

Texas Medical Board **Strategic Plan**

Fiscal Years 2023 – 2027



Agency Strategic Plan
Fiscal Years 2023 to 2027
BY
The Texas Medical Board

<u>Board Member</u>	<u>Dates of Term</u>	<u>Hometown</u>
Arun Agarwal	September 30, 2019 – April 13, 2025	Dallas
Sharon J. Barnes	April 17, 2018 – April 13, 2025	Rosharon
Devinder S. Bhatia, M.D.	September 30, 2019 – April 13, 2025	Houston
Ada L. Booth, M.D.	September 20, 2021 – April 13, 2027	Corpus Christi
Michael E. Cokinos	January 13, 2017 – April 13, 2027	Houston
George L. De Loach, D.O.	April 17, 2018 – April 13, 2023	Livingston
James “J.D.” Distefano, D.O.	October 27, 2020 – April 13, 2025	College Station
Kandace B. Farmer, D.O.	January 13, 2017 – April 13, 2027	Highland Village
Robert Gracia	April 17, 2018 – April 13, 2023	Richmond
Tomeka M. Herod	April 20, 2020 – April 13, 2025	Allen
Roberto D. Martinez, M.D.	June 14, 2018 – April 13, 2025	Mission
LuAnn Morgan	January 13, 2017 – April 13, 2027	Midland
Jayaram B. Naidu, M.D.	January 13, 2017 – April 13, 2027	Odessa
Satish Nayak, M.D.	September 30, 2019 – April 13, 2025	Andrews
Manuel M. Quinones, Jr, M.D.	April 17, 2018 – April 13, 2023	San Antonio
Jason K. Tibbels, M.D.	September 30, 2019 – April 13, 2025	Decatur
Ebony Todd, J.D.	September 20, 2021 – April 13, 2027	Killeen
David G. Vanderweide, M.D.	April 17, 2018 – April 13, 2023	League City
Sherif Zaafran, M.D.	January 13, 2017 – April 13, 2027	Houston

June 1, 2022

Stephen 'Brint' Carlton, J.D., Executive Director

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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: ENHANCE COMMUNICATION AND PUBLIC AWARENESS

The TMB plans to enhance communication and public awareness by implementing changes to the agency call center, refreshing public websites, and boosting access to public proceedings, specifically board meetings.

SPECIFIC ACTION ITEMS TO ACHIEVE GOAL

- Implementing a callback feature to reduce caller wait times. Callers would be able to reserve their place in line and be called when it is their turn to speak with a TMB representative. **Estimated completion date – 12/31/2022*
- Reviewing and updating the automated call handler system which allows callers to select options to get the information they need without waiting to speak with a TMB representative. **Estimated completion date – 12/31/2022*
- Refreshing the TMB public website by, among other things, the use of contextual menus, modernizing website accessibility, and enhancing public educational information such as graphics showing agency processes and more details on where the public can participate. **Estimated completion date – 12/31/2024*
- Adding features to the refreshed Texas Physician Health Program's (TXPHP) public website including video presentations and the ability to accept online donations as permitted by law. **Estimated completion date – 12/31/2022*
- Identifying an online platform to make recordings of board meetings more readily available to the public. **Estimated completion date – 9/1/2023*

HOW GOAL OR ACTION ITEMS SUPPORT STATEWIDE OBJECTIVES

1. **Accountable to tax and fee payers of Texas.**

The TMB believes that accountability is, in part, defined as the “obligation to explain”. The agency uses its call center, public websites, and board meetings as vehicles to explain policies, processes, and general agency happenings to the tax and fee payers of Texas. Enhancements in each of these areas ensures that these individuals can easily and directly interact with the agency to ask questions and gain clarification on the issues most important to 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.**

It is critical for the agency to identify ways to reduce the time it takes to connect with customers without the need for additional resources and without placing a greater burden on existing staff. Implementing a callback feature to reduce caller wait times is a low-cost option that would allow callers to reserve their place in line and be called when it is their turn to speak with a TMB representative. Similarly, changes to the automated call handler system could enable the agency to serve more customers more quickly by allowing callers to select options to get the information they need without waiting to speak with a TMB representative thus allowing agency staff to focus on more complex customer issues.

Finally, identifying an online platform to post meetings would eliminate the need for taxpayers to make one-off requests in order to obtain meeting recordings and subsequently eliminate the need for TMB staff to manually prepare individual audio files to fulfill requests. The time and effort TMB staff would spend on this task could then be reallocated to other essential functions.

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

As stated in its mission statement, one of the TMB's core functions is to ensure "quality health care for the citizens of Texas through licensure, discipline and education". The TMB uses its call center, public website and board meetings to educate the public on its policies, processes, and general agency happenings.

4. Attentive to providing excellent customer service.

The agency is always exploring ways to improve customer service. Implementing a callback feature and updating the automated call handler system will make connecting with TMB faster and more convenient for customers, refreshing the TMB and TXPHP public websites allows customers to find information more easily on various programs and processes, and making meeting recordings directly accessible via an online platform eliminates a barrier to customers obtaining meeting recordings.

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

The TMB believes that simply making information easier to find and understand is a significant component of transparency. The agency is aware that the inability to communicate with a live customer service representative in our call center, navigate to basic information on our websites, or listen to a past public board proceeding can all contribute to an unfortunate perception that the agency lacks accessibility and public transparency. By addressing these items TMB can further demonstrate its commitment to maximum transparency.

OTHER CONSIDERATIONS RELEVANT TO YOUR GOAL OR ACTION ITEM

1. Refreshing the TMB public website is contingent upon identifying adequate funding to do so.

GOAL #2: STREAMLINE ADMINISTRATION OF INTERSTATE MEDICAL LICENSURE COMPACT

The TMB seeks to automate various processes associated with the administration of the Interstate Medical Licensure Compact (IMLC) in order to further expedite licensure and reduce the workload on TMB staff.

SPECIFIC ACTION ITEMS TO ACHIEVE GOAL

- Automation of payment transactions. **Estimated completion date – 12/31/2022*
- Automation of application, renewal, and Letter of Qualification (LOQ) data transfer between the TMB and IMLC Commission. **Estimated completion date – 12/31/2024*
- Scanning and indexing existing TMB records (microfiche/microfilm) that currently require manual searching in order to validate LOQs. **Estimated completion date – 12/31/2024*

HOW GOAL OR ACTION ITEMS SUPPORT STATEWIDE OBJECTIVES

1. Accountable to tax and fee payers of Texas.

The automation of activities related to the administration of the IMLC ensures consistency in the collection of payments and processing of applications by applicants/fee payers.

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.

The automation of activities related to the administration of the IMLC enables TMB staff to complete tasks more quickly without the need for additional resources and without placing a greater burden on existing staff.

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

The effectiveness of this program will be measured by the following new performance measures:

Output Measures

- Number of New Compact Licenses Issued to Individuals: Physicians
- Number of New Letters of Qualifications Issued to Individuals: Physicians
- Number of Compact Licenses Renewed (Individuals): Physicians
- Number Of Letters of Qualification Re-issued (Individuals): Physicians

Efficiency Measures

- Average Number of Days for Compact License Issuance: Physicians
- Average Number of Days for Letter of Qualification Issuance: Physicians
- Average Number of Days for Letter of Qualification Re-Issuance: Physicians

Explanatory Measures

- Total Number of Physicians Participating in the Compact: Texas as State of Principal License
- Total Number of Physicians Participating in the Compact: Out-Of-State SPL

4. Attentive to providing excellent customer service.

The purpose of the IMLC is to provide an expedited pathway to licensure in Texas for qualified physicians. Automating licensure processes related to the IMLC allows customers to benefit from a truly expedited application process by reducing manual searching and entry work for agency staff.

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

The benefits of automation would be clearly visible to Texans through the public reporting of performance measures on Compact license and LOQ issuance.

OTHER CONSIDERATIONS RELEVANT TO YOUR GOAL OR ACTION ITEM

1. The automation of application, renewal, and LOQ data transfer between the TMB and IMLC Commission is dependent on the Commission's development of an interface for the TMB to connect to.
2. There are costs associated with the scanning and indexing of microfiche and microfilm. The completion of this initiative is contingent on identifying adequate funding to do so.

GOAL #3: PROTECT PATIENTS THROUGH APPROPRIATE LICENSEE OVERSIGHT

The TMB intends to advance efforts to protect patients by ensuring information on physician public profiles is as current as possible and increasing access to licensee criminal records.

SPECIFIC ACTION ITEMS TO ACHIEVE GOAL

- Adopting new rules to ensure more timely addition of certain events required to be reported to the TMB including disciplinary actions taken by other states against the licensee and medical malpractice claims. **Estimated completion date – 9/1/2022*
- Automating business processes related to criminal justice checks and monitoring including the daily downloading of criminal justice alerts from DPS and FBI on licensees and applicants and the subscribing and unsubscribing of applicants or licensees from these alerts. **Estimated completion date – 12/31/2022*
- Streamlining various processes related to fingerprint collection including improved identity verification coordination with DPS's fingerprint vendor to identify one applicant more easily from another when the name and application type is the same. **Estimated completion date – 12/31/2025*
- Obtaining fingerprints for physicians who were licensed prior to utilization of the FBI Rap Back Service. **Estimated completion date – 12/31/2025*

- Enrolling each practitioner into the National Practitioner Data Bank's (NPDB) continuous query service enabling the TMB to have better visibility into adverse licensure actions taken by other states related to professional competence or conduct, as well as medical malpractice payments associated with a particular licensee. **Estimated completion date – 12/31/2025*
- Updating the licensee portal (MyTMB) to provide physicians a way to update their profile information more frequently than just during their biennial license renewal. **Estimated completion date – 9/1/2025*

HOW GOAL OR ACTION ITEMS SUPPORT STATEWIDE OBJECTIVES

1. **Accountable to tax and fee payers of Texas.**

The TMB motto is, "Safeguarding the public through professional accountability." Each action item will provide the agency with enhanced visibility into adverse actions taken against an applicant or licensee thereby ensuring the TMB is holding its licensed professionals accountable for their actions and helps safeguard the tax and fee payers of Texas.

