State of California

State and Consumer Services Agency

MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM REPORT

EXECUTIVE COMMITTEE MEETING

OCTOBER 1, 2009

Executive Committee Meeting
October 1, 2009
Licensing Program Report

Issue for Discussion: The number of physician and surgeon applications not reviewed within the regulatory time frames has grown since first reported to the Board in July 2008. This report describes the licensing requirements, factors contributing to the backlog, and the plan to eliminate the backlog by February 2010, while simultaneously revamping the MBC licensing process.

Background: The Licensing Program promotes public protection for the health care consumer by ensuring all applicants' educational credentials and training meet statutory and regulatory requirements prior to issuing physician and surgeon licenses to practice medicine.

The Licensing Program divides the analysts reviewing applications by the type of applications received: United States and Canadian medical school graduates (US) and international medical school graduates (IMG). There are six permanent full-time analysts reviewing US applications and 10.6 permanent full-time analysts and four part-time retired annuitants reviewing IMG applications. These analysts conduct a comprehensive evaluation of the licensing application to ensure all of the requisite qualifications and educational requirements necessary for medical licensure are satisfied. For a complete physician and surgeon application, up to thirteen different types of documents are required and several requirements may require multiple documents. For example, if an applicant attended three different postgraduate training programs, three postgraduate training forms are required. Attachment 1 displays the statutory and regulatory required documents for a complete physician and surgeon application and the primary sources for the documents. Applications received are generally incomplete as necessary supporting documentation and forms must be obtained from distant medical schools, agencies, and programs, resulting in delays beyond the control of the Board.

Pursuant to Title 16, California Code of Regulations section 1319.4, the Board is required to:

(a) within 60 working (approximately 90 calendar days) of receipt of an application pursuant to Business and Professions Code section 2102, 2103, 2135, or 2151 for a license to practice medicine, the division shall inform the applicant in writing whether it is complete and accepted for filing or that it is deficient and what specific information or documentation is required to complete the applications.
(b) within 100 calendar days from the date of filing of a complete application, the division shall inform the applicant in writing of the decision regarding the application for licensure.

Once an analyst conducts an initial file review and determines the application is incomplete, a "deficiency" letter is prepared informing the applicant which documents are missing and/or information needed. The reviewed files are separated from files awaiting a review; both types of applications must be managed according to the regulations above. Once the required documents identified in the deficiency letter arrive at the Board, the analysts review each document to determine if the document is complete and acceptable. Additional deficiency letters are sent if the recently submitted documents are not acceptable. Once all documents are deemed acceptable, the application files are forwarded for a quality control review and if the file is complete and correct, the file is forwarded to the licensing desk. Licenses are issued every Tuesday and Thursday night, effective the following day.

History of Present Backlog

Nine years ago, Board management identified that the Licensing program was not operating as efficiently and effectively as possible. In 2001, the Board contracted with Cooperative Personnel Services (CPS) to conduct a study of the Licensing program to identify the specific licensing processes utilized, evaluate their effectiveness, and recommend process revisions or enhancements. CPS issued a Report and Recommendations from the Review of the Licensing Function Processes (Report) in June 2001. The Report recommended several process improvements and noted additional positions were required to implement the recommendations. As a result of the July 2001 Executive order freezing all hiring, eliminating overtime and positions, the Board failed to implement the Report's recommendations, which included adding additional staff and developing management reports.

Over the past nine years, the number of physician and surgeon applications received annually by the Medical Board has grown by almost 500 applications (from 5,687 to 6,169) without a corresponding increase in staff. See Table 1. This substantial inequity in allocated staff positions relative to the increase in the workload resulted in a "Band-Aid" approach of overtime to accommodate the required workload.

The Licensing Chief Report for the July 2008 Board meeting again reported a backlog of applications not reviewed within the 90 calendar day regulatory time frame requirements. The backlog has continued to grow over the past 15 months. Several factors contribute to this continued growth in the number of applications not reviewed within regulatory timeline and the time frame to review incoming documents from applications previously reviewed and awaiting licensure. One factor is the Governor's Executive Order that eliminated the overtime from August 1 to October 15, 2008 and the Governor's Executive Order of two furlough days per month from February through June 2009 and three furlough days effective July 1, 2009. Table 2 displays the reduction in time staff worked due to the furlough, overtime hours worked, applications received, reviewed and licenses issued.

Another factor contributing to the backlog is the complexity of applications received and the number of applications received with identified problems including criminal convictions, medical school and/or postgraduate training issues, alcohol or drug addictions, driving violations involving drugs and/or alcohol, mental health issues, discipline by other state medical boards, federal sanctions, clinical competency, and dishonesty. Table 3 displays the increase in the number of applications with problems over the past four years. These cases take more time to process due to the research, investigation and legal and medical consultants guidance needed to determine if the applicant should proceed to licensure, and/or be issued a Public Letter of Reprimand, a probationary license, or be denied. Senior Review Level 1 (SR1) is the first level of review conducted by a manager. There was a policy change in 2007 that classified more issues for the SR1 review. Those policies were reviewed and revised in 2009, providing the analysts more authority to approve minor issues such as leave of absences from medical school and postgraduate training programs. Senior Level 2 (SR2) denotes files with issues/problems that are severe, require complete research, investigation, and guidance from Legal and Executive management.

As of June 2008, only limited management reports were available from the Application Tracking System (ATS), including the number of application fees paid monthly and annually. These reports were used to project workload. To gain access to the overall application workload, the analysts started manually inventory their files in August 2008. In July 2009, the Board obtained an ATS Adhoc Reporting tool and is starting to generate reports to gain historical information and forecast workload. While these reports provide historical data, the Board lacks true

knowledge of the changes in the overall workload, such as type and complexity of applications received. Research and discussion with staff suggests trends include an increase in IMG versus US applications, more identified drug and alcohol problems, and more identified postgraduate training program problems (non-renew contract and start in another program).

The Executive Director identified licensing program problems and directed the new Licensing Chief hired in June 2008 to solve some long standing issues in the program. These include:

- Ensuring the objective enforcement of the Medical Practice Act through the vigorous screening of applicants during the licensing process.
- Evaluating licensing resources, processes and tools and creating an action plan to revamp the licensing process.
- Building a cohesive management team and determining the appropriate resource levels needed to efficiently and timely process physician and surgeon applications.
- Preparing and deploying throughout the organization the Licensing program's policy and procedure manual as a means of fostering common approaches across the Licensing program.
- Building management reporting tools to provide reports to better manage the workload.
- Improving our communication with applicants, postgraduate training programs and other stakeholders in the licensing process and maximizing the use of up-to-date tools, including the Medical Board's web presence.
- Implementing process improvements to bring the organization to acceptable application processing levels without adversely affecting public protection with the support of a consultant hired to conduct a business process reengineering study to provide analysis and make recommendations to improve efficiency in licensing processes.

Licensing Application Workload

As of September 1, 2009, the table below displays the physician and surgeon licensing workload including the total number of applications awaiting licensure and/or Postgraduate Training Authorization Letter (PTAL), the number not reviewed within the 90 calendar day regulatory time frame, the number of applications not reviewed that arrived within the last 90 calendar days, and applications reviewed but still awaiting documents. Note: many of the IMG applications reviewed have received PTALs and no staff action is needed until they complete two to three years of training.

US/IMG Apps.	Date of Oldest App.	Backlog – Apps. Not Reviewed over 90 calendar days	Apps. Not reviewed under 90 calendar days	US/IMG App. Reviewed Awaiting Documents (Pending) & IMG Apps. Issued PTAL	Total Apps. in Inventory	Date of Pending Mail for Reviewed Apps.	PTAL Issued in August	License Issued in August	Apps. Reviewed in August
US	3/12/09	437	619	853	1909	8/3/09	NA	216	278
IMG	3/2/09	216	534	4533	5283	4/1/09	141	97	129
Total	**3/2/09**	**653**	**1153**	**5386**	**7192**	**4/1/09**	**141**	**313**	**407**

Recent Licensing Accomplishments/Program Changes: In June 2008, a new licensing management team was hired. The Licensing program has had the following key accomplishments during the past fiscal year:

- Implemented quality review of license application files prior to issuance (July 2008).
- Instituted manual inventory of all license applications received at the Medical Board by each licensing analyst (August 2008).
- Redistributed application files to balance the caseload among license analysts (September 2008).
- Created electronically generated deficiency letters with over 50 standard paragraphs for the licensing analysts to use (previously each analyst created "individualized" deficiency letters) which resulted in improving quality and decreased staff time to create each letter (December 2008).
- Implemented a new Web-based Call Center receiving over 11,000 calls per month (December 2008).
- Gained statutory authority and started issuing Public Letters of Reprimand (January 2009).
- Began a workload time and motion analysis to determine work accomplished and resources needed to perform the workload timely (January 2009).
- Created two ATS generated management reports to provide the number of initial applications reviewed and number of licenses issued per analyst (February 2009).
- Began developing in September 2008, a comprehensive Policies and Procedures manual for processing US, IMG and PTAL applications and incorporated the manual into operations (March 2009).
- Determined the need for additional staff in March 2009 based on the workload time and motion analysis and submitted a proposal for 7.8 new Licensing program staff and four new staff for the call center (June 2009).
- Amended regulatory language for Continuing Medical Education in Section 1338 (Board approved May 2009) and international medical schools in Section 1314.1 (Board approved July 2009).
- Per the Executive Director's request, began developing a new online applicant licensing look up system anticipated to be available in November 2009 (July 2009).
- Provided with each new application received, a letter to the applicant informing him/her the application was received and the number of days it is taking to conduct an initial application review (August 2009).

- Provided each new licensee a congratulatory email notification, if they provided an email address, or a letter, if they did not provide an email address, informing them to log onto the Medical Board Web site for their license number to practice medicine (August 2009).

- Hired Management Consultants to conduct a business process reengineering study of licensing operations. The report is due in November 2009 for presentation at the January 2010 Board meeting (August 2009).

- In conjunction with the Board's Information Systems Branch, began evaluating potential management reports available via ATS Adhoc Reporting Tool and created two new ATS system generated management reports for the number of applications received for US and IMG licenses and PTALs and the amount of time to conduct an initial application review (September 2009).

- Added requirements to the monthly manual licensing file inventory for each analyst to count by 30-day increment applications received but not reviewed to accurately project future backlog (September 2009).

- Hired and trained one and one-half temporary IMG license analysts and reassigned caseload, thus reducing the caseloads of several IMG analysts with the largest caseloads (September 2009).

Plan to Meet Regulatory Physician and Surgeon Licensing Timeframes

Objective: By January 1, 2010, reduce the physician and surgeon application backlog for licensure and PTAL by 50 percent and eliminate the backlog by February 2010, thus meeting the regulatory physician and surgeon licensing time frames, while simultaneously transitioning the licensing organization and its capabilities into a sustainable licensing program capable of processing the entire application workload efficiently with a high level of customer and stakeholder satisfaction.

The Plan has two phases. Phase I are the immediate actions needed to reduce the backlog and Phase II includes projects to foster the transition to an effective and efficient program undertaken once the backlog is eliminated.

From the Licensing Chief to the individual licensing analyst, all share the responsibility to eliminate the licensing backlog while setting the stage for a much more robust licensing process as we move into 2010. This Plan anticipates the use of appropriate resources as well as adding new staff to supplement the existing licensing staff. Progress will be closely monitored and significant management attention will be used to oversee the implementation of each program element with the objective of ensuring the Plan is executed as planned.

Specific elements of the Plan include:

Phase I Licensing Plan

- **Hire and train additional 10 part-time and limited term licensing staff** - in the interim to fill the gap until 7.8 permanent full-time employees are hired in January, if request is approved, or July 2010.

a. By October 5, hire and start training six students who work approximately 20 hours per week to review initial US applications to assist the six US license reviewers. Complete training by October 26.

b. By November 1, hire and start training four full-time two-year limited term employees. After a three-week training period, these employees will be assigned IMG application caseloads, thus rebalancing all license reviewers' caseload. (IMG training is very complex and takes approximately six months to be fully trained and independent.)

- **Establish key milestones to review applications and documents and eliminate the backlog.**

  For US applications, the backlog of applications not reviewed will continue to grow until:

  a. December 1, 2009, reduce the application backlog by 36 percent (437 to 276).
  b. January 1, 2010, reduce the application backlog by 61 percent (437 to 171).
  c. February 1, 2010, reduce the application backlog by 95 percent (437 to 26).
  d. March 1, 2010, eliminated the application backlog and conduct initial review for all applications within 75 calendar days.
  e. April 1, 2010, conduct all application initial reviews within 60 calendar days.

  For IMG applicants for licensure and PTAL, the backlog of applications not reviewed will continue to grow until:

  a. January 1, 2009, reduce the application backlog by 32 percent (216 to 146).
  b. February 1, 2010, reduce the application backlog by 97 percent (216 to 6).
  c. March 1, 2010, eliminated the application backlog and conduct initial review for all applications within 75 calendar days.
  d. April 1, 2010, maintain all application initial reviews within 60 calendar days.

  Implementing this plan will enable staff to be prepared for the influx of licensing residents and fellow applications needing licensure by the July 1 deadline. To meet this plan, we will actively communicate with all stakeholders that applications must be received no later than April 1 for staff to review the applications and provide the applicants' time to submit additional documentation. However, for applicants identified as having problems needing senior staff review, the Board may not be able to ensure licensure by July 1.

- **Proactive Management** – The primary management approach in the Licensing program over the past several years can best be described as reactionary with the vast majority of the resources focused on the "drill of the day". This is no longer seen as appropriate given our challenges. Our Plan includes realigning the management responsibilities to correspond to the individual's strength as well as moving to a proactive approach where the management team is focused on process improvements and quality control aimed at improving efