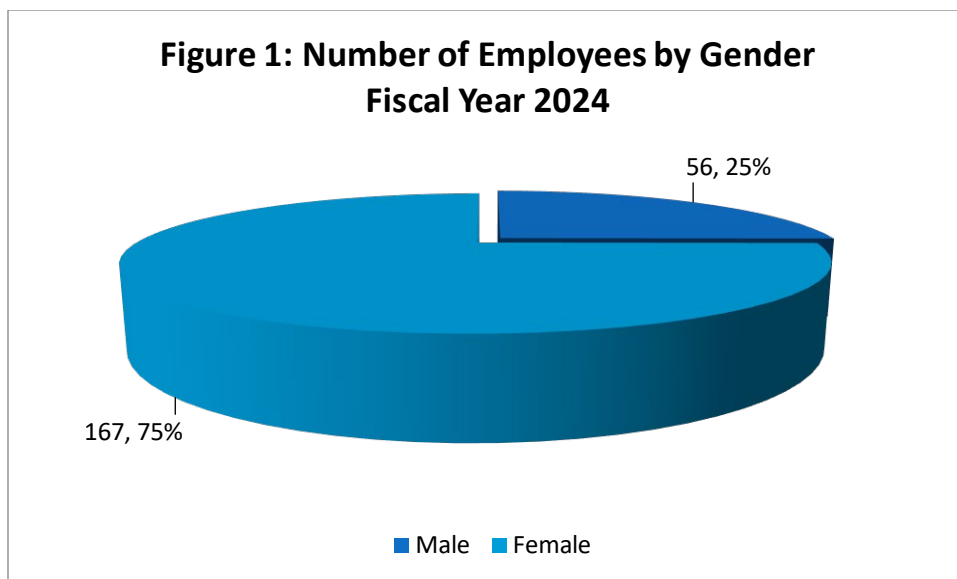
SECTION II: WORKFORCE ANALYSIS

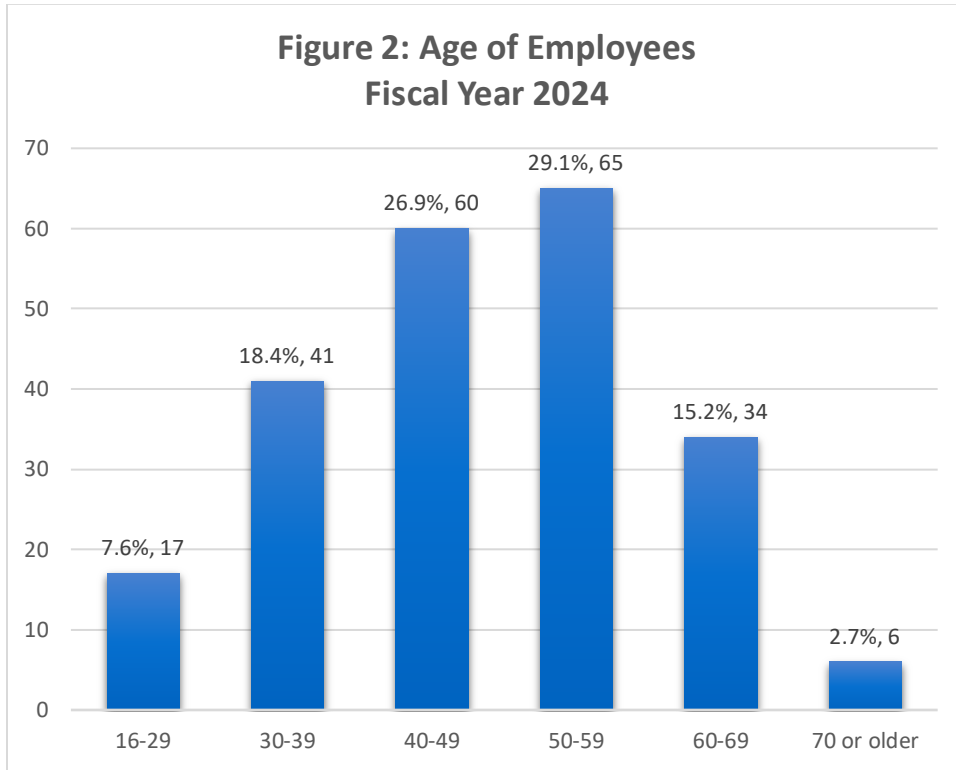
CURRENT WORKFORCE PROFILE (SUPPLY ANALYSIS)

For the fiscal year 2024-2025 biennium, the TMB is authorized 260 full-time equivalent (FTE) positions. This is an increase of 35.5 FTEs from the fiscal year 2022-2023 biennium as a result of H.B. 1998 and legislative approval of exceptional item requests to support the increase in the TMB licensee population, implement proper separation of duties, and to enhance organizational resilience to build a better culture for our workforce. Due to continuously high turnover in certain positions, the TMB’s actual number of FTEs fluctuates. To illustrate, TMB’s workforce as of April 30, 2024, is 220.6 FTEs with a headcount of 223. This includes six part-time employees and 217 full-time employees. The cumulative FTE count during fiscal year 2024 as of April 30, 2024, is 203.1 FTEs. Board members are excluded from the data and demographics presented below.

EMPLOYEE DEMOGRAPHICS

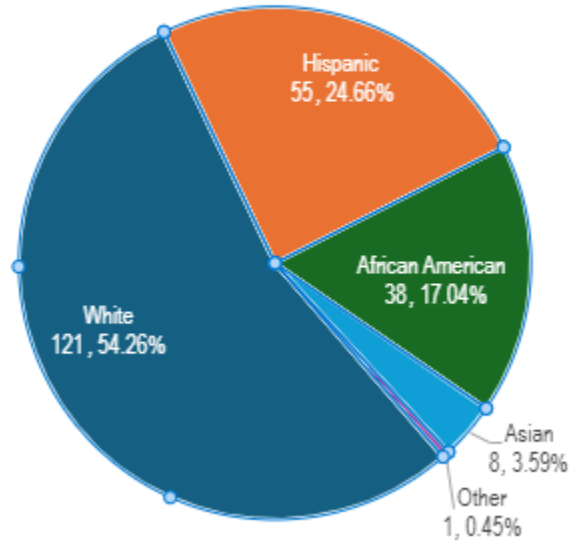
Gender and Age – The TMB workforce is comprised of 75 percent females, 167 employees, and 25 percent males, 56 employees, for fiscal year 2024, as presented in figure 1. The ages of the TMB workforce are grouped into categories with 165 employees, or 74 percent, making up the total workforce over the age of 40 for fiscal year 2024, as presented in figure 2. Age and gender statistics have remained consistent with only a few percentages of variance since fiscal year 2020.





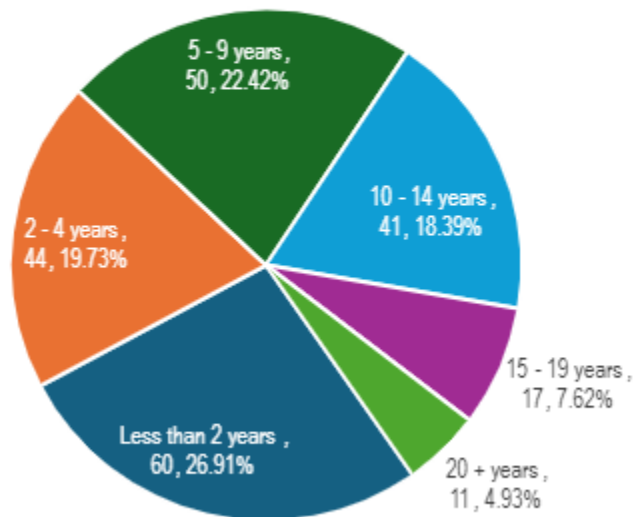
Ethnicity – The ethnic composition of the TMB in fiscal year 2024 reflects a diverse workforce with the majority of employees, 54.3 percent, identifying as white, followed by 24.7 percent who are Hispanic. African Americans make up 17 percent and Asians 3.6 percent. The remaining workforce, 0.4 percent, is comprised of individuals from various other ethnic backgrounds. Figure 3 represents the TMB workforce categorized by ethnicity for fiscal year 2024. There has been little change in these numbers with only a few percentages of variance since fiscal year 2020.

**Figure 3: Employee Count by Ethnicity
Fiscal Year 2024**



Length of Service - The average length of service for the TMB workforce in fiscal year 2024 is 6.8 years. The majority of the TMB workforce, 53.4 percent, have been employed with the TMB for five or more years, as presented in figure 4. This accounts for 119 tenured employees with five or more years, followed by 44 employees, approximately 19.7 percent, who have been with the agency two-to-four years, and 60 employees, or 26.9 percent, who have been with the agency for less than two years.

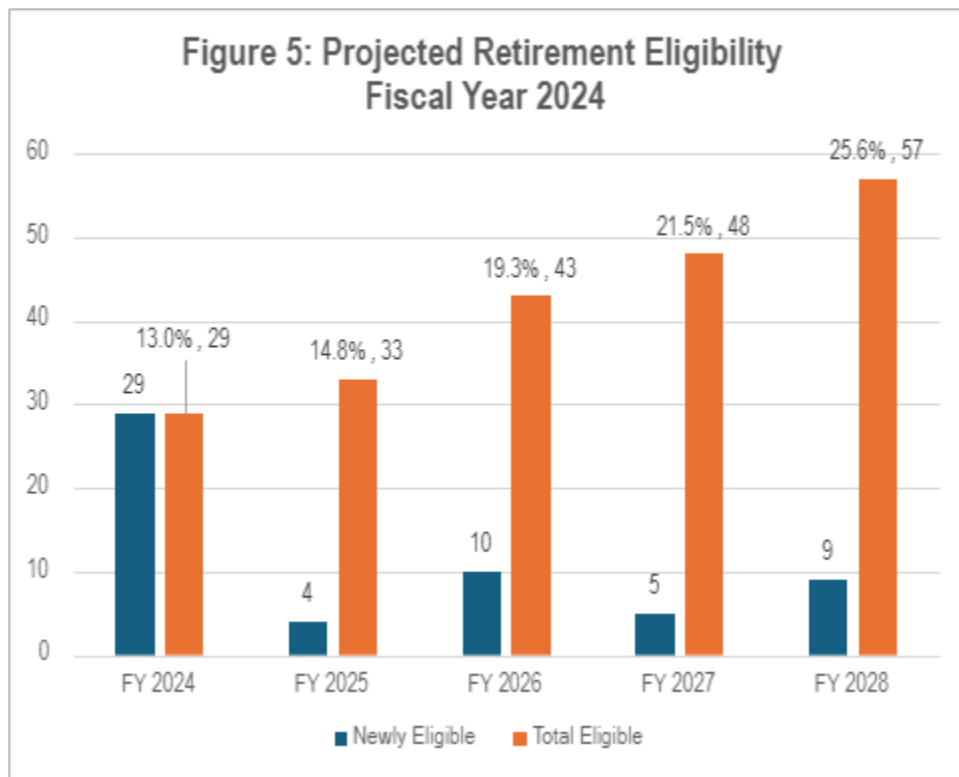
**Figure 4: Employee County by Years of Service
Fiscal Year 2024**



RETIREES

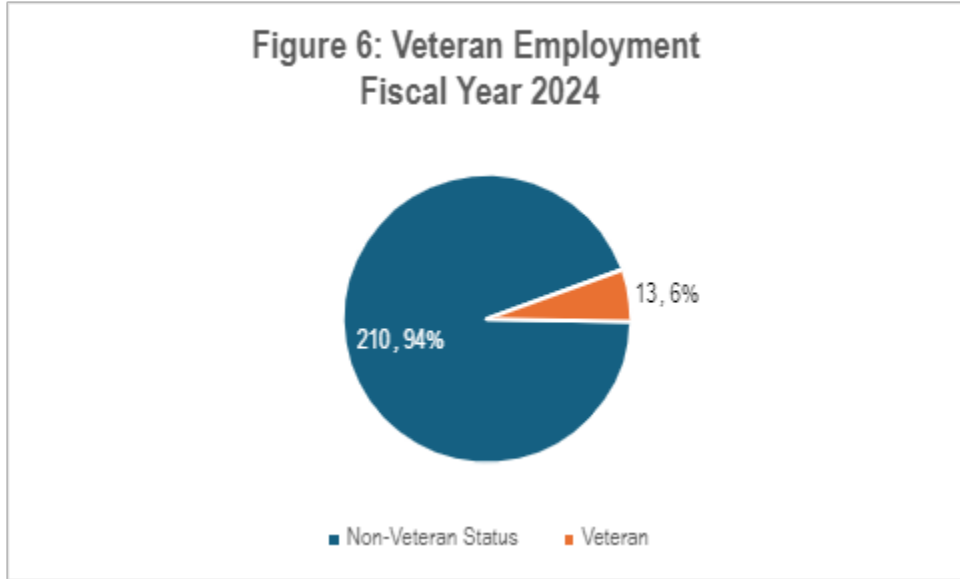
Workforce Retirement Eligibility – The TMB estimates approximately 13 percent, or 29 employees, of its workforce will be eligible, or possibly eligible, to retire by the end of fiscal year 2024, as presented in figure 5. This number increases to 25.6 percent, or 57 employees, eligible to retire in fiscal year 2028. The top three impacted departments within the TMB are Investigations, Information Technology, and Registrations. Additionally, half of the TMB leadership team, six employees, is currently eligible to retire as of April 30, 2024. The TMB leadership team recognizes the need to document critical information, knowledge, and procedures in anticipation of these future retirements to avoid any significant loss of historical and organizational knowledge.

Return-to-Work Retirees – Additionally, the TMB currently employs 15 return-to-work retirees, or 6.7 percent of its total workforce, that bring with them invaluable expertise in state and institutional matters.



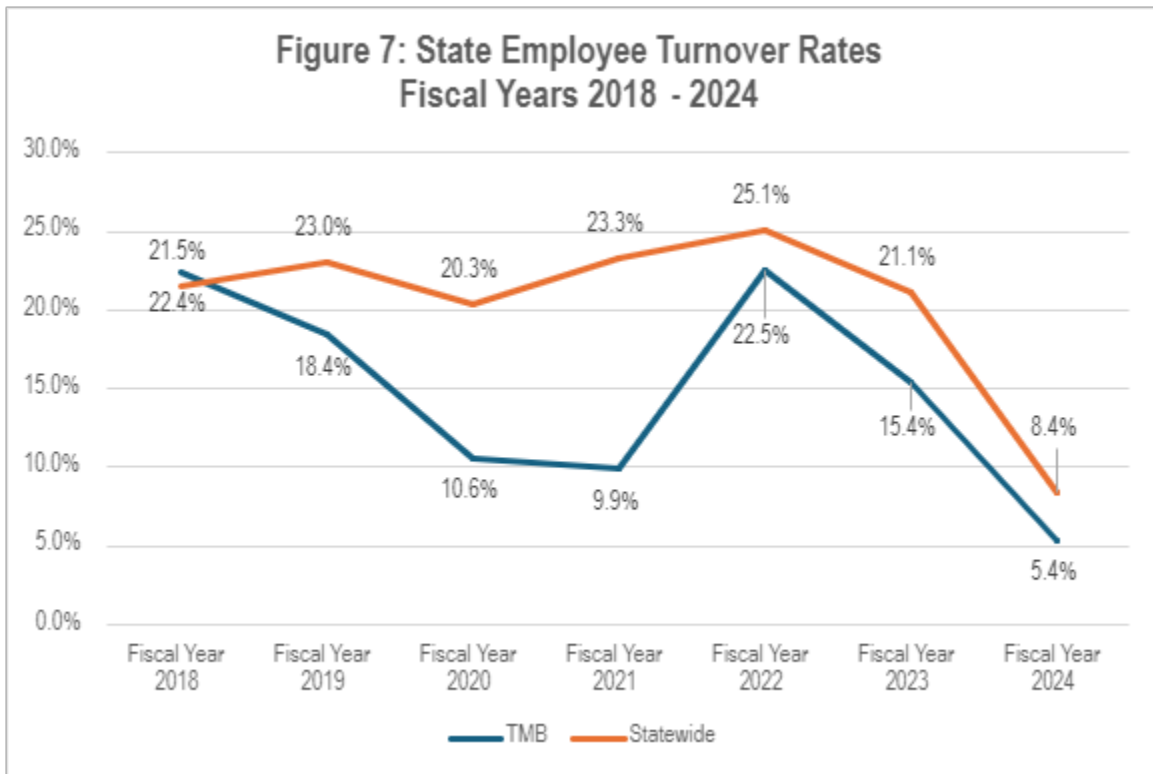
VETERAN REPRESENTATION

The number of veterans employed by the TMB in fiscal year 2024 is 13, which accounts for six percent of the total workforce, as presented in figure 6. While this is on track with the statewide average, the TMB aims to increase this percentage. The TMB has designated a veteran liaison in the Human Resources department who works closely with hiring supervisors to communicate and participate in veteran hiring initiatives.

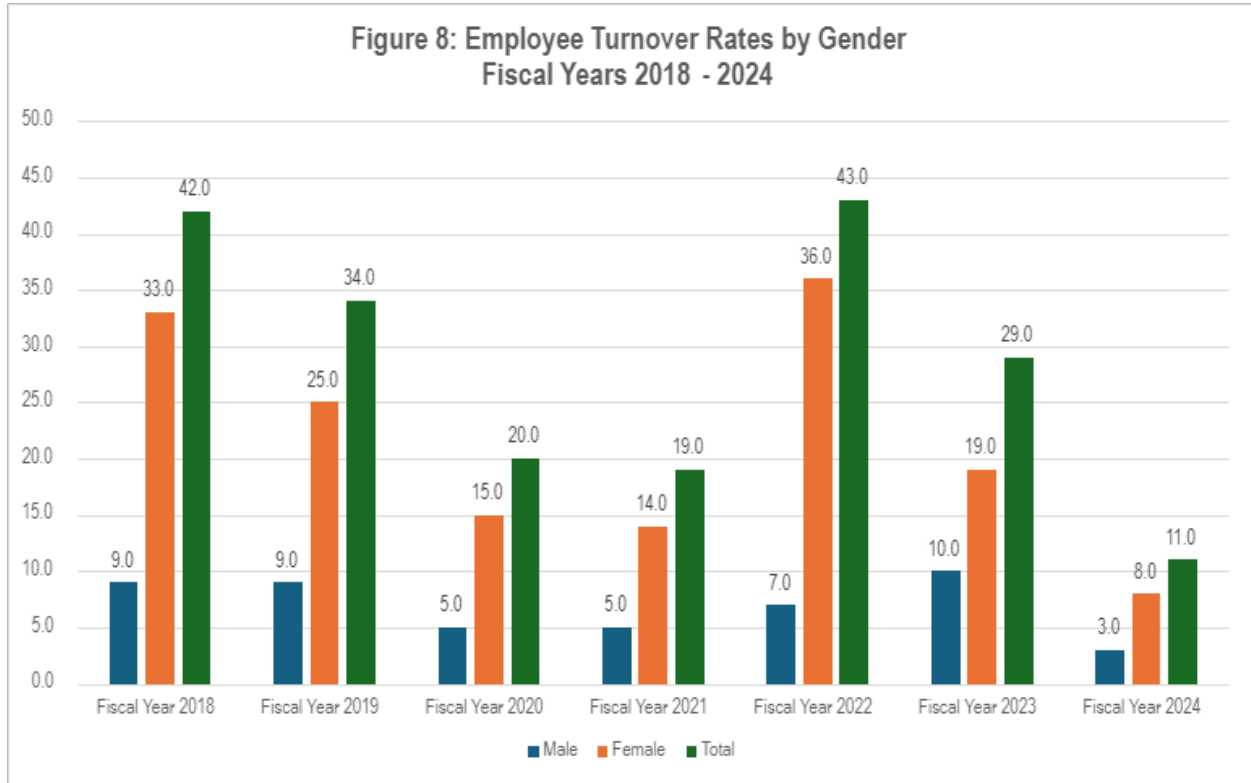


TURNOVER ANALYSIS

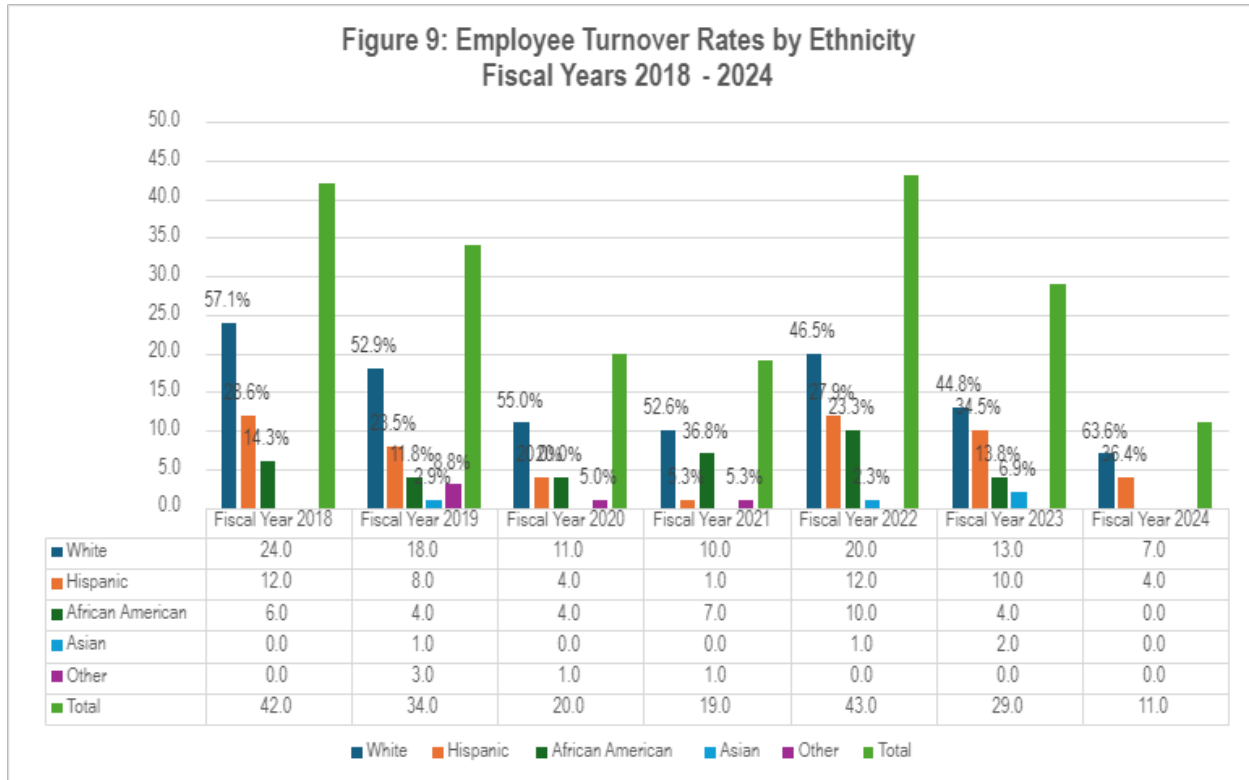
Beginning in fiscal year 2019, the TMB’s employee turnover rates dropped and remained below the statewide turnover rates, as presented in figure 7. Better pay and work life balance were the main reasons for employees leaving TMB as indicated through internal exit interviews and the 2024 Survey of Employee Engagement (SEE). In the 88th Texas Legislature, pay raises, both targeted and across the board, were approved which greatly benefited the TMB with a significant decrease in employee turnover during fiscal year 2024.



Turnover by Gender – On average, 75 percent of the total TMB employees that leave are female and 25 percent male, as presented in figure 8. These numbers align with the TMB workforce by gender.



Turnover by Ethnicity – On average, the majority of the TMB employees that leave are in the White category, 53.2 percent, followed by Hispanic, 25.2 percent, and African American, 20 percent. The remaining groups are Asian, 4.1 percent and Other, 6.4 percent. These numbers align, within a few degrees of variance, with the TMB workforce by ethnicity, as presented in figure 9.

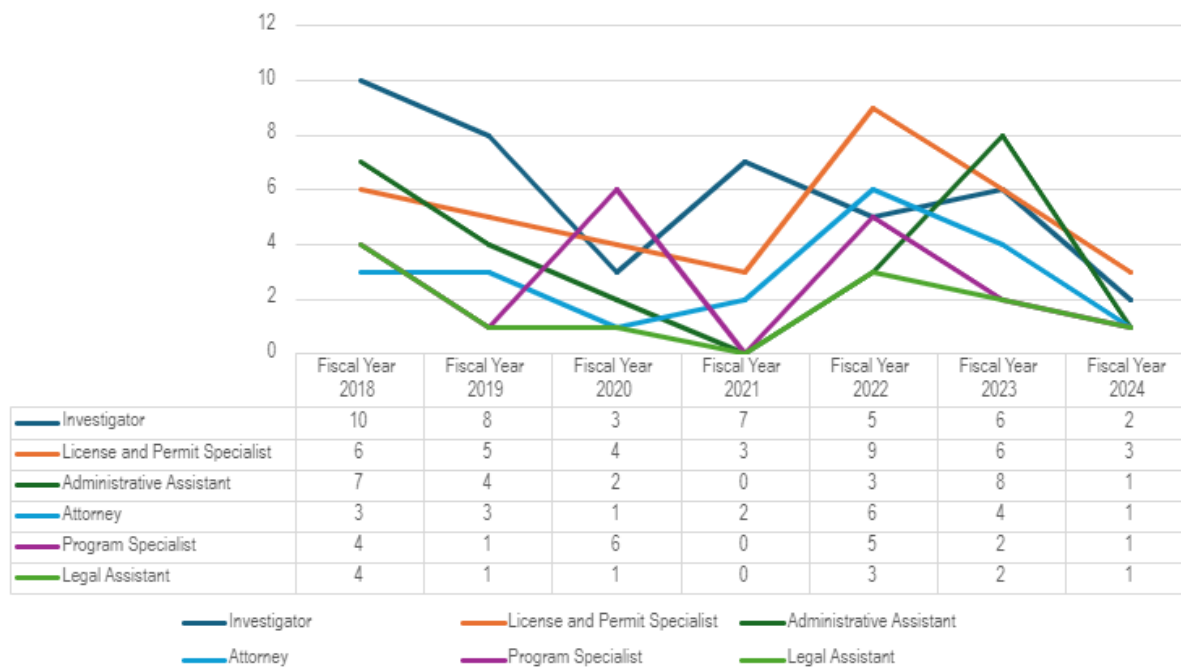


Turnover by Job Classification – The top three highest job classification series with the most significant turnover at the TMB are the Investigators, License and Permit Specialists, and Administrative Assistants. Most recently since fiscal year 2022, the Attorney job classification series has seen an increase in turnover because of higher pay at other state agencies or the private sector. On average, the top five job classification series make up 77.8 percent of the total TMB job classification series turnover rate, as presented in figure 10.

Recruitment efforts for the Investigator job classification series, which requires an active license in Texas as a Registered Nurse or a Licensed Vocational Nurse, have been difficult as the demand for these credentials remains crucial since the COVID-19 pandemic. Private sector employers are offering overtime pay, sign-on bonuses, and retention bonuses as part of their retention efforts. The TMB currently does not have the resources to offer competitive salaries for its Investigator positions which impacts the length of time it takes to fill vacancies.

The License and Permit Specialist job classification series is also experiencing high turnover due to competing salaries at other state agencies and opportunities for remote work and work life balance that currently are not available for certain positions within the TMB such as the Call Center Analysts.

Figure 10: Employee Turnover Rates by Job Classification Series
Fiscal Years 2018 - 2024



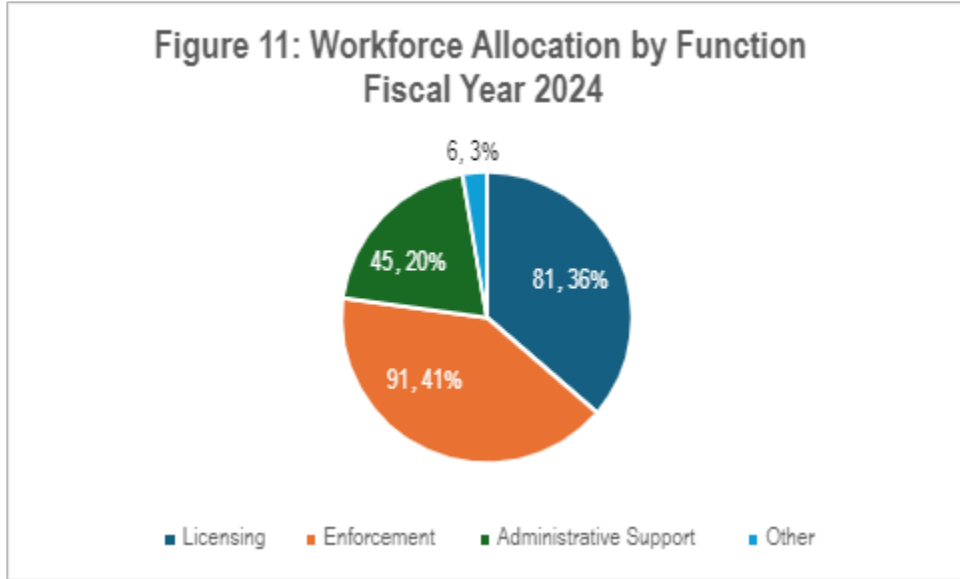
WORKFORCE SKILLS CRITICAL TO TMB’S MISSION AND GOALS

The TMB workforce skills critical to the success of the TMB’s mission and goals include the following abilities and competencies for employees to effectively perform their job tasks:

- Regulatory
- Investigation
- Medical Terminology and Writing
- Inspections and Auditing
- Legal Research
- Risk Assessment
- Data Analysis
- Accounting
- Coding and Programming
- Policy Development
- Attention to Detail
- Communication
- Negotiation
- Problem-Solving
- Interpersonal Skills
- Ethical Judgement
- Critical Thinking
- Teamwork
- Time Management
- Leadership
- Adaptability

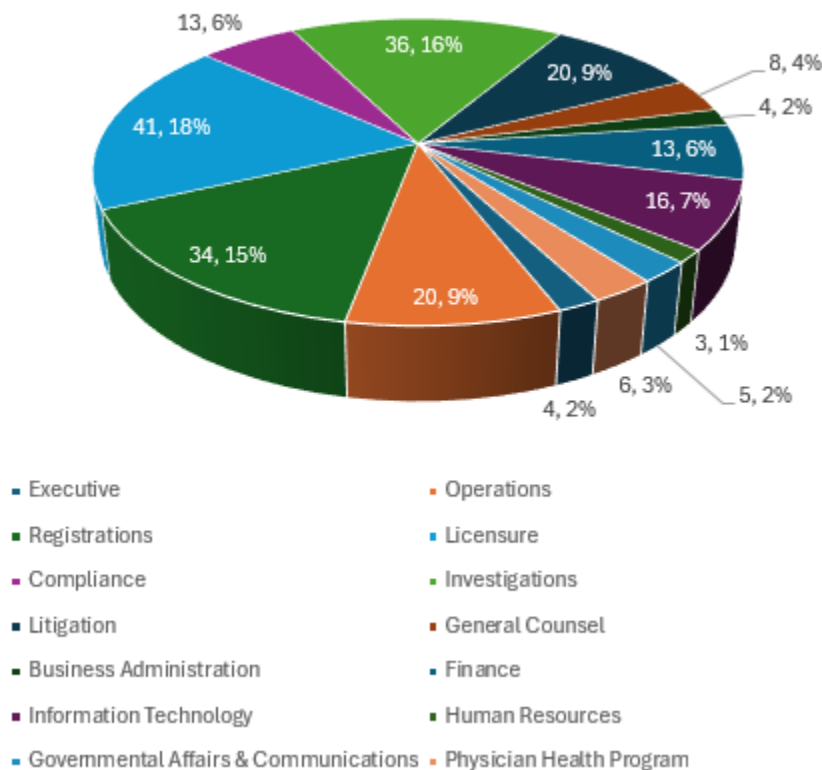
WORKFORCE ALLOCATION

Function – The TMB workforce is made up of a diverse group of individuals with unique skillsets to meet the mission and goals of the organization. The Enforcement function of the TMB makes up 41 percent of the workforce allocation for fiscal year 2024, as presented in figure 11. The Licensing and Administrative Support functions make up 36 percent and 20 percent, respectively. The remaining six percent of the workforce allocation is assigned to the Other function.

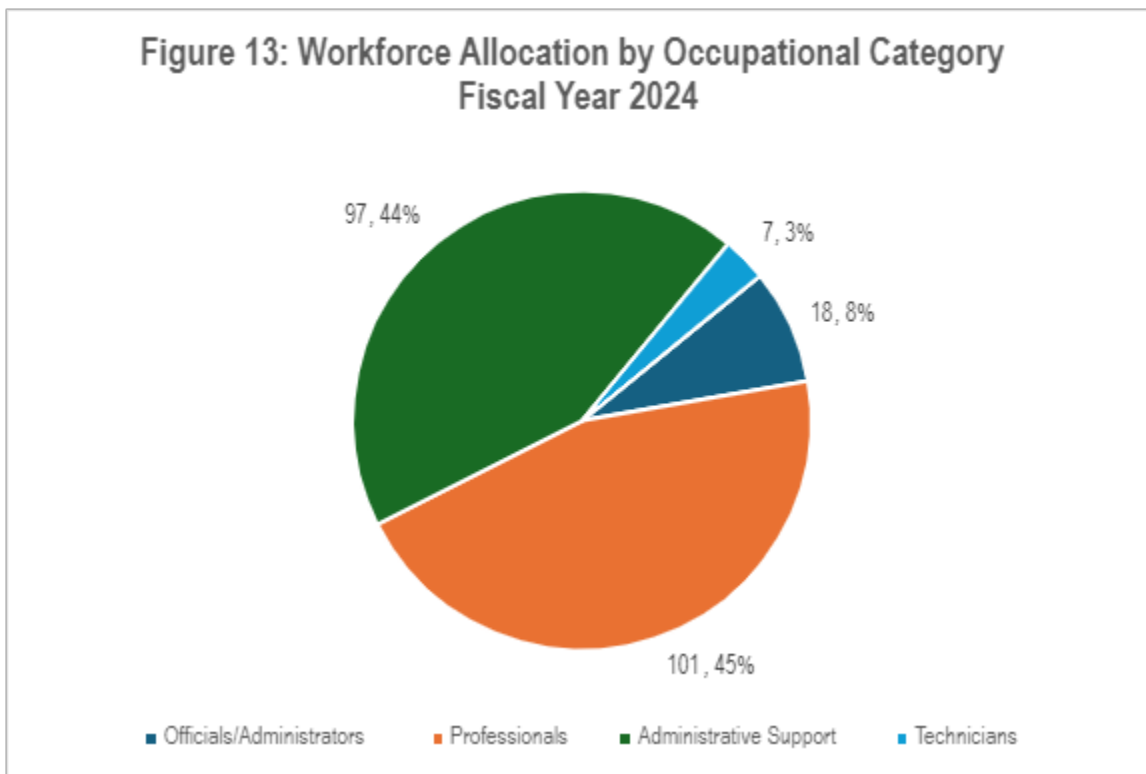


Department – Additional information on the workforce allocation by department is presented in figure 12.

**Figure 12: Workforce Allocation by Department
Fiscal Year 2024**



Occupational Category – The professionals, administrative support, and technician occupational categories make up 91.9 percent of the TMB workforce allocation, as presented in figure 13. Officials/administrators make up the remaining 8.1 percent.



MAJOR INFLUENCING FACTORS

Current Workforce – The agency recently underwent a significant organizational restructuring of two departments within the Enforcement function in fiscal year 2023: Litigation and Investigations. This restructuring also affected the Enforcement Support section which was renamed the Operations Support section and realigned from the Litigation department to the Operations division. Prior to fiscal year 2023, the essential function of complaint processing resided within the Enforcement Support section. The TMB evolved from a paper complaint submission process to a primarily electronic one, streamlining the process and allowing complaints to be automatically submitted to the appropriate staff within the Investigations department.

Staff within the Enforcement Support section was reassigned to the Investigations department which was transformed into three sections with the restructuring: Pre-Investigations, Investigations, and Post-Investigations. This realignment has allowed the TMB to better triage new complaints so senior staff can focus on serious patient care complaints that may result in patient harm or involve impairment or sexual boundaries while entry or junior-level staff can work on complaints that do not involve patient harm. The remaining staff within the Enforcement Support section transitioned to the Operations Support section and are currently focused on transitioning the agency to an electronic document management system, Laserfiche. The Operations Support staff are reviewing legacy paper files and scanning key case documentation as required by the TMB retention schedule. This cleanup is imperative to eliminating redundancy and implementing efficiencies within the investigations process. Once all paper materials have been transferred to electronic media, cleanup of Laserfiche and electronic files will begin to support the future transition of operations to a Case Management/Enforcement System outlined in Section III.

Supply of Workforce - The Human Resources department will be tasked to conduct an effective recruitment plan and workforce plan that attracts, develops, and retains current staff to address the

agency's new objectives and new technologies. HR will collaborate with hiring officials to identify essential and core skills needed to perform the agency's work.

SURVEY RESULTS

Exit Surveys – The exit surveys completed by exiting staff identified that the reason they left TMB was due to compensation. Like other state agencies, TMB will be requesting additional funding in the upcoming LAR process to increase salaries across the agency.

Survey of Employee Engagement (SEE) – The Institute of Organizational Excellence, part of UT Austin's School of Social Work, administered the Survey of Employee Engagement to Texas Medical Board (TMB) employees in early February 2024 through late February 2024.

Many state agencies participate in this survey, which allows the TMB to compare itself to agencies of similar size and mission. TMB was compared to other agencies with between 101 and 300 employees and to agencies involved with the regulation of medical, financial, and other service industries. The survey also allows the agency to compare current results to prior years.

The SEE is specifically focused on the key drivers relative to the ability to engage employees towards successfully fulfilling the vision and mission of the organization. The survey consists of 48 primary items used to assess essential and fundamental aspects of how an organization functions, potential barriers to improvement, and internal organizational strengths.

Similar items are grouped together, and scores averaged to produce 12 “construct” measures. These constructs capture the concepts most utilized by leadership and drive organizational performance and engagement.

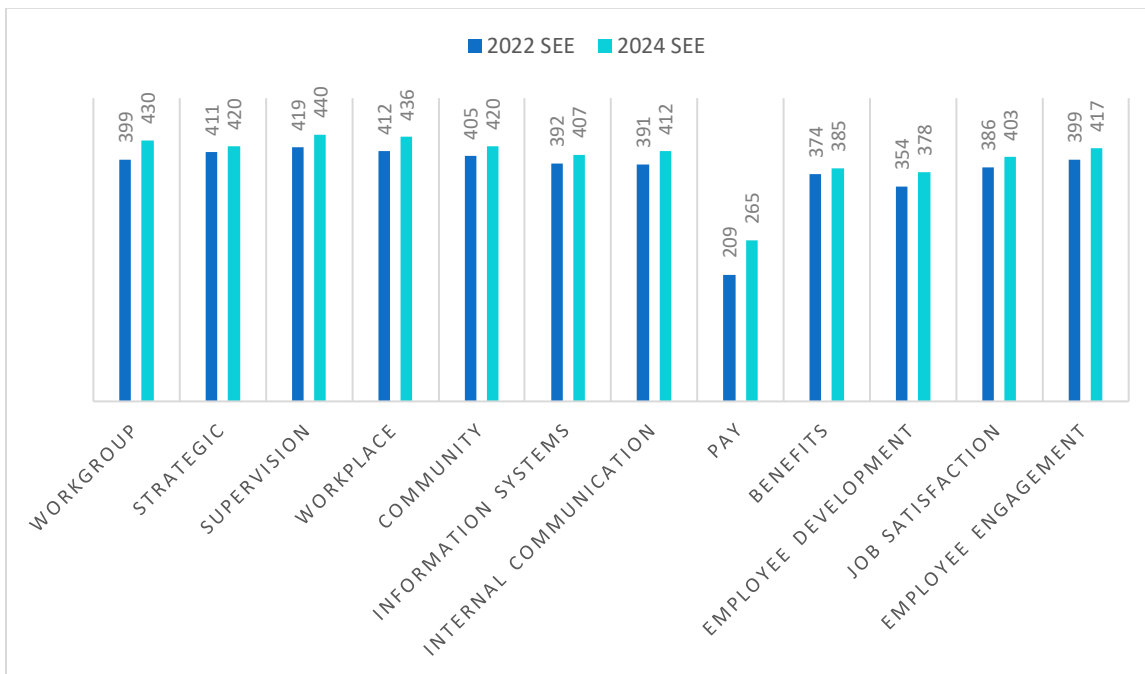
The survey was distributed to 208 TMB employees, of which 175 employees, or **84.1 percent**, responded. The TMB has a response rate that is considered high as it exceeds the 50 percent benchmark that suggests a strong level of soundness of the results. The TMB's response rate is historically strong and although this year's response rate is high, results show a slight decline of .8 percent from the survey conducted in 2022 (84.9%) while the number of respondents increased by 17.

Overall scores above 350 are desirable, while scores above 400 are considered a product of a highly engaged workforce. **TMB's overall score was 406**, 21 points higher than the overall score of 385 in 2022.

Scores above 350 suggest employees perceive the construct or dimension more positively than negatively, with scores higher than 375 indicating a substantial strength.

In contrast, scores below 350 suggest employees perceive the construct or dimension less positively, with scores below 325 indicating an area should be a significant source of concern for the organization.

In general, the results indicate that the agency has made tremendous strides since the 2022 survey and experienced improvement in all 12 constructs as noted in the graph below. What is truly noteworthy is that 10 of the 12 constructs improved by at least 15 points - a benchmark improvement number by SEE standards.



TMB’s top three strengths are considered substantial strengths with each receiving a score of well above 375.

Supervision, Score: 440, captures employees’ perceptions of the nature of supervisory relationships within the organization. Higher scores suggest that employees view their supervisors as fair, helpful, and critical to the flow of work. This is 21 points higher than the previous score in 2022.

Workplace, Score: 436, captures employees’ perceptions of the total work atmosphere, the degree to which they consider it safe, and the overall feel. Higher scores suggest that employees see the setting as satisfactory, safe and that adequate tools and resources are available at the time. This is 24 points higher than the previous score in 2022.

Workgroup, Score: 430, captures employees’ perceptions of the people they work with on a daily basis and their effectiveness. Higher scores suggest that employees view their workgroup as effective, cohesive, and open to the opinions of all members. This is 31 points higher than the previous score in 2022.

Although TMB has historically scored well in these areas, each strength still saw a 20+ point increase. Since the last survey, the agency has undergone some organizational restructuring to achieve goals like becoming better organized, collaborating more effectively, communicating more efficiently, and further streamlining processes. It is reasonable to assume that these changes have contributed to these higher construct scores.

TMB areas of concern, the three lowest ranking constructs, had scores ranging from 265 to 385. As noted above, the tipping point between positive and negative employee perceptions on a construct is 350. While two of the constructs are part of TMB’s lowest three, they still had a score greater than 350.

Pay: Score 265, captures employees’ perceptions about how well the compensation package offered by the organization holds up when compared to similar jobs in other organizations. Lower scores suggest that pay is a central concern or reason for discontent and is not comparable to similar organizations.

Employee's perceptions of this construct increased by 56 points from 209 in 2022. As noted previously, this score remains consistently lower than state agencies of similar size (283), with a similar mission (306), and all state agencies (284). Historically, the score had held steady at 215 from 2018 to 2020.

Employee Development: Score 378, captures employees' perceptions about the priority given to their personal and job growth needs. Lower scores suggest that employees feel stymied in their education and growth in job competence. The Employee Development score increased 24 points from 354 in 2022.

Benefits: Score 385, captures employees' perceptions about how the benefits package compares to packages at similar organizations and how flexible it is. Lower scores suggest that employees perceive benefits as not valuable or unfair in comparison to similar jobs in the community. The Benefits score increased 11 points from 374 in 2022.

The TMB consistently struggles in the area of pay, which is the only area that fails to meet the 350-score threshold, but it even saw positive gains this year. In fact, it saw the highest gains of any construct this year. This can be largely attributed to the across-the-board state employee pay raises authorized by the Legislature during the 88th session. On top of that increase, the TMB received additional funding for more targeted salary increases to support positions that were not being competitively compensated.

FUTURE WORKFORCE PROFILE (DEMAND ANALYSIS)

FUTURE WORKFORCE SKILLS

The TMB is working to improve external systems and internal operations involving customer service with the current capital budget appropriation. These efforts require an immense amount of work and time to develop, test, implement, train, and document to run smoothly. For example, The TMB is in the process of hiring a vendor to update and refresh the public-facing website, (<https://www.tmb.state.tx.us/>). This project is slated to start in fiscal year 2025 and has already added to the existing workload of our overworked information technology staff. The TMB executive team regularly seeks feedback from the TMB leadership team to address current and future workforce skills required to support the organization's mission and goals. This data not only assists in the Legislative Appropriations Request (LAR) but allows visibility to identify skills the TMB is lacking entirely. Below are five skills that would be invaluable additions to our workforce as the TMB aims to implement current and future requirements discussed in this document.

Project Management – The work of a project manager involves coordinating the planning and initiation of projects at various levels of completion; monitoring the progress and schedule of projects; and communicating with project stakeholders, management, and other relevant parties. The TMB is undergoing multiple cross-agency projects along with many other plans within departments that are not currently able to be accomplished in addition to daily job duties. A dedicated project manager would assist in the implementation and planning of these projects to support the TMB mission and goals.

Information Technology Business Analyst – These individuals would perform a liaison function connecting a program area of an agency, stakeholders, subject matter experts, and the information technology department to identify users' business requirements and to coordinate the automation of new or improve existing information technology systems to enhance business operations. This role would be essential in the successful implementation of projects such as the Case Management/Enforcement System.

Office of the Ombudsman – Currently, various TMB staff such as the Call Center Analysts, the Director of Governmental Affairs and Communications, the Deputy Executive Director of Operations, and the General Counsel team are tasked with assisting any customer with a complaint against a TMB license

holder somewhere in the complex process of the 8000-9000 complaints received by the agency per year. This requires extensive time to review each request to accurately assist the customer which can interfere with other essential functions. The addition of an ombudsman's office to focus solely on these types of requests would greatly assist in providing timely and thoughtful responses to our customers. Additionally, centralizing these inquiries would illuminate frequently asked questions and, in turn, help develop improvements to this process.

Management Analysts – Hiring an additional management analyst to support the Licensing function and another to support the Enforcement function would assist the Deputy Executive Director of Operations with implementing agencywide strategy efforts and operational process improvements. These positions would serve as subject matter experts and link the various operational processes within each function as well as their impact on other functions. Additionally, these positions can assist in creating or updating existing policies and procedures especially as the agency transitions to incorporate available technologies and systems to streamline operations. These positions would coordinate with other agency subject matter experts, Information Technology Business Analysts, and members of the leadership team to implement the strategy and vision of the Deputy Executive Director of Operations at the direction of the Executive Director.

Programmers – The TMB will require more senior programmers as it transitions its operations to more advanced technologies and information technology systems. Although off the shelf solutions and subscription-based cloud options are available, they still require in-house customization and support to fully integrate an efficient method that meets the business requirements and needs of the TMB. As these technologies advance, staff will be required to stay up-to-date on new developments or the TMB will need to hire employees who have the relevant skills.

INFLUENCING FACTORS IN THE LABOR MARKET

Salaries – The most significant factor influencing the TMB's ability to compete in the labor market will be salaries and having the available budget to compete with other state agencies, local government, and the private sector. Salaries are projected to grow as the demand for skilled labor increases especially across the information technology, healthcare, finance, and legal sectors.

Other – Additional factors that will influence TMB are employees who seek to have a better work life balance and know that their work is contributing to and having an impact on the organization they work for. The private sector is more suited to offer these benefits as they can shift their budgets more quickly than state government can to offer competing salaries and onboard additional staff as needed to reduce workloads.

STAFFING LEVELS

As the Texas population increases year after year, the demand for quality healthcare across the state will increase. On average, the TMB licensee population has increased 3.4 percent each fiscal year since fiscal year 2016. Despite the growing workload, TMB has coped with a stagnant workforce count and structure for many years, only recently being authorized an additional 30.5 FTEs beginning in fiscal year 2024 specifically to support existing operations. While the increase in FTEs has helped ease existing workloads, additional staff will still be required to provide the same quality of attention and support as those workloads continue to increase.

Statistical Analysis – A statistical analysis on licenses processed by the TMB shows that in fiscal year 2016, licensure staff processed on average 100 applications per FTE, as presented in figure 14. In fiscal year 2022, that average increased to 156 applications per FTE. The increase in licensure staff in fiscal

year 2024 projects an average of 145 applications processed per FTE, a 7.7 percent improvement from fiscal year 2022. Projections into the fiscal year 2027 show that additional staff will still be required to sustain the number of applications per FTE. Registrations shows a 3.2 percent improvement on the number of licensees registered per FTE from fiscal year 2022 to 2024 due to a slight increase in the number of FTEs; however, additional staff will be required to sustain those numbers through and beyond fiscal year 2027, as presented in figure 14. The same can be said for Investigations which has a projected improvement in the number of complaints processed per FTE by 4.0 percent and Litigation with a projected improvement of 4.5 percent in the total number of jurisdictional cases filed per FTE, both with projected increase through fiscal year 2027 and a requirement for additional staff, as presented in figure 14.

Figure 14: Texas Medical Board: Operations Analysis
Fiscal Years 2016 - 2027

	2016	2022	2024	Change from 2022	2027	Change from 2024
Performance Measures						
New Licenses Issued						
Physicians - Actual	4,093	5,838	6,242		6,900	
License Renewals						
Physicians - Actual	41,020	50,433	53,921		59,610	
Licensee Population						
Physicians - Actual	78,441	96,009	102,649		113,479	
Complaints Received						
Total Complaints	8,114	8,534	8,966		9,655	
Jurisdictional-Filed	2,055	1,507				
Jurisdictional-Non-Filed	3,374	3,997				
Jurisdictional-Total	5,429	5,504	5,783		6,227	
Full-Time Equivalent (FTE) Positions						
Licensing Strategy						
Licensure	40.9	37.3	43.0		43.0	
Registrations	10.0	21.3	23.5		23.5	
Total Licensing	50.9	58.6	66.5		66.5	
Enforcement Strategy						
Investigations: Complaints	16.4	16.0	17.5		17.5	
Investigations: Investigations	28.9	30.3	37.0		37.0	
Litigation	26.2	21.9	24.0		24.0	
Total Enforcement	71.5	68.2	78.5		78.5	
Analysis						
Licensure						
Total Licensees / FTE	100	156	145		160	
Per 100 Licenses	1.0004	0.6395	0.6889	0.0494	0.6232	(0.0657)
Percent Change				7.7%		(9.5%)
Registrations						
Total Licensees / FTE	4,109	2,368	2,294		2,537	
Per 100 Licenses	0.0243	0.0422	0.0436	0.0013	0.0394	(0.0042)
Percent Change				3.2%		(9.5%)
Licensee Population						
Total Licensees / Licensing FTE	1,540	1,637	1,544		1,709	
Per 100 Licenses	0.0649	0.0611	0.0648	0.0037	0.0585	(0.0062)
Percent Change				6.0%		(9.6%)
Investigations						
Total Jurisdictional / FTE	188	182	156		168	
Per 100	0.5332	0.5505	0.6398	0.0893	0.5942	(0.0457)
Percent Change				16.2%		(7.1%)
Litigation						
Total Jurisdictional / FTE	207	252	241		259	
Per 100	0.4832	0.3973	0.4150	0.0177	0.3854	(0.0296)
Percent Change				4.5%		(7.1%)
Total Enforcement (Inv. + Lit.)						
Total Jurisdictional / FTE	98	106	95		102	
Per 100	1.0163	0.9479	0.9511	0.0033	0.8832	(0.0679)
Percent Change				0.3%		(7.1%)
Investigations						
Total Complaints / FTE	496	533	512		552	
Per 100 Complaints	0.2016	0.1876	0.1952	0.0076	0.1812	(0.0139)
Percent Change				4.0%		(7.1%)
Total Enforcement						
Total Change in Percent						(14.3%)

Legislation – Future legislation that increases the scope of work for the TMB either as the result of a change in statute to existing operations or the addition of new programs will also require additional staff to support those new requirements. The TMB is always seeking ways to improve current operations

through process improvements or technology advancements that support the streamlining of processes and/or job duties.

Legislative Appropriations Request – In the upcoming legislative appropriations request, the TMB will be requesting an increase to its existing FTE count of 260. This increase will allow the TMB to continue to bolster organizational resilience and grant the ability to implement vital technological advances. Additionally, an increase in FTEs will usher in new skills into the TMB workforce that will not only advance the current mission, goals, and objectives, but will also support the strategic development efforts listed in Section III. The TMB executive team is in the process of assessing its future workforce requirements for fiscal years 2026-27 in anticipation of the legislative appropriations request due in July of 2024.

REQUIRED CRITICAL FUNCTIONS

The required critical functions of the TMB to achieve the goals outlined in this Strategic Plan remain the same: Licensing, Enforcement, and Administrative Support. The required changes will be in how the TMB goes about achieving those goals and those changes include acquiring new technologies and information technology systems, overhauling existing policies and procedures to account for process changes resulting from new technologies, and advocating for changes to the Texas State Auditor's Office's job classification system by creating a new job classification series, Medical Investigators, and expanding the levels within the Licensing and Permit Specialists series.

Technological Changes – The TMB is requesting a new case management and enforcement system in the legislative appropriations request for the 2026-27 biennium. This system will overhaul the outdated technology and information technology systems currently in place for the vital duties of the Enforcement function. Ultimately, this system will allow for a more streamlined process, better reporting, and improved customer service. This project will require a mass amount of effort from staff with the Information Technology department, Training section, information technology business analysts, management analysts, and the leadership team to not only implement the system, but to train involved staff, and to document new policies and procedures related to the system.

Additionally, the Information Technology department along with select members of the leadership team are exploring solutions or alternatives for staff in the Call Center section to better accommodate the option for a hybrid work setting through improved technology access and updated policies and procedures as well as salary increases pending the availability of funding.

Job Classification Series Changes – The TMB submitted a request to the Texas State Auditor's Office (SAO) for the creation of a medical investigator job series to the state's current job classification system. Medical investigators perform medical and criminal investigative work for medical cases which requires an active medical and/or health professional license issued in the state of Texas such as a licensed physician, registered nurse, or licensed vocational nurse. The proposed salary groups for the medical investigator series take into consideration these requirements that are competitive with practicing medical and health professionals both in Texas state government and the private sector. This request was submitted to support all state agencies who perform medical investigations as part of their mission.

The TMB also included a request to the SAO to expand the License and Permit Specialist series from V levels to VII to better capture the technical work performed by non-supervisory staff and to provide a more opportune career ladder for higher levels to serve in a lead or supervisory capacity. The increase in levels will also allow more technical staff to be recognized and advance their positions.

GAP ANALYSIS

RESOURCES AND SKILL REQUIREMENTS

Shortages – As the TMB transitions to the use of more advanced technology systems in its operations, this will require more skilled labor in the area of information technology. Currently, the TMB runs a very lean information technology shop resulting in a shortage of employees to support data management, cybersecurity, network administration, systems integration, programming, and support services. Employees with the technical skills to produce training content and develop training materials, develop detailed procedures and working guides, and assist with the implementation of these new information technology systems will also be necessary for the TMB to continue with its mission, goals and strategies.

Additionally, as the TMB leadership team becomes eligible for retirement, this will create a shortage in leaders within the TMB if the next generation of leaders are not developed with the technical and soft skills of project management, problem-solving, data analysis, strategy, and communication.

Surpluses – The transition of the TMB to the use of more advanced technology systems will result in a surplus of administrative support staff within the organization who perform manual processes and process paperwork. These employees will need to be trained to learn new skills and provided with opportunities to transfer to other departments or sections to continue supporting the mission of the TMB.

IDENTIFIED RISKS

Workforce shortages pose a huge risk to TMB and its efforts to transition its operations to more advanced technology systems. This identified risk can delay the TMB in becoming more efficient in its process and procedures. Delays in licensing qualified medical or health professionals or revoking a licensee who poses a significant threat to patient safety impact public health and safety in Texas.

SECTION III: WORKFORCE STRATEGIES

The TMB has identified the following strategies to address workforce gaps which include succession planning, training and professional development, recruitment and retention, culture and engagement, and benefits and employee wellness. Each strategy has been designated to the department or section responsible for implementation and a proposed deadline.

SUCCESSION PLANNING

Leadership Restructuring – At the start of fiscal year 2024, all TMB department managers were promoted to directors as a result of the 88th Texas Legislative actions that included additional FTEs, new programs and revenue streams, and additional statutory responsibilities. This restructuring created a hierarchical gap between the directors and their supervisors. To address this, the TMB plans to reintroduce the manager series back into the organization. Each department will have a manager reporting to the director and manage the day-to-day operations of that operation. A manager will also serve as a backup to their director. This change will allow a clearer chain of command, delineate responsibilities, and enhance performance management. This will also allow directors to focus more on the implementation of the Executive Director's vision and strategies. Moreover, this will create promotional opportunities for staff within a department and support the professional development for succession planning at the leadership level agency wide. To achieve this goal, additional resources will need to be identified to support the salary requirements of the manager job series and internal staff with the capabilities and competencies to carry out these responsibilities will need to be identified and trained. The TMB executive team will be responsible for implementing this strategy with the guidance and recommendations from the leadership

team. Identifying staff with the necessary capabilities can occur now with a target of implementing this strategy in fiscal year 2026. Additionally, the Training section will be responsible for supporting the knowledge transfer and cross training of staff to prepare them for transitioning into their new roles.

Knowledge Transfer & Cross Training – Knowledge transfer and cross-training are essential practices for maintaining and enhancing organizational efficiency, adaptability, and resilience. Coupled with the restructuring outlined above, implementation strategies such as the maintaining and updating of policy and procedure documentation and working guides, mentorship programs, and workshops and training sessions, would make this an achievable goal. Significant benefits would include continuity and consistency with organization operations, innovation and improvement, collaboration, and the professional development of staff. The Training section, with support and guidance from the TMB leadership team, will be responsible for implementing this strategy. Resources have already been identified and secured, pending the hire of a training and development specialist, with an implementation date to start at the beginning of fiscal year 2025.

TRAINING AND PROFESSIONAL DEVELOPMENT

With proper training, all employees should be proficient in various technologies as it relates to their work responsibilities. Employees should have the ability to adapt quickly to changes in the processes and procedures of their job responsibilities, and employees must have the aptitude to learn new technologies and be able to troubleshoot while working remotely. Employees must be proficient with Microsoft (MS) 365 applications that include SharePoint, MS Teams, and Outlook, the TMB's internal systems and programs such as Laserfiche and SQL, and web-based services that are administered through the Centralized Accounting and Payroll/Personnel System (CAPPS) such as the Time and Leave module.

Training and Development Specialist – By the end of the fiscal year 2024, the TMB plans to onboard a training and development specialist. This position will be responsible for designing, developing, deploying, and delivering learning curricula, training modules, and desk-aids for agency-wide systems such as Microsoft 365, Laserfiche, SQL, CAPPS, and the Employees Retirement System (ERS). This documentation and training will be beneficial to standardize documentation and offer greater visibility to new and existing employees on these everyday systems. Implementation of this strategy will be the responsibility of the training and development specialist, with guidance and input from the TMB leadership team, with emphasis to focus on internal systems first, and a goal for completion of documentation for major systems by the end of fiscal year 2025.

Learning Management System (LMS) – In the upcoming LAR, the TMB is requesting capital budget funding to implement a technological platform that offers a centralized location to host internal trainings, training documentation, and track training certifications and requirements. The Training section will be responsible for implementing this strategy and maintaining the platform.

Leadership Training – With the recent promotion of the TMB leadership team to directors and the plan denoted to the Leadership Restructuring strategy above to provide career ladder opportunities to staff, leadership training will be essential for developing effective leaders who can inspire, guide, and drive the staff to achieve our organizational goals. The Human Resources department has begun coordinating Equal Employment Opportunity (EEO) trainings and plans to expand this education to include topics such as conflict management, delegation and collaboration tactics, succession planning, and performance management trainings as part of the responsibilities under the Training section. The leadership training will also include knowledge transfer and cross training.

RECRUITMENT AND RETENTION

Hybrid work schedule – The TMB has seen no impact on work performance since expanding the telework model in fiscal year 2020 as a result of the COVID-19 disaster declaration. In fact, the TMB has observed multiple positive impacts to both recruitment and retention. Employees report a better work-life balance, cost and emissions savings, and increased availability and productivity without a commute. The TMB now has access to a wider talent pool but now must compete with other state agencies that offer similar telework policies. The TMB plans to continue the hybrid work schedule while implementing changes presented in the Culture and Engagement strategy below to reintroduce wider team cohesion in a post-pandemic environment. The Human Resources department is responsible for this implementation with guidance and input from the TMB executive team. Telework/remote policies are updated as necessary and generally have no impact on resource requirements. Implementing policy updates with significant resource requirements may be delayed until sources of funding can be identified.

Internships – Since 2020, TMB has partnered with the City of Austin internship program to offer an opportunity to high school students to join our workforce for the summer. Additionally, the TMB has expanded the internship program to fund college level interns with temporary assignments and responsibilities to support the mission of the TMB. These opportunities not only provide the intern practical skill development and career exploration within the state but also provide the TMB with an opportunity for a talent pipeline, fresh perspectives, and short-term project support. The TMB plans to continue to welcome interns into the organization and hopes to expand the program beyond just the summer.

Referral Program – The TMB plans to implement a referral program in fiscal year 2025 for current staff members to monetarily benefit from referring someone to an TMB vacancy. The referral plan indicates that a standardized amount be awarded to the employee should the applicant list the individual on their application, be accepted for the position, and remain in good standing for six months within the position. The goal for the referral program is a faster hiring process, higher quality candidates, improved retention rates, increased employee engagement, and enhanced organizational culture. The Human Resources department will take the lead on implementing this strategy with guidance and direction from the TMB executive team.

Compensation Analysis – The TMB Deputy Executive Director of Business Administration is in the process of conducting a compensation analysis on TMB positions in comparison to what other state agencies, local government (City of Austin), and the private sector pay their employees. The compensation analysis is in preparation for the upcoming LAR and will determine the amount of salary requirement necessary to remain competitive with other industries. Pending approval by the Texas legislature, the implementation of this strategy will take place at the start of fiscal year 2026. If the full exceptional item request is not funded, the TMB will target salary increases for job classifications with the highest turnover first and then critical positions until all available funding is allocated.

At the start of fiscal year 2024, the TMB was authorized additional funding for salary actions. Across the organization, the Texas legislature approved a minimum \$3,000 or 5 percent increase for all state employees. Additionally, employees receiving a full-time salary of \$40,000 or less were granted an additional 3 percent as part of the Texas legislature's approval for targeted salaries. The Texas legislature also approved a recommendation from the Texas State Auditor's Office to restructure job classification series and their salary groups. This had an impact on the TMB's general counsel, information technology support specialists, and programmer job series which increased their base salaries due to their classifications going up a salary group. Additionally, the Executive Director authorized an across-the-board minimum 5 percent salary increase for all employees and targeted salary increase for job classifications with high turnover.

CULTURE AND ENGAGEMENT

A large goal for the TMB is to reintroduce culture and employee engagement within the organization in order to create a supportive, inclusive, and dynamic work environment that motivates and values employees. Throughout fiscal year 2024, the TMB has implemented several strategies listed below to boost morale, increase productivity, retain top talent, and ultimately drive long-term success.

New Employee Orientation – Throughout the COVID-19 disaster declaration, the TMB shifted to a virtual platform for its new employee orientation. While this allowed for new employees to receive the general information needed in a safe manner, it reduced the opportunity for in-person hospitality, relationship building, and introduction to the workspace. Throughout fiscal year 2024, the Human Resources department has collaborated with other departments to revamp the entire onboarding process and encourage a positive first impression for new employees. The introduction of the newly created Staff Services Support section has allowed the opportunity to give new hires a tour of the building and a more structured and thought-out training of state benefits, the CAPPS system, and agency materials. While this development is still in progress, the Human Resources department has a goal to finalize the new employee orientation onboard process and presentations by the beginning of fiscal year 2025. The Human Resources department is responsible for implementing this strategy which includes collecting employee feedback to evaluate its successes and areas for improvement.

Executive Luncheons – Every other month beginning in fiscal year 2024, the TMB executive team has hosted a hybrid, agency-wide meeting with the purpose of increasing communication across the organization as well as bringing employees together. In addition to announcements and open discussions for questions and answers, leadership and the reinstated Fun Committee work together to provide lunch and create engaging activities throughout the allotted time. The luncheons have seen high attendance and participation, and staff plan to continue and develop these meetings throughout the upcoming fiscal years. The TMB executive team is responsible for implementing this strategy and coordinating efforts through the Fun Committee.

Internal Newsletter – Since January 2022, the Human Resources department has produced an internal agency newsletter entitled ‘The Board Broadcast’ which is distributed on the first of every month. The goal of the newsletter has been to share news about birthdays, holidays, service milestones, and upcoming events in an entertaining manner. A creative media designer was hired in fiscal year 2024 to assist with the creative development of the newsletter and the TMB plans to expand the content of the newsletter to include executive and departmental announcements, employee spotlight, and sections on benefits and wellness. The goal is to increase employee engagement and diversify content to maintain and expand involvement. The Office of the Executive Director is responsible for implementing this strategy with input from across the organization to develop content.

Branding – The TMB executive team and new creative media designer have been working to develop a cohesive and professional look to the TMB’s seal, logos, internal and external documentation and communications, and more as part of a rebranding effort. The TMB aims to reintroduce TMB-branded materials as part of a marketing campaign to develop a sense of community amongst employees and to promote the agency at external community events and job fairs. The goal is to have this strategy implemented by the end of fiscal year 2024 with marketing materials made available at the beginning of fiscal year 2025.

Retirement Fund – By fiscal year 2025, the TMB plans to implement a small fund dedicated to purchasing retirement awards, as allowed by purchasing policies and guidelines with the Texas Comptroller of Public Accounts. The retirement awards will include items such as plaques, flags, and gifts for individuals retiring from the TMB and not exceed the statutory limit of \$100 per award. Although a small token, the TMB

aims to further show its appreciation to these employees for the dedicated service to the state of Texas and the organization. The TMB executive team will be responsible for implementing this strategy and coordinate with members of the leadership team as employees announce their retirement plans.

Supervisor Feedback – As identified in the SEE for fiscal year 2024, 8.6 percent of employees feel there are not enough opportunities to give supervisor feedback. The Human Resources department is exploring software solutions to identify this request and will take the lead on implementing a solution once identified. Funding has been set aside for fiscal year 2025, pending discussion and approval by the TMB executive team. Measurable impact assessments such as 360-degree feedback, employee surveys, supervisor observation, and performance metrics within the departments would all be goals to achieve.

BENEFITS & EMPLOYEE WELLNESS

Prior to fiscal year 2024, the Human Resources department consisted of the Director and one support position. This FTE imbalance of almost 1:100 necessitated that essential job functions be prioritized over peripheral activities. With the onboarding of a benefits coordinator and recruitment specialist in fiscal year 2024, the Human Resources department has been able to introduce segregation of duties and coverage to ensure critical tasks are performed. While the additional FTEs have been an invaluable addition to the team, the effects on workload are marginally felt as the agency continues to grow its workforce and expand employee engagement. Additional FTEs and resources in the Human Resources department are imperative to implementing the goals and strategies delineated above. Moreover, the Human Resources department has goals listed below that will continue to bolster agencywide resilience. These goals involve the communication of benefits and launching new employee wellness initiatives in the upcoming fiscal year.

Benefits Education – The state of Texas offers a multitude of incredible benefits and incentives available to state employees. However, results from our fiscal year 2024 SEE show that the ‘Benefits’ construct was one of our worst performing categories. While this could be for many reasons, the Human Resources department wants to ensure that it is not a communication or navigation issue between the Human Resources department, ERS, and the employee. The Human Resources team plans to implement multiple strategies to increase visibility and clarity around the state benefits package. The onboarding of the benefits coordinator has allowed for a centralized location for employees to route their benefits questions. Additionally, the benefits coordinator is working with our creative media designer to develop updated benefits PowerPoints that are presented in our new employee orientation. Another goal is to include a Benefits & Wellness section in the internal agency newsletter to highlight a different incentive each month. The goal is to have all these strategies implemented by the beginning of fiscal year 2025.

Employee Wellness – Along with illuminating our state benefits package for new and tenured employees alike, the Human Resources department aims to introduce employee wellness activities to promote the overall health and well-being of the staff. In addition to the current initiatives such as the Executive Director granting exercise leave time, encouraged participation in the GetFit Texas! Challenge, and granting eight hours of leave upon the completion of an annual physical and health risk assessment, the TMB has implemented the following plans throughout fiscal year 2024:

- Previously, a note from a physician was required to obtain an agency issued stand-up desk at an employee's workstation at the George H.W. Bush building. Now, stand-up desks are available to all employees that are in the office three days or more and request one.
- In April 2024, the TMB was designated by the Texas Department of State Health Services (DSHS) as a Texas Mother-Friendly Worksite which proactively supports employees who choose to breastfeed their infants by providing time, space, and other supports to maintain breastfeeding after returning to work.

- The TMB is also submitting an application in July 2024 to become a partner certified with the City of Austin's Mayor's Health and Fitness Council to promote health education, physical activity, healthy eating, and tobacco-free living.
- Free talks on topics such as team building, stress management, and self-care have been scheduled through the Employee Assistance Program and Austin Ballet's 'Be Well' program. These talks have had high praise from staff and the Human Resources department plans to continue to invite these groups back throughout the upcoming fiscal years.

Although small activities have been accomplished with current resources, the TMB Human Resources department is requesting additional full-time positions in the upcoming LAR to prioritize and expand these endeavors and to work closely with the benefits coordinator to integrate and advertise agencywide wellness activities. Moreover, the TMB intends for the wellness coordinator to collaborate with other state agencies within our assigned building in order to foster a combined effort to promote the health and well-being of all state employees. With the exception of the wellness coordinator, these strategies are being coordinated by the Human Resources department with an expected implementation during fiscal year 2025 or soon if additional resources are required.

SECTION IV: CONCLUSION

The Texas Medical Board uses the biennial workforce plan as an opportunity to assess our current workforce and develop specific, measurable, and achievable adjustments for the upcoming years. The TMB is eager to continue implement organizational developments and the agency anticipates that this initial shift in structure and culture will have a positive effect on the overall outlook of the agency. The addition of vital resources the Board is requesting will prove invaluable to accomplish the mission and goals more effectively and efficiently.

**SCHEDULE G: WORKFORCE DEVELOPMENT SYSTEM
STRATEGIC PLANNING (NOT APPLICABLE TO TMB)**

SCHEDULE H: REPORT ON CUSTOMER SERVICE

I. 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.

Agency staff supports five boards and two advisory committees. These are the: Texas Medical Board, Texas Physician Assistant Board, Texas State Board of Acupuncture Examiners, Texas Board of Medical Radiologic Technology, Texas Board of Respiratory Care, Medical Physicists Licensure Advisory Committee and Perfusionist Licensure Advisory Committee.

Consequently, the agency currently regulates over 175,000 license, permit, and registration holders and received over 8,100 complaints in FY 23. Overall, TMB is responsible for approximately 25 different types of licenses, permits, and certifications.

II. CUSTOMER INVENTORY

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

Table 1 shows TMB's categories of customers, and information and services they receive by strategy for FY 23 - 24.

Table 1 – Customers by Strategy and Services for FY 23 - 24	
<i>Licensing & Administrative Strategies – includes information and services provided by three departments (1) Licensing, (2) Registration and (3) Registration – Call Center</i>	
Customer Categories	Services and Information Received
1) Applicants for licenses or permits 2) Current license or permit holders	<p>TMB issues initial licenses or permits to the following customer groups. The majority of these licenses/permits are renewed (registered) on either a biennial or annual basis.</p> <ul style="list-style-type: none"> • Physicians • Physicians-in-Training • Physician Assistants • Acupuncturists • Surgical Assistants • Medical Radiologic Technologists • Respiratory Care Practitioners • Medical Physicists • Perfusionists • Non-profit Health Care Entities • Non-certified Radiological Technicians • Acudetox Specialists

<p>1 & 2 above as well as all categories of TMB customers including: 3) General Public (including patients)</p>	<p>Customer Service Support -</p> <p>The Registrations Department runs the agency's call center/customer service line which fields questions about licensure information and agency processes (and forwards as necessary to the appropriate departments) from all categories of TMB customers in addition to applicants and licensees - including the general public, other governmental entities, etc.</p> <p>The Registrations Department responds to the email received via the Customer Service email address and forwards to the appropriate departments as necessary.</p>
<p>4) Health Care Entities and State Regulatory Boards seeking verification of licensure</p>	<p>The Registrations Department responds to numerous verification requests for licensure of physicians and other license types. The department also provides license verifications to other state boards upon request of licensees.</p>
<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 – individuals or entities that file complaints including patients, family or friends of patients, other health professionals, government agencies, law enforcement, TMB itself as the result of specific regulatory activities, or health care entities such as insurance companies.</p> <p>6) Respondents (and representatives such as defense counsel) –a respondent is any licensee of the agency responding to a complaint inquiry including physicians, physician assistants, acupuncturists, surgical assistants, etc.</p> <p>7) Probationers – a licensee fulfilling the terms of a remedial/corrective action or disciplinary order.</p>	<p>A complaint received by TMB against a licensed individual or entity triggers the enforcement process.</p> <p>Each complaint receives an initial review and if necessary is investigated to determine if a violation has occurred and, if so, what appropriate remedial/corrective or disciplinary action is needed.</p> <p>If a remedial plan or disciplinary action is issued by the board, then a compliance officer works with the licensee (probationer) to ensure the terms of the action are met.</p>
<p>Physician Health Program Strategy – information and services provided by the Texas Physician Health Program</p>	
<p>Customer Categories</p>	<p>Services Received</p>

<p>8) Self-referrals – TMB applicants and licensees. 9) Referrals - TMB, concerned colleagues, hospitals and others who may refer or suggest self-referral to TMB applicants and licensees.</p>	<p>The Texas Physician Health Program (PHP) is administratively attached to the Texas Medical Board, but overseen by an 11-member governing board.</p> <p>PHP is a non-disciplinary program that encourages physicians, physician assistants, acupuncturists and other licensees 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>
<p><i>Public Education & Administration Strategies – includes information and services provided by four departments: (1) General Counsel, (2) Governmental Affairs & Communications, (3) Information Resources, and (4) Finance.</i></p>	
<p>Customer Categories</p>	<p>Services Received</p>
<p>In addition to many of the customers listed above, the following groups are also served by these departments.</p> <p>10) Elected Officials 11) Media/News outlets 12) Open Records Requestors 13) Oversight agencies 14) Professional associations and societies 15) Licensee/Respondent Representatives such as defense counsel and consultants 16) Vendors & Contracted Professional Services 17) Medical schools, and mid-level practitioner schools 18) Hospitals</p>	<p>A wide variety of information and services are provided including:</p> <ul style="list-style-type: none"> - TMB Website - Outreach presentations to medical societies, medical and mid-level practitioner schools, hospitals, and professional associations - Responses to constituent information requests - Policy, rules, and regulations information - Responses to media inquiries - Open Records responses - TMB Data Products

III. DESCRIPTION OF THE SURVEY PROCESS

This year’s survey focused on the satisfaction of the agency’s facilities, staff interactions, communications, website, complaint handling process, timeliness, printed information, and overall satisfaction with the agency. TMB created an online survey which was published to the homepage with a hyperlink directing customers to the online survey; published the hyperlink on the agency’s April 2023 bulletin and Facebook page; the hyperlink was added to specific agency auto-reply email accounts; the agency’s call center directed callers to the online survey published on the homepage; the survey was publicized during CME outreach presentations; and email correspondence was sent to all subscribers who receive TMB communications. The survey was open from March 1, 2024, until April 30, 2024.

The first question was meant to identify the participant’s demographic category. The next eight items asked the participants specifically to rank their satisfaction level with the TMB. The survey required responses to all nine items for submission. Ratings ranged from **Very Satisfied – Satisfied – Neither Satisfied nor Dissatisfied – Dissatisfied – Very Dissatisfied – Not Applicable**.

IV. CUSTOMER SATISFACTION SURVEY RESULTS AND ANALYSIS

There were 2,545 survey participants. Participants primarily identified themselves as “Current Licensee” (2,241), followed by “Other” (174), “Public” (74), “Applicant” (30), and “Stakeholder” (26). **See Table 1.**

Table 1

Summary of Responses to Item #1						
	Current Licensee	Other	Public	Applicant	Stakeholder	Total
1) Which category best describes you?	88.06% 2,241	6.84% 174	2.91% 74	1.18% 30	1.02% 26	2,545

The majority of participants were either “satisfied”, “very satisfied” or selected “n/a” for survey items 2-8. For survey item 9 the majority of participants were either “satisfied”, “very satisfied” or “neither satisfied nor dissatisfied”.

Questions 2 – 9 sought feedback on the general impression of the TMB including agency’s facilities, staff interactions, communications, website, complaint handling process, timeliness, printed information, and overall satisfaction with the agency.

Surveying participants regarding their satisfaction with TMB facilities, 37% were satisfied or very satisfied, 42% indicated N/A; 42% were satisfied or very satisfied with staff interactions, 36% indicated N/A; 51% were satisfied or very satisfied with agency communications, 20% indicated N/A; 66% were satisfied or very satisfied with the agency’s website, 4% indicated N/A; 24% were satisfied or very satisfied with the complaint handling process, 50% indicated N/A; 36% were satisfied or very satisfied with the agency’s timeliness, 35% indicated N/A; 43% were satisfied or very satisfied with agency brochures or other printed information, 35% indicated N/A. Finally, 65% of the survey participants had overall satisfaction with the agency. **See Table 2.**

Table 2

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	N/A
2) How satisfied are you with the agency’s facilities, including your ability to access the agency, the office location, signs, and cleanliness?	18.35% 467	18.62% 474	13.48% 343	4.05% 103	3.42% 87	42.08% 1,071

<p>3) How satisfied are you with agency staff, including employee courtesy, friendliness, and knowledgeability, and whether staff members adequately identify themselves to customers by name, including the use of name plates or tags for accountability?</p>	<p>23.10% 588</p>	<p>19.21% 489</p>	<p>14.50% 369</p>	<p>4.28% 109</p>	<p>3.34% 85</p>	<p>35.56% 905</p>
<p>4) How satisfied are you with agency communications, including toll-free telephone access, the average time you spend on hold, call transfers, access to a live person, letters, electronic mail, and any applicable text messaging or mobile applications?</p>	<p>23.89% 608</p>	<p>26.80% 682</p>	<p>14.58% 371</p>	<p>8.72% 222</p>	<p>6.48% 165</p>	<p>19.53% 497</p>
<p>5) How satisfied are you with the agency's Internet site, including the ease of use of the site, mobile access to the site, information on the location of the site and the agency, and information accessible through the site such as a listing of services and</p>	<p>28.02% 713</p>	<p>37.52% 955</p>	<p>16.19% 412</p>	<p>10.18% 259</p>	<p>4.44% 113</p>	<p>3.65% 93</p>

programs and whom to contact for further information or to complain?						
6) How satisfied are you with the agency's complaint handling process, including whether it is easy to file a complaint and whether responses are timely?	11.43% 291	12.46% 317	14.46% 368	5.15% 131	6.48% 165	50.02% 1,273
7) How satisfied are you with the agency's ability to timely serve you, including the amount of time you wait for service in person?	16.62% 423	19.10% 486	15.36% 391	7.50% 191	6.01% 153	35.40% 901
8) How satisfied are you with any agency brochures or other printed information, including the accuracy of that information?	18.74% 477	24.75% 630	16.19% 412	2.91% 74	2.40% 61	35.01% 891
9) Please rate your overall satisfaction with the agency.	26.68% 679	38.35% 976	18.11% 461	9.12% 232	6.13% 156	1.61% 41

V. ONGOING MEASURES OF CUSTOMER SATISFACTION

TMB will continue researching other methods to measure customer satisfaction to ensure a robust survey process in future years. The agency generally receives feedback on services and processes throughout a given year from a wide variety of customers that interact with agency

departments and processes – ranging from licensees’ feedback to interactions with consumers of medical services to feedback from other state agencies and elected officials.

Performance Measures FY 24

Outcome Measures

65.03% Percentage of Surveyed Customer Respondents Expressing Overall Satisfaction with Services Received

Output Measures

N/A* Total Customers Surveyed

N/A* Response Rate (%)

500,000 Total Customers Served (estimated)

Efficiency Measures

\$0.01 Cost Per Customer Surveyed

Explanatory Measures

500,000 Total Customers Identified (estimated)

18 Total Customer Groups Inventoried

*This number is not available as the survey was conducted online with information about the survey provided to all subscribers who receive TMB communications, those who were directed to the website by the agency’s call center or email auto-replies, and anyone visiting the TMB website when the survey was taking place.

SCHEDULE I: CERTIFICATION OF COMPLIANCE WITH CYBERSECURITY TRAINING



CERTIFICATE

TEXAS MEDICAL BOARD

Pursuant to the Texas Government Code, Section 2056.002(b)(12), this is to certify that the agency has complied with the cybersecurity training required pursuant to the Texas Government Code, Sections 2054.5191 and 2054.5192.

Chief Executive Officer or Presiding Judge

Handwritten signature of Stephen 'Brint' Carlton in black ink on a light gray background.

Signature

Stephen 'Brint' Carlton, J.D.

Printed Name

Executive Director

Title

June 4, 2024

Date

Board or Commission Chair

Handwritten signature of Sherif Zaafran, M.D. in black ink on a light gray background.

Signature

Sherif Zaafran, M.D.

Printed Name

Board President

Title

June 4, 2024

Date

**SCHEDULE J: REPORT ON PROJECTS AND ACQUISITIONS
FINANCED BY CERTAIN FUND SOURCES (NOT APPLICABLE
TO TMB)**