2. **Efficient such that maximum results are produced with a minimum waste of taxpayer funds, including through the elimination of redundant and non-core functions.**

The automation of activities related to criminal justice checks and monitoring, as well as the TMB's coordination efforts with the DPS fingerprint vendor, enables agency staff to complete tasks more quickly without the need for additional resources and without placing a greater burden on existing staff.

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

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. Enforcement is a core function for the TMB and enhanced visibility into adverse actions taken against an applicant or licensee will enable the Board to take disciplinary action, if appropriate, in a timelier manner.

4. **Attentive to providing excellent customer service.**

Giving licensees the ability to update their public profile more frequently enables them to more timely share pertinent information about themselves with potential patients. Similarly, this ability will allow patients to find the most up-to-date information on a particular provider.

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

The information obtained from the action items would be used to help the Board take disciplinary action against a licensee and would be used to update licensees' public profiles.

OTHER CONSIDERATIONS RELEVANT TO YOUR GOAL OR ACTION ITEM

1. The TMB would need to legislative authority to obtain fingerprints for physicians who were licensed prior to utilization of the FBI Rap Back Service.
2. Enrolling each practitioner into NPDB continuous query service comes at a cost of \$5 per practitioner for the biennium. The completion of this initiative is contingent on identifying adequate funding to cover this enrollment fee.

Redundancies and Impediments

<p>SERVICE, STATUTE, RULE, OR REGULATION</p>	<p>EXPERT PANEL REVIEWS Texas Occupations Code Sec. 154.0561</p>
<p>DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS</p>	<p>When an investigation is opened on a complaint where standard of care/treatment violations are at issue, all relevant information, including medical records, are required to be reviewed by at least two expert panelists who are board-certified in the same or similar medical specialty as the respondent (i.e. the TMB licensee). The first expert issues a preliminary report and a second expert reviews the first physician's preliminary report and other information associated with the complaint. If the second expert physician agrees with the conclusions of the first expert physician, the first physician issues a final written report on the matter. If the second expert physician does not agree with the conclusions of the first expert physician, a third expert physician reviewer must review the preliminary report and information and decide between the conclusions reached by the first two expert physicians.</p> <p>Recruiting experts can be a difficult and time-consuming process for agency staff and the inability to timely recruit experts can significantly delay complaint resolutions. There is no requirement for licensees to serve as expert panelists for these reviews, so the agency is dependent on volunteers. While experts are remunerated for their services, the nominal amount the agency is able to offer due to persistent budget constraints detracts from participation. Recruitment is further complicated when the TMB is faced with retaining experts in more highly specialized fields where there is an inherent lack of experts to call upon in the first place.</p> <p>According to agency data from 9/1/18 to 8/31/21, 95% of the time when the first expert panelist found no violation, the second expert panelist concurred. Aside from the expert review, the agency has additional internal safeguards in place to help ensure significant standard of care issues are not overlooked. This includes review by</p>

	<p>the agency’s nurse investigators, the Medical Director, the Board’s Disciplinary Process Review Committee, and the appeal process.</p>
<p>PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION</p>	<p>Permit the Board to proceed with only one expert panel review if their findings conclude that there was no Standard of Care issue.</p>
<p>DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE</p>	<p>Aside from resolving complaints in a timelier fashion, cost savings can also be achieved. Expert review work for the TMB is remunerated at \$100 per hour as established by board rule and in alignment with over-all agency budget considerations. Based on data from the past three fiscal years where the first expert panelist review concluded that there was no Standard of Care issue, the TMB estimates it could save at least \$120,000 per fiscal year on reviews.</p> <p>Funds saved by eliminating the second and third expert review could be used to increase the hourly rate for experts’ case reviews which would help with expert recruitment and retention.</p>
<p>SERVICE, STATUTE, RULE, OR REGULATION</p>	<p>PHYSICIAN CRIMINAL RECORD CHECKS Texas Occupations Code Sec. 155.008</p>
<p>DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS</p>	<p>All TMB applicants are required to submit fingerprinting for the purposes of an FBI criminal background check. In recent legislative sessions, laws were passed to require fingerprinting upon the renewal of a license if the licensee had not previously undergone fingerprinting for an FBI criminal background check. This practice ensures the TMB can effectively monitor all licensees for criminal conduct and take disciplinary action to protect the public when warranted.</p> <p><i>References:</i></p> <ul style="list-style-type: none"> • <i>Physician Assistants - TX Occupations Code Sec. 204.1561</i> • <i>Acupuncturists - TX Occupations Code Sec. 205.2515</i> • <i>Surgical Assistants - TX Occupations Code Sec. 206.2105</i> • <i>Medical Radiologic Technologists - TX Occupations Code 601.1111</i>

	<ul style="list-style-type: none"> • <i>Medical Physicists - TX Occupations Code Sec. 602.2101</i> • <i>Perfusionists - TX Occupations Code Sec. 603.3031</i> • <i>Respiratory Care Therapists - TX Occupations Code Sec. 604.1523</i> <p>Physician licensees do not have this same statutory requirement. In FY 2021, the TMB's physician licensee population exceeded 101,000 and estimates that approximately 40,000 of them do not have fingerprints on file with the agency to enable the TMB to appropriately monitor them for criminal conduct.</p>
<p>PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION</p>	<p>Align criminal history renewal requirements of physician licensees with the agency's other license types to include fingerprinting.</p>
<p>DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE</p>	<p>Requiring fingerprinting of physician licensees who were licensed prior to the utilization of the FBI Rap Back Service will allow the agency to better monitor criminal reporting events concerning all licensees and safeguard the public.</p>
<p>SERVICE, STATUTE, RULE, OR REGULATION</p>	<p>NATIONAL PRACTITIONER DATA BANK CONTINUOUS QUERY</p>
<p>DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS</p>	<p>The National Practitioner Data Bank (NPDB) is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state to state without disclosure or discovery of previous damaging performance.</p> <p>Currently the TMB requires each applicant to contact the NPDB and have a report of action submitted directly to the agency on the applicant's behalf. However, NPBD also offers the option to enroll in continuous query notifications for current licensees. Continuous query would enable TMB to receive email notifications within 24 hours of a report received by the NPDB and would allow the agency to provide more robust monitoring of practitioners to further enhance</p>

	<p>patient safety. Currently, the annual charge for continuous query via NPDB is \$2.50 for each enrolled practitioner.</p>
<p>PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION</p>	<p>Allow the agency to assess a licensing fee for NPDB Continuous Query.</p>
<p>DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE</p>	<p>NPDB's Continuous Query would allow the agency to better protect the public by monitoring out-of-state disciplinary and malpractice reporting events concerning its licensees.</p>
<p>SERVICE, STATUTE, RULE, OR REGULATION</p>	<p>SURGICAL ASSISTANT LICENSURE Texas Occupations Code Sec. 206.002 Texas Administrative Code §184.4</p>
<p>DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS</p>	<p>The statutory requirements for regulation of surgical assistants could potentially be considered inefficient or unnecessary since a health professional is not required by state law to hold a surgical assistant license in order to perform surgical assisting duties.</p>

<p>PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION</p>	<p>Agency recommends review of the statute for possible elimination. In FY 21, there were a total of 669 surgical assistants licensed. In the last five fiscal years (FY 17-FY 21), 275 surgical assistant licenses were issued. On average, the agency receives less than 10 complaints per year on this license type.</p>
<p>DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE</p>	<p>The equivalent of 0.5 FTE (Admin Assistant III) for all licensing and enforcement workload associated with surgical assistants is: \$18,335 (1/2 of \$36,667).</p>

PART 2. SUPPLEMENTAL 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 (**new measure**)
- 3 Number of New Letters of Qualification Issued to Individuals: Physicians (**new measure**)
- 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 (**new measure**)
- 9 Number of Letters of Qualification Re-issued (Individuals): Physicians (**new measure**)
- 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 (**new measure**)
- 3 Average Number of Days for Letter of Qualification Issuance: Physicians (**new measure**)
- 4 Average Number of Days for Individual License Issuance: Allied Health Professionals
- 5 Average Number of Days for Letter of Qualification Re-Issuance: Physicians (**new measure**)

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) **(new measure)**
- 3 Total Number of Physicians Participating in the Compact: Out-Of-State SPL **(new measure)**
- 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 (6)

- 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

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 that resulted in disciplinary action divided by the total number of documented (jurisdictional) complaints resolved during the reporting period. Action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, rehabilitation and / or fines on which the board has taken action.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether disciplinary action is justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Enforcement Outcome Measure 2	Percent of Complaints Resulting in Disciplinary Action: 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 that resulted in disciplinary action divided by the total number of documented (jurisdictional) complaints resolved during the reporting period. Action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, rehabilitation and / or fines on which the board has taken action.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether disciplinary action is justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Enforcement Outcome Measure 3	Percent of Complaints Resulting in Remedial Action: Physician (Key)
<i>Definition</i>	Percent of complaints, which were resolved during the reporting period that, resulted in a remedial plan which is a corrective non-disciplinary action.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its authority to resolve complaints using non-disciplinary action in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved that resulted in remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether a

	remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	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 that resulted in remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether a remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
Enforcement Outcome Measure 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

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, who have had signed contracts during the respective quarter for the cumulative year to-date number to be the total number of licensed individuals, as well as medical students, who participated in TXPHP during the current fiscal year.
<i>Data Limitations</i>	TXPHP has no control over how many participants will enter into the program.
<i>Calculation Method</i>	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 who have had signed contracts during the respective quarter for the cumulative year to-date number to be the total number of licensed individuals who participated in TXPHP during the current fiscal year.
<i>Data Limitations</i>	TXPHP has no control over how many participants will enter into the program.
<i>Calculation Method</i>	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 have had disciplinary orders entered during the respective quarter for the cumulative year to-date number to be the total number of licensed individuals, as well as medical students, who participated in TXPHP during the current fiscal year.
<i>Data Limitations</i>	TXPHP has no control over how many participants will enter into the program.
<i>Calculation Method</i>	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 have had disciplinary orders entered during the respective quarter for the cumulative year to-date number to be the total number of licensed individuals who participated in TXPHP during the current fiscal year.
<i>Data Limitations</i>	TXPHP has no control over how many participants will enter into the program.
<i>Calculation Method</i>	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

AGENCY OVERVIEW

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

Goals, Objectives and Strategies A:

Goal: Licensure

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

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

B: Goal: Enforce Acts

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

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

Agency Functions

The TMB currently regulates, through licensure and enforcement, over 160,000 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 agency's primary responsibility is to protect the public by assuring professional standards and accountability of those who provide care to Texas patients.

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

With the conclusion of the 87th legislative session, the Governor signed into law HB 1616, which offers physicians an expedited pathway to licensure for qualified physicians to practice in multiple states through the Interstate Medical Licensure Compact (IMLC). On March 1, 2022, the agency began accepting IMLC applications. As of June 1, 2022, the agency has received over 900 IMLC applications from physicians wanting to practice in Texas or outside of Texas. Given the continued growth of the Compact itself, it is estimated that the agency could receive as many as 9,000 IMLC applications to process annually. Even with the increase in applications, the staff continues to fulfill the agency's mission. We see no changes to the mission, goals, and strategies in the next five years.

TMB's Organization and Structure

The Executive Director of the agency is appointed by the Medical Board and serves at the pleasure of the Board as the chief executive and administrative officer of the agency. The agency is organized by function, rather than by license type, to increase the efficiency of operations. The Executive Director oversees the agency's Medical Director as well as the agency's departments which include the General Counsel's Office, Human Resources, Governmental Affairs and Communications, Finance, and Information Technology. The Executive Director approved an agency restructure that created the Director of Operations for FY 22. The Director of Operations oversees the Licensure, Registrations, Enforcement Support, Investigations, and Compliance departments.

II. WORKFORCE PROFILE

Current Staffing Levels

For FY 22, the TMB's FTE cap increased by 7 FTEs from 217.5 FTEs in FY 21. The FY 22 FTE appropriated cap is 224.50. The increase in FTEs is to address the additional licensee applications the agency will receive since the passing of the Interstate Medical Licensure Compact (IMCL) that provides a voluntary, expedited pathway to licensure for qualifying physicians who wish to practice in multiple states. HB 1616 was passed by the 87th Texas Legislature, making Texas the 33rd member state to join the Compact. On March 1, 2022, the agency began accepting applications for the IMCL. As of May 6, the agency had received 745 applications.

The additional 7 FTEs are as follows:

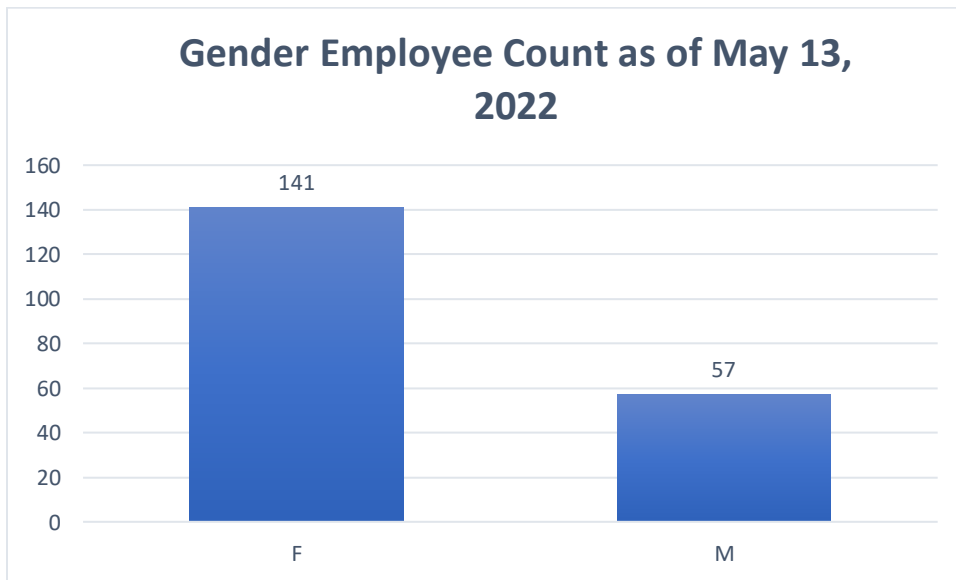
- One full-time Program Supervisor budgeted annually at \$54,999.96 in the Registration Dept.
- Three full-time License & Permit Specialist III budgeted annually at \$37,336.44 in the Registration Dept.
- Two full-time License & Permit Specialist IV budgeted annually at \$44,604.00 in the

Registration Dept.

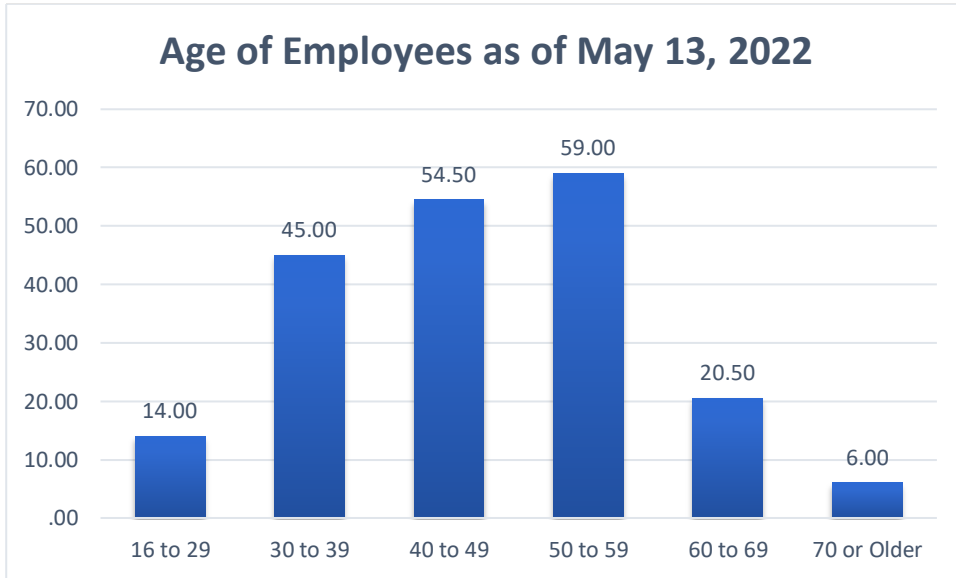
- One full-time Administrative Assistant III budgeted annually at \$34,760 in the Enforcement Section of the Litigation Dept.

Workforce Demographics

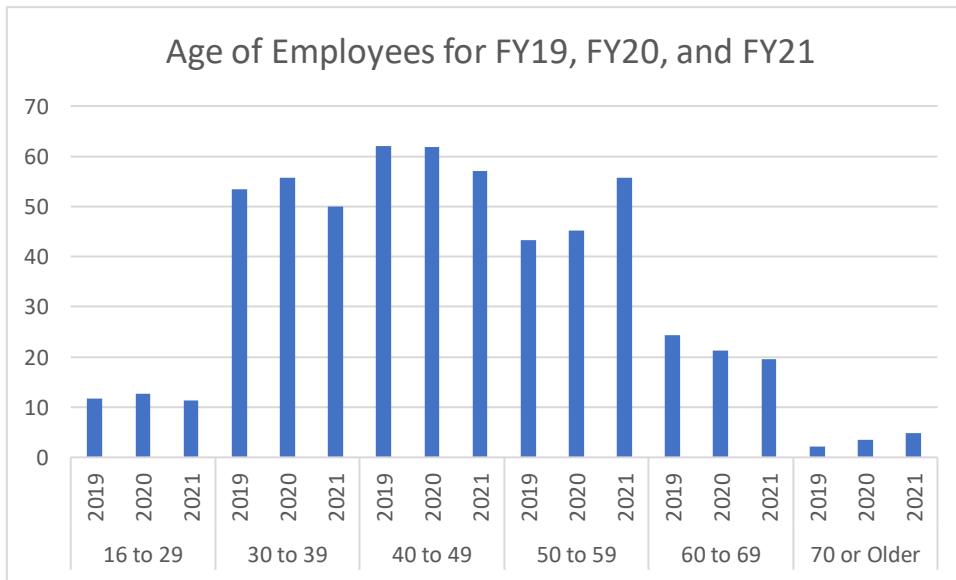
The following charts profile the Agency’s workforce as of May 13, 2022. This data was retrieved from the Centralized Accounting Payroll/Personnel System (CAPPS) and the Texas State Auditor’s Office On-line Systems. The Texas Medical Board (TMB) workforce is comprised of 141 (71.2%) females and 57 (28.8%) males with an appropriated FTE position count of 224.50. The agency has a mature workforce with employees over the age of 40 accounting for 70.7% of the staff. Additionally, the workforce has key work experience and institutional knowledge as at least half of our workforce has worked five or more years.



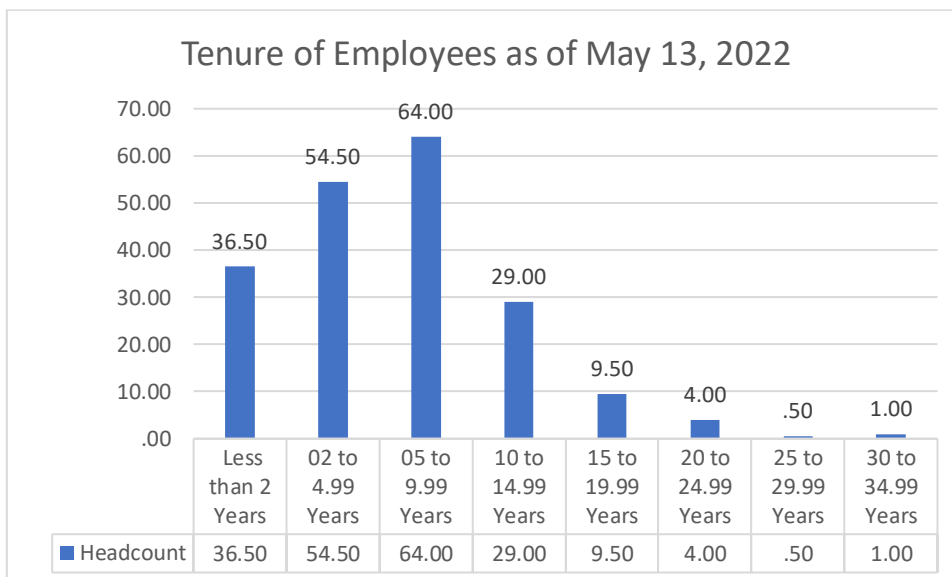
As of May 13, 2022, the TMB estimates approximately 11.8% (category 60 to 70 or older) of its workforce will be eligible, or possibly eligible to retire within the next 12 months. The agency estimates that over the next five years, at least 26.8% (category 50 to 59) of the current workforce will meet retirement eligibility requirements.



The following table identifies that the TMB’s population history reflects a mature workforce since FY 19.



The following table shows the tenure of our current workforce as of May 13, 2022, for FY 22 (September 1, 2021 through May 13, 2022). The chart shows that 108 employees have been employed with the agency for over five years. Our highest employee headcount of agency service is the employees who have been with the agency for five to ten years. The next highest, with a 54.50 employee headcount, is employees who have been with the agency for two to five years. The TMB’s workforce possesses the institutional knowledge to perform the agency’s mission. Managers were recently surveyed, and they reported that their employees have the necessary skills, abilities, and work knowledge to achieve the agency’s mission.



Employee Turnover Data

Prior to the COVID-19 pandemic in March of 2020, the TMB granted employees whose positions allowed them to work remotely to telecommute at least 3 days per week. These employees were established and accustomed to working from home. Since COVID-19, other state agencies were required to allow their employees to work remotely. Some of these agencies have elected to continue to have their employees work remotely. Since working remotely has become the norm, the TMB is no longer part of a small group of state agencies who provide a flexible work schedule that includes working remotely. Many state agencies have implemented a remote work schedule for their workforce. Having the availability to work remotely was once a recruitment tool for the TMB. We were able to attract potential employees with this work schedule. However, since remote work has become the norm for other state agencies, TMB can no longer provide this as an incentive to accept our job offers. Additionally, since the TMB’s salaries have not increased, we cannot compete with other state agencies that have a greater budget.

As of May 14, 2022, for FY22, (table below) the highest job classification in turnover has been the License & Permit job series and our Attorney job series. The data shows that out of the seven employees who held the License & Permit Specialist series, three were direct transfers to another state agency and four left state employment. For the Attorney job series, out of four who left the agency, two were direct transfers to another state agency and two left state employment.

It is worth noting that the staff who fill the Call Center positions hold the License & Permit Specialist III job titles. These positions are not eligible to telecommute as the agency does not have the technology to provide this flexibility. Without the ability to offer working remotely, it is possible that this job series may always have a high turnover.

Additionally, the recruitment efforts for the Investigator V title, which requires a Registered Nurse or a Licensed Vocational Nurse, have been difficult as the demand for these credentials remains crucial due to the COVID-19 pandemic. With the continuation of this pandemic, private sector employers are offering over-time pay, sign-on bonuses, and retention bonuses. As a state government employer, we do not have the budget or the flexibility to negotiate a starting salary or offer any of the incentives mentioned above. Without the ability or the flexibility to

compete with the private sector or other state agencies, the TMB will continue to unsuccessfully fill current or future vacancies for the Investigator V job series.

The TMB anticipates that employee turnover may continue to trend upward over the next five years due to retirement, higher salaries with other state agencies or the private sector, and escalating workloads due to the freezing of several positions.

The following table shows turnover headcount by Job Classification Title for the period beginning September 1, 2021, through May 13, 2022 (part of FY 22).

Fiscal Year	Job Classification Title	Headcount	Terminations including Interagency Transfers	Terminations excluding Interagency Transfers
2022	0152 - Administrative Assistant II	13.00	1	1
2022	0172 - License and Permit Specialist III	25.00	4	3
2022	0173 - License and Permit Specialist IV	16.00	3	1
2022	1012 - Accountant I	1.00	1	
2022	1020 - Accountant V	1.00	1	
2022	1353 - Investigator IV	15.00	1	1
2022	1572 - Program Specialist III	7.00	2	2
2022	1584 - Program Supervisor V	3.50	1	
2022	1603 - Manager IV	4.00	1	1
2022	1604 - Manager V	3.00	1	
2022	1729 - Human Resources Specialist I	1.00	1	1
2022	3504 - Attorney III	4.00	2	2
2022	3505 - Attorney IV	6.00	2	
2022	3574 - Legal Assistant II	2.50	1	
2022	5112 - Substance Abuse Counselor II	1.00	1	1

For FY 21, the titles Investigator IV and Investigator V had the highest turnover rate at the TMB. The seven individuals who resigned, left state government employment. They did not transfer to another state agency. The Texas Workforce Commission (TWC) forecasted that registered nurses were one of the job classifications among 25 occupations expected to add most jobs from 2018 to 2028. The TWC assessed that because of the demand for registered nurses or licensed vocational nurses, state agencies would experience higher-than-average turnover rates due to competitive demand.

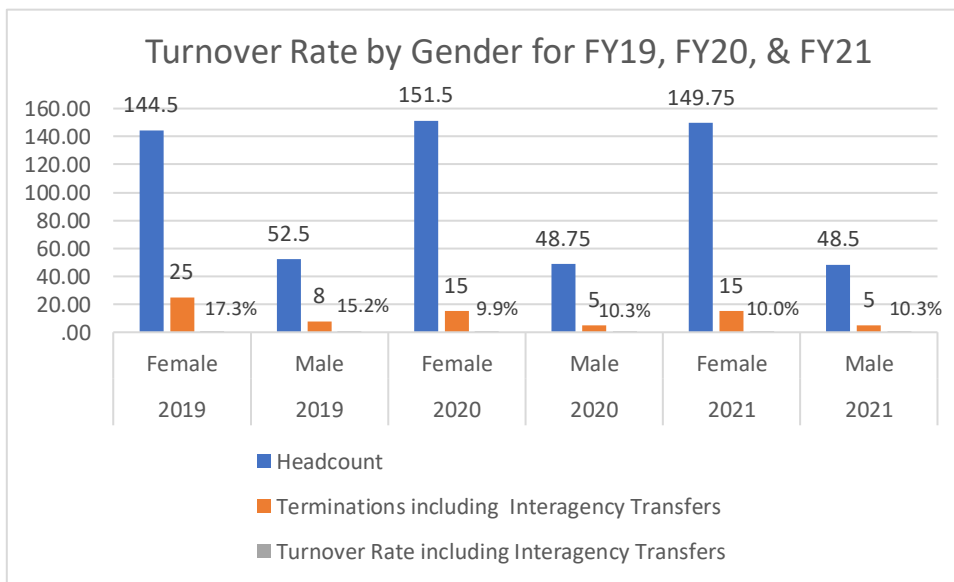
The following table shows the turnover headcount for FY 21:

Fiscal Year	Job Classification Title	Headcount	Terminations including Interagency Transfers
2021	0057 - Clerk II	1.00	1
2021	0172 - License and Permit Specialist III	23.75	2
2021	0173 - License and Permit Specialist IV	13.75	1
2021	0213 - Data Base Administrator III	1.00	1
2021	0229 - Systems Support Specialist II	2.50	1
2021	1016 - Accountant III	1.75	1
2021	1353 - Investigator IV	16.25	4
2021	1354 - Investigator V	17.75	3
2021	1572 - Program Specialist III	6.00	1
2021	1601 - Manager II	1.25	1
2021	1603 - Manager IV	4.00	1
2021	3503 - Attorney II	1.75	1
2021	3504 - Attorney III	4.50	
2021	3505 - Attorney IV	6.25	1
2021	5112 - Substance Abuse Counselor II	1.00	1

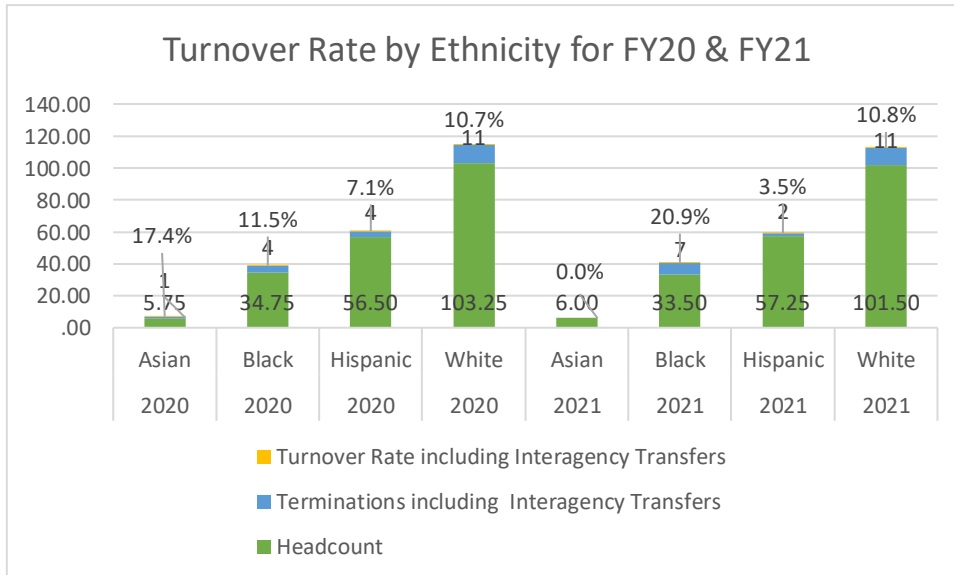
The following table shows that as of May 13, 2022, we have had 23 terminations. Three male and 20 Female employees have left the TMB. These numbers are likely to increase due to higher wages in other state agencies and the private sector. Additionally, three and half months remain for FY 22.

Fiscal Year	Gender	Headcount	Terminations including Interagency Transfers	Terminations excluding Interagency Transfers
2022	Female	145.50	20	11
2022	Male	53.50	3	2

The following chart provides the turnover by gender for FY 19, FY 20, and FY 21:



The following table shows the turnover rate breakdown by ethnicity for FY 20 and FY 21. The highest turnover in ethnicity for both FY 20 and FY 21 has been the White category followed by Black and then Hispanic. For FY 22, as of May 13, 2022, twenty-three employees have left the agency. Out of the 23 employees who have left, one was from the Asian category; seven from the Black category; six from the Hispanic; and nine from the White category.



The following table shows the turnover breakdown category by Reason as of September 1, 2021 through May 13, 2022, for current FY 22.

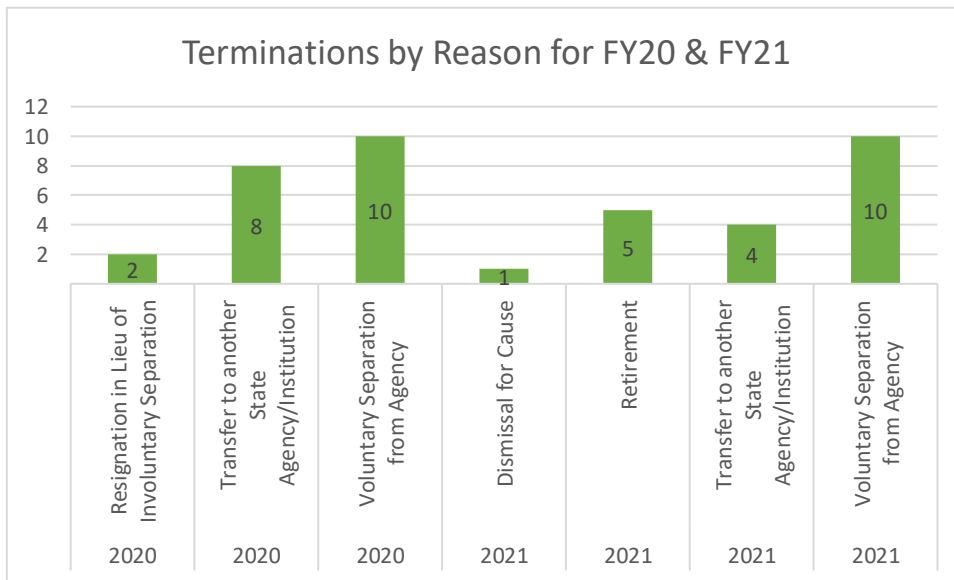
The data shows one employee left due to death; one employee was dismissed for cause; one employee retired; 10 employees transferred to other state agencies, and 10 employees left voluntary from the agency.

We are losing employees to the public sector due to higher salaries and hiring incentives and we are losing employees to other state agencies who can pay higher wages. We will be losing

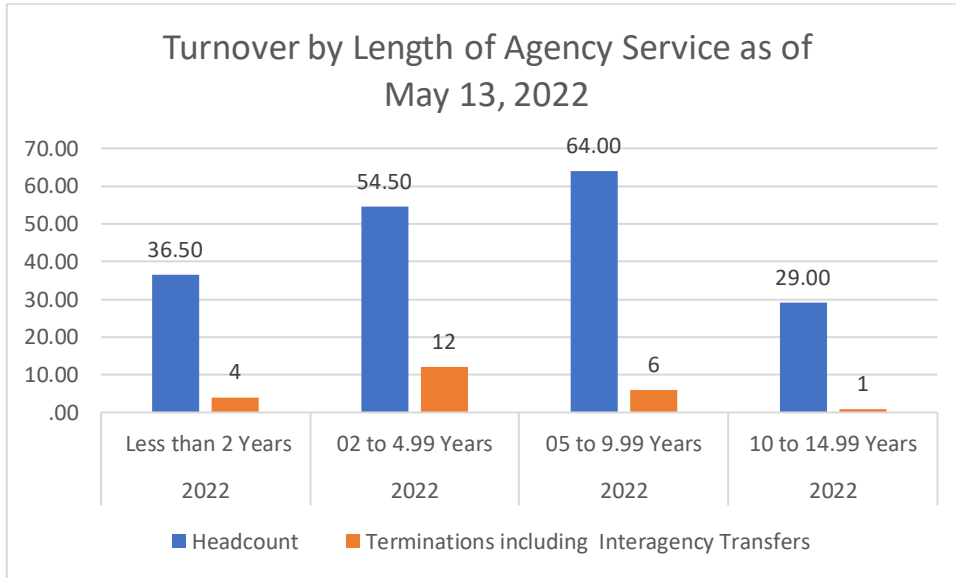
one employee who is scheduled to retire on August 31, 2022. Additionally, we have completed employment references for at least two other employees who have applied to other state agencies and who are in the last recruitment step for the two agencies.

Fiscal Year	Reason	Terminations
2022	Death	1
2022	Dismissal for Cause	1
2022	Retirement	1
2022	Transfer to another State Agency/Institution	10
2022	Voluntary Separation from Agency	10

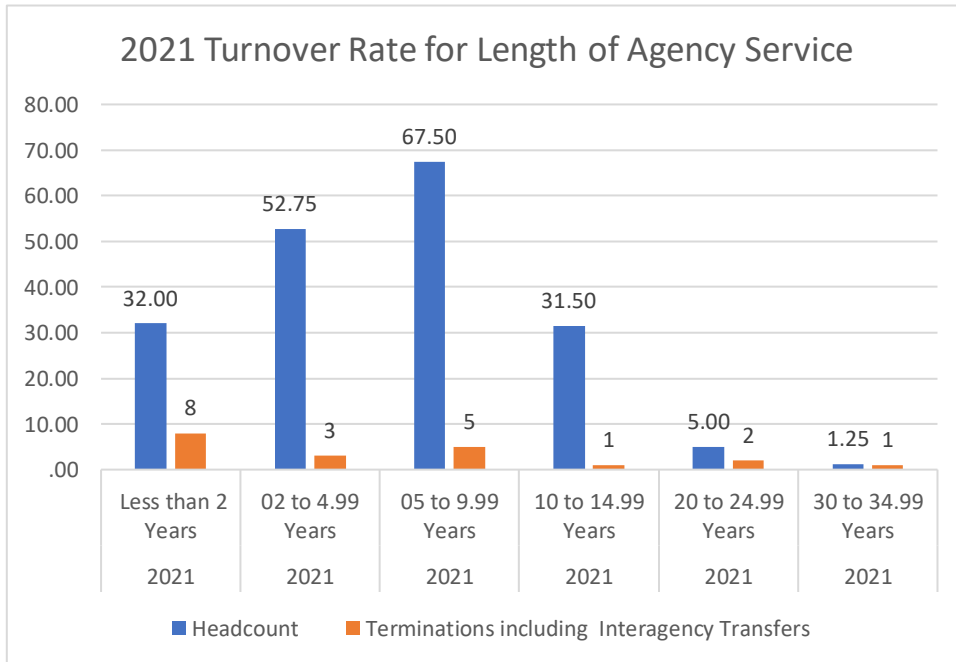
The following table provides the turnover breakdown by reasons why employees left in FY 20 and FY 21. The data shows that 10 employees in each fiscal year left state government and 10 transferred to other state agencies in FY 20 while four in 2021 transferred to other state agencies. The number for employees transferring to other state agencies has already increased as well as the employees leaving state employment in FY 22 with only three and half months remaining in FY 22.



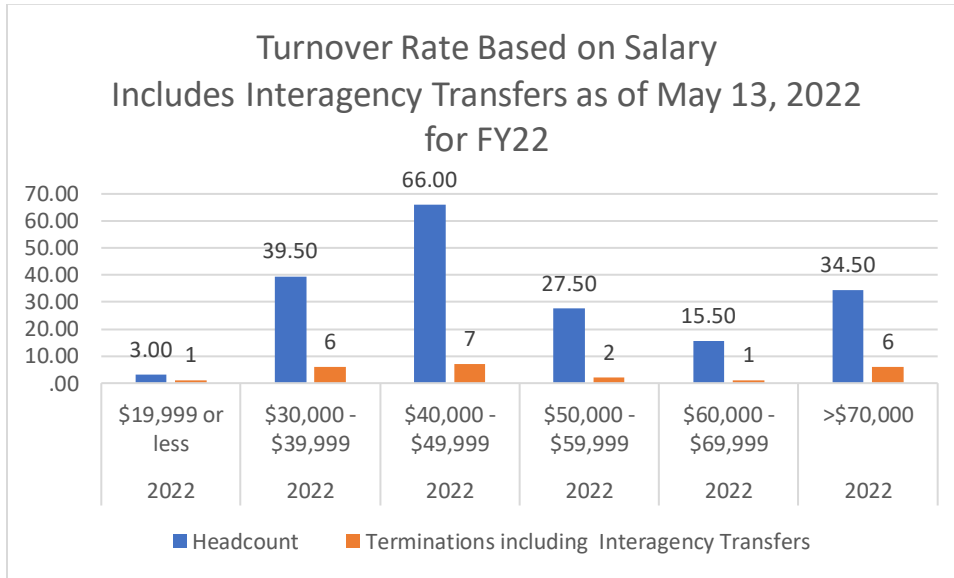
The following chart shows the current breakdown by length of agency service as of May 13, 2022. Twelve employees with 2 to 5 years of agency service have left the agency and the next highest is 5 to 10 years with six employees leaving the agency. Our data shows we are losing employees who have longer tenure with the agency and who possess the knowledge, skills, and abilities to perform the agency’s mission.



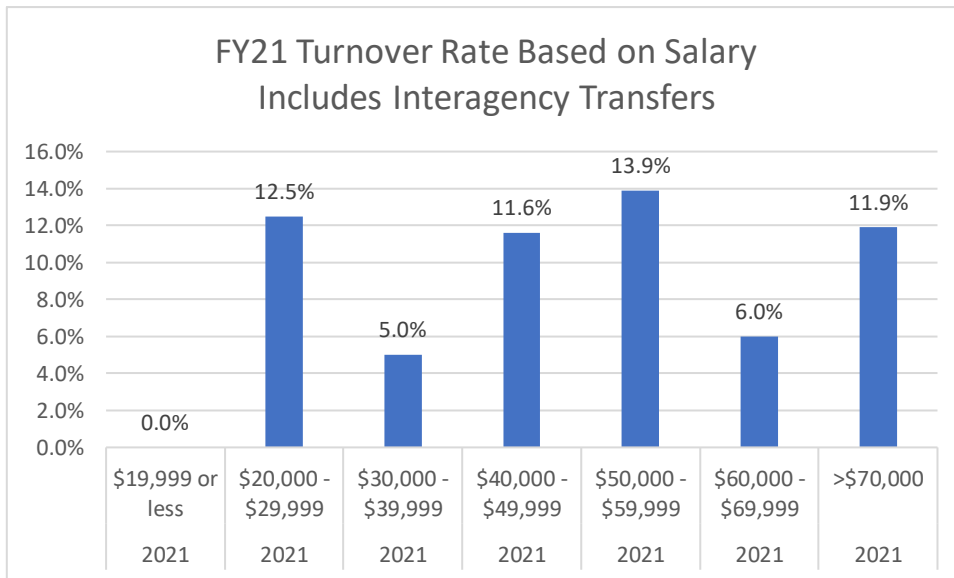
The following table identifies the FY 21 turnover rate by Length of Agency Service. The highest turnover rate in this category was for employees working 2 years or less, followed by employees who worked 5 to 10 years.



The following table provides the current turnover rate based on salary as of May 13, 2022 for FY 22. Data shows the turnover headcount is high with employees between \$40,000 to \$49,999 with the next highest two categories being \$30,000 to \$39,000 and greater than \$70,000.



In Fiscal Year 2021, the highest turnover rate was for employees making \$50,000 to \$59,999 at 13.9%. The second highest was 12.5% for employees making \$20,000 to \$29,999. The state-wide turnover for employees making \$50,000 to \$59,999 was 12.7%. The state-wide turnover for employees making \$20,000 to \$29,999 was 39.6%, higher than TMB. Most of these employees in this salary category state-wide are in jobs within the Social Services occupational category. The state-wide turnover for employees making \$70,000 or greater was 9.8% which is lower than the TMB.

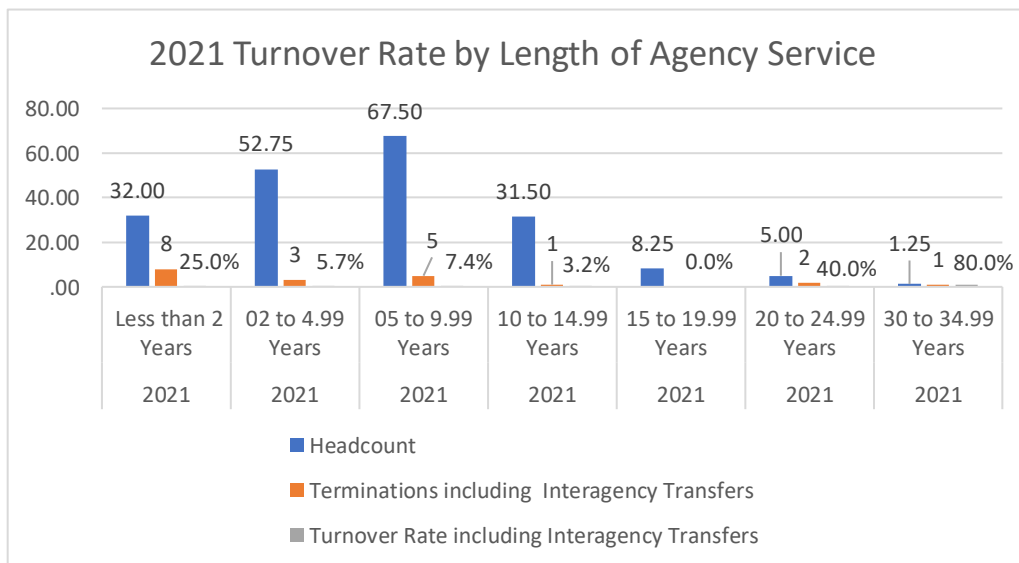


The following table shows that as of May 13, 2022, the agency’s number of terminations by length of agency service has been the following:

Fiscal Year	Length of Agency Service	Terminations
2022	Less than 2 Years	4
2022	02 to 4.99 Years	12
2022	05 to 9.99 Years	6
2022	10 to 14.99 Years	1

Data reflects that employees with the agency for more than 2 years but less than 10 years are leaving the agency. If this trend continues, we will lose employees with the regulatory experience to fulfill the agency’s mission.

The following table shows the breakdown of turnover rate by length of agency for FY21. The category of less than two years was 25% (Statewide was 48.4%) and for employees with five years or less it was 5.7% (Statewide was 21.7%). The TMB’s next highest turnover rate was for employees with 5 years but less than 10 years of employment at 7.4%.



The following table provides the FY 20 breakdown with the Program Specialist III job classification series in the Physician Health Program (PHP) Department showing the highest termination rate with 5 individuals leaving TMB (64.5%). Our Investigator IVs and Vs had a combined headcount of 3 while the License & Permit Specialist III also had 3 individuals leaving the agency.

Our Investigator Vs require a Registered Nurse degree or Licensed Vocational Nurse Degree (LVN). Recruiting and retaining staff with these required medical credentials with the salary allocated for this job classification has and continues to be difficult to fill pre- and post-COVID. With the continuation of COVID and the demand for nurses, it is likely that the TMB will continue to experience higher-than-average turnover rates for this job classification as the agency does not have the budget to compete with sign-on bonuses or higher salaries as other private sectors

(Hospitals, Health Clinics, and 24-Hour Emergency Care Facilities) and other state agencies with a robust budget for salaries.

We will also likely continue to see a high turnover in the License & Permit Specialist III due to the inability to work remotely for the employees working in the Call Center.

Job Classification Title	Headcount	Terminations including Interagency Transfers	Turnover Rate including Interagency Transfers	Terminations excluding Interagency Transfers	Turnover Rate excluding Interagency Transfers
0152 - Administrative Assistant II	14.75	2	13.6%	1	6.8%
0172 - License and Permit Specialist III	24.00	3	12.5%	2	8.3%
0174 - License and Permit Specialist V	6.75	1	14.8%		0.0%
1016 - Accountant III	2.00	1	50.0%		0.0%
1353 - Investigator IV	17.00	1	5.9%	1	5.9%
1354 - Investigator V	17.50	2	11.4%	2	11.4%
1572 - Program Specialist III	7.75	5	64.5%	2	25.8%
1573 - Program Specialist IV	2.00	1	50.0%	1	50.0%
1603 - Manager IV	4.75	1	21.1%		0.0%
3504 - Attorney III	5.00	1	20.0%	1	20.0%
3574 - Legal Assistant II	2.25	1	44.4%	1	44.4%
4436 - Physician I	1.00	1	100.0%	1	100.0%

The following table breaks down the turnover for FY 21 by job classification. The Investigator IV and Investigator V category series continued to be one of the highest turnover rates at the TMB. The seven individuals who resigned, left state government employment. They did not transfer to another state agency. The Texas Workforce Commission (TWC) forecasted that registered nurses were one of the job classifications among 25 occupations expected to add most jobs from 2018 to 2028. The TWC assessed that because of the demand for registered nurses or licensed vocational nurses, state agencies would experience higher-than-average turnover rates due to competitive demand.

Job Classification Title	Headcount	Terminations including Interagency Transfers	Turnover Rate including Interagency Transfers	Terminations excluding Interagency Transfers	Turnover Rate excluding Interagency Transfers
0057 - Clerk II	1.00	1	100.0%	1	100.0%
0172 - License and Permit Specialist III	23.75	2	8.4%	1	4.2%
0173 - License and Permit Specialist IV	13.75	1	7.3%	1	7.3%
0213 - Data Base Administrator III	1.00	1	100.0%	1	100.0%
0229 - Systems Support Specialist II	2.50	1	40.0%		0.0%
1016 - Accountant III	1.75	1	57.1%	1	57.1%
1353 - Investigator IV	16.25	4	24.6%	4	24.6%
1354 - Investigator V	17.75	3	16.9%	3	16.9%
1572 - Program Specialist III	6.00	1	16.7%		0.0%
1601 - Manager II	1.25	1	80.0%	1	80.0%
1603 - Manager IV	4.00	1	25.0%	1	25.0%
3503 - Attorney II	1.75	1	57.1%	1	57.1%
3505 - Attorney IV	6.25	1	16.0%		0.0%
5112 - Substance Abuse Counselor II	1.00	1	100.0%	1	100.0%

Projected Turnover Rate Over the Next Five Years

The TMB anticipates that employee turnover may continue to trend upward over the next five years due to escalating workloads, the inability to fill frozen positions, and not having a budget to support salary increases and retirement.

We have several managers that are eligible or will become eligible to retire within the next five years. If these employees elect to retire, the agency will lose crucial institutional knowledge and expertise. Additionally, we have key IT employees who are eligible or will be eligible to retire. To avoid a gap in the work skills for these key positions, succession planning with the Executive Director or Department Managers must be put in place. A plan to create a formal process that includes, but is not limited to, cross-training of employees, mentoring, peer-to-peer sharing, documentation of agency procedures, and a formal process that allows transfer of knowledge to other employees should be put in place and practiced across the agency.

Workforce Skills Critical to TMB's Mission and Goals

The TMB's workforce has performed successfully post COVID-19 pandemic. Employees have functioned well and have been able to perform virtually to readily serve our licensees and the public with the same degree of excellence in customer service without face-to-face interactions or in-office resources.

To continue to successfully accomplish the agency's mission virtually or with face-to-face interactions with licensees and the public, the following critical workforce skills and credentials are needed to successfully regulate, enforce, and administer services to our licensees, stakeholders, public, legislators, and other interested parties:

Critical Skills to accomplish our essential business functions:

- Regulatory and enforcement
- Investigation
- Compliance
- Customer Service and interpersonal relationship skills
- Litigation
- Legal, Health Law
- Legislative and Governmental relations
- Registered Nurse/License Vocational Nurse/Medical Doctor
- Paralegal
- Information Technology, Information Systems, Security, and Web Administration/Database Programmer, Network Systems Analyst
- Finance, Human Resources, Risk Management, Business Continuity
- Governmental Accounting and Reporting

To be able to perform the essential business functions successfully, employees need the following competencies below:

- Decision Making and Problem Solving/Critical Thinking
- Leadership Skills/Personal Responsibility
- Information Technology/Technological; proficient with multiple software applications/Emerging and Advanced Computer Technology/ Computer Troubleshooting/Microsoft Applications
- Ability to adapt to change/Creativity and innovation
- Communication
- Mediation/Conflict Resolution/Risk Assessment

- Rulemaking/Policy Development and Implementation
- Emotional Intelligence/Interpersonal Relationships
- Data Analysis/Data Management
- Bilingual translation (due to HB 1322)
- Functioning organizational and time management skills
- Socialization and Networking
- Self-Awareness/Time Management

All employees must 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 departments, and employees must have the aptitude to learn new technologies and be able to troubleshoot while working remotely. Employees must be proficient with Microsoft Office Software, SharePoint, the agency's imaging program, and web-based services that are administered through CAPPS such as the Purchase & Requisition Component, Time & Labor, and the Payroll components as it relates to employee payroll information.

III. FUTURE WORKFORCE PROFILE

Expected Workforce Changes

In addition to the skills described above in the "Workforce Skills Critical to the Mission and Goals of the Agency" section, it is expected that the following would be beneficial to the agency's workforce:

- Continue with the plans to conduct a Compensation Analysis to benchmark TMB salaries with other regulatory state agencies. It is anticipated that this analysis will assist with retaining our knowledgeable staff, attract a quality applicant pool, and motivate our current staff.
- Provide the necessary software tools such as Adobe Reader to the Litigation Attorneys so they may be able to perform their core case work responsibilities remotely or when attending SOAH hearings.
- Seek approval to post and fill the frozen positions in the Registration, Licensure, and Investigations Departments to assist with the increase in applications received and for legislative mandates impacting the licensing and enforcement strategies.
- Purchase the technology needed to allow our Customer Call Center staff the ability to work remotely and to assist with our recruitment and retaining efforts for these positions.
- Purchase new computer equipment such as laptops for all employees whose remote category allows them to work from home.
- Continue with the remote schedule for current staff and newly hired staff that complete their training requirements to be able to work from home. Currently Managers have assessed all positions in their departments and identified which job responsibilities could be performed remotely. Based on the managers' assessments, positions were categorized in 1 to 5 categories. A category 1 represented a field staff employee. A category 2 represented employees to report to the office on an as-needed basis to perform their work responsibilities and to attend meetings. A category 3 employee represents reporting to the office at least 2 or 3 days a week. A category 4 employee represents reporting to the office at least 3 to 4 days a week, and a category 5 employee represents reporting to the office 5 days a week. Approximately 25% of our staff report to the office.

- With employees working remotely, the agency should consider investing in an on-line training tool that provides video courses in business software and tools, career development and career management, customer services, Microsoft 365, Professional Development, Remote Work, Time Management, and Human Resources. Employees can take courses at their own pace. Managers can recommend and identify the courses an employee should take when conducting an employee’s performance appraisal.

Anticipated Changes in the Number of Employees Needed

It is anticipated that the demand for TMB services will continue to grow based on the demographic projections for the state, new licensees to regulate, a business climate that is attractive to physicians, the legislative interest in increasing the health professions workforce and the implementation of the Interstate Medical Licensure Compact (IMLC) that was signed by the Governor on June 7, 2021 and was passed by the 87th Texas Legislature. As of May 6, 2022, the agency has received over 900 applications to process and manage. It is imperative that the agency do everything possible to retain staff that performs functions critical to the agency. It is anticipated that we may need to unfreeze some positions that were frozen due to the 5% cut asked of all state agencies during the past legislative session.

IV. WORKFORCE & GAP ANALYSIS

Presently, the agency workforce has the necessary skills to perform the agency’s mission. However, over 20% of our workforce is eligible or will become eligible to retire. Additionally, since many other state agencies are now allowing staff to continue to work remotely, working remotely is no longer a recruitment tool or an incentive for employees to remain employed at the TMB. Also, TMB salaries have not kept up with salaries in other state agencies. It is very likely that in the next five years or less the agency could experience a shortage of required skills in management and key positions across the agency. For the period covering September 1, 2021 through May 31, 2022, the current turnover is 11.56%. For FY21 it was 16.8%, for FY 20 it was 10% and for FY19 it was 16.8%. Please see table below for the turnover rates beginning with FY19 to May 31, 2022.

Fiscal Year	Headcount	Terminations including Interagency Transfers	Turnover Rate including Interagency Transfers
2019	197.00	33	16.8%
2020	200.25	20	10.0%
2021	198.25	20	10.1%
2022	199.00	23	N/A

The agency’s turnover rate is trending upward and FY22 is not over yet. We can only expect it to increase. It is imperative that the TMB continue to address workforce salaries to be competitive with other state agencies and the private sector due to continued difficulty in recruiting all level of positions across the agency, specifically in positions that require IT or medical expertise.

Key managerial staff and employees assigned to perform critical functions for the agency are either currently eligible to retire or will be eligible within the next two to five years. Succession planning and knowledge transfer provide the opportunity for the next generation of

employees to launch new ideas that may improve and streamline services to new levels.

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

V. WORKFORCE STRATEGIES

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

Strategy 1 – Recruitment and Retention Programs

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

- a. Promoting state benefits
- b. Providing telecommuting opportunities
- c. When funds permit, hiring above the minimum salary
- d. Awarding One-Time Bonus and Merit Increases
- e. Awarding equity adjustments
- f. Providing in-house promotional opportunities for current employees
- g. Providing flexible work schedules for positions that allow flexibility
- h. Professional development opportunities
- i. Recognition Programs
- j. Outstanding Performance Leave Awards
- k. Educational Leave/Scholarship opportunities
- l. Fitness Leave/Wellness Leave
- m. Expanding the size and diversity of the applicant pool by broadening the sites where jobs are posted.

Strategy 2 – Career Development Programs

All managers are responsible for planning the development needs for their employees. The Human Resources Department can assist each individual manager and employees to create development plans based on the required knowledge and skills. Additionally, the Human Resources Department will develop a training for first-line supervisors who were internally promoted to a leader position.

Strategy 3 – Leadership Development and Replacement

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

- n. Identify pivotal positions across the agency that are critical to the mission and goals of the agency to include in the succession plan
- o. Ensure that written procedures capture institutional knowledge and important regulatory information is available
- p. Establish a mentor or buddy system to newly hired staff or newly promoted staff
- q. Develop methods for preparing and developing employees for advancement
- r. Develop processes and methods to transfer institutional knowledge
- s. Create a management development program for first-line and senior staff
- t. Provide more cross training opportunities between departments

VI. 2022 SURVEY OF EMPLOYEE ENGAGEMENT

Survey

The Institute of Organizational Excellence, part of UT Austin’s School of Social Work, administered the Survey of Employee Engagement (SEE) to Texas Medical Board (TMB) employees in early February 2022 through late February 2022 and provided the results in March 2022.

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.

12 Constructs	
Workgroup	Internal Communication
Strategic	Pay
Supervision	Benefits
Workplace	Employee Development
Community	Job Satisfaction
Information Systems	Employee Engagement

Additionally, six of the primary items are also used to assess the agency’s

climate. These items address: harassment, ethics, fairness, supervisor feedback, and Executive leadership.

Results

The survey was distributed to 191 TMB employees, of which 162 employees, or **84.9 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 3.1 percent from the survey conducted in 2020 (87.9%).

Overall Score

Overall scores above 350 are desirable, while scores above 400 are considered a product of a highly engaged workforce. **TMB’s overall score was 385**, 4 points higher than the overall score of 381 in 2020.

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.

TMB Strengths

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

Supervision, Score: 419, 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 10 points higher than the previous score of 409 in 2020.

Workplace, Score: 412, 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. The Workplace score in 2020 was 403.

Strategic, Score: 411, captures employees' perceptions of their role in the organization and the organization's mission, vision, and strategic plan. Higher scores suggest that employees understand their role in the organization and consider the organization's reputation to be positive. The Strategic score in 2020 was 410.

**Supervision, Workplace, and Strategic were also the top constructs in the 2018 and 2020 SEE.*

Areas of Concern

TMB areas of concern, the three lowest ranking constructs, had scores ranging from 209 to 374. 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 209, 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 continued to decline bringing us closer to 2012's score of 207; it remains consistently lower than state agencies of similar size (283), with a similar mission (306), and all state agencies (284). The score had held steady at 215 from 2018 to 2020.

Employee Development: Score 354, 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 19 points from 335 in 2020.

Benefits: Score 374, 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 dipped 2 points from 376 in 2020.

Climate Analysis

While not scored as a Construct, the climate in which employees work is also surveyed using the following 6 primary items. The appropriate climate is a combination of a safe, non-harassing environment with ethical abiding employees who treat each other with fairness and respect. The climate in which employees work does, to a large extent, determine the efficiency and effectiveness of an organization.

The scores for climate are presented slightly differently. Scores above a 3.50 are viewed in the same way as Construct scores of 350, as being more positive than negative by employees.

Climate Analysis		
ITEM	2022	2020
Harassment is not tolerated at my workplace.	4.31	4.27
Employees are generally ethical in my workplace.	4.26	4.15
I believe we will use the information from this survey to improve our workplace.	3.48	3.48
I am satisfied with the opportunities I have to give feedback on my supervisor's performance.	3.66	3.64
Upper management (Executive and/or Senior Leadership) effectively communicates important information.	4.00	4.22
I am treated fairly in my workplace.	4.06	4.09

When looking at the individual climate items for 2022, the scores ranged from 3.48 to 4.31. Of the six items, only one fell below the 3.50 tipping point, as it did in 2020: "I believe we will use the information from this survey to improve our workplace" had a score of 3.48. This equates to 19.8% of the respondents. Overall, the table reflects improvements for most of the climate items while others show a slight decline from 2020 to 2022.

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 160,000 license, permit, and registration holders and received over 8,300 complaints in FY 21. 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 21 - 22.

Table 1 – Customers by Strategy and Services for FY 21 - 22	
<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
<p>1) Applicants for licenses or permits 2) Current license or permit holders</p>	<p>TMB issues initial licenses or permits to the following customer groups. The majority of these licenses/permits are renewed (registered) on either a biennial or annual basis.</p> <ul style="list-style-type: none"> • Physicians • Physicians-in-Training • Physician Assistants • Acupuncturists • Surgical Assistants • Medical Radiologic Technologists • Respiratory Care Practitioners • Medical Physicists • Perfusionists • Non-profit Health Care Entities • Non-certified Radiological Technicians • Acudetox Specialists

<p>1 & 2 above as well as all categories of TMB customers including: 3) General Public (including patients)</p>	<p>Customer Service Support -</p> <p>The 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>

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

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

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

Customer Categories	Services Received
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<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>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.</p>	
Customer Categories	Services Received
<p>In addition to many of the customers listed above, the following groups are also served by these departments.</p> <p>10) Elected Officials 11) Media/News outlets 12) Open Records Requestors 13) Oversight agencies 14) Professional associations and societies 15) Licensee/Respondent Representatives such as defense counsel and consultants 16) Vendors & Contracted Professional Services 17) Medical schools, 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, the agency’s usage of video conferencing platforms, 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 in the agency’s March 2022 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; and email correspondence was sent to all subscribers who receive TMB communications. The survey was open from March 1, 2022 until April 29, 2022.

The first question was meant to identify the participant’s demographic category. The next nine items asked the participants specifically to rank their satisfaction level with the TMB and the TMB’s usage of video conferencing platforms. The survey required responses to all ten 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 4,878 survey participants. Participants primarily identified themselves as “Current Licensee” (4,388), followed by “Other” (300), “Public” (93), “Applicant” (55), and “Stakeholder” (42). **See Table 1.**

Table 1

Summary of Responses to Item #1						
	Current Licensee	Other	Public	Applicant	Stakeholder	Total
1) Which category best describes you?	89.95% 4,388	6.15% 300	1.91% 93	1.13% 55	0.86% 42	4,878

The majority of participants were either “satisfied”, “very satisfied” or selected “N/A” for survey items 2-7. For survey items 8-10 the majority of participants were either “satisfied”, “neither satisfied nor dissatisfied” or selected “n/a”.

Questions 2 – 8 sought feedback on the general impression of the TMB including agency’s facilities, staff interactions, communications, complaint handling process, timeliness, printed information, and overall satisfaction with the agency.

Surveying participants regarding their satisfaction with TMB facilities, 42% were satisfied or very satisfied, 38% indicated N/A; 47% were satisfied or very satisfied with staff interactions, 33% indicated N/A; 56% were satisfied or very satisfied with agency communications, 19% indicated N/A; 29% were satisfied or very satisfied with the complaint handling process, 46% indicated N/A; 41% were satisfied or very satisfied with the agency’s timeliness, 34% indicated N/A; 51% were satisfied or very satisfied with agency brochures or other printed information, 29% indicated N/A. Finally, 69% 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?	20.21% 986	22.14% 1,080	14.06% 686	2.81% 137	2.52% 123	38.25% 1,866
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 nameplates or tags for accountability?	24.27% 1,184	22.61% 1,103	13.55% 661	3.44% 168	2.93% 143	33.19% 1,619
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?	25.05% 1,222	30.91% 1,508	14.58% 711	6.38% 311	4.45% 217	18.63% 909

5) 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?	13.33% 650	15.35% 749	14.62% 713	4.69% 229	5.97% 291	46.04% 2,246
6) How satisfied are you with the agency's ability to timely serve you, including the amount of time you wait for service in person?	19.31% 942	21.89% 1,068	15.31% 747	5.58% 272	4.33% 211	33.58% 1,638
7) How satisfied are you with any agency brochures or other printed information, including the accuracy of that information?	22.61% 1,103	28.37% 1,384	16.15% 788	2.15% 105	1.82% 89	28.88% 1,409
8) Please rate your overall satisfaction with the agency	27.78% 1,355	41.21% 2,010	15.87% 774	6.93% 338	4.92% 240	3.30% 161

Questions 9 – 10 of the survey asked the participants to help the agency understand their impression of the TMB's usage of video conferencing platforms such as Microsoft Teams.

Of the total survey participants, 25% indicated that they were satisfied or very satisfied with agency's ability to conduct public meetings using video conferencing, 56% selected N/A; 21% were satisfied or very satisfied with the agency's ability to conduct enforcement hearings using video conferencing, 60% selected N/A. **See Table 3.**

Table 3

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	N/A
9) How satisfied are you with the agency’s ability to conduct public meetings, such as Board and stakeholder meetings, using video conferencing platforms such as Microsoft Teams?	11.15% 1,107	13.82% 1,671	15.83% 529	2.07% 230	1.62% 75	55.51% 2,708
10) How satisfied are you with the agency’s ability to conduct enforcement hearings using video conferencing platforms such as Microsoft Teams?	9.96% 486	11.32% 552	15.35% 749	1.87% 91	1.93% 81	59.57% 2,906

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.

VI. PERFORMANCE MEASURES FY 22

Outcome Measures

68.99% 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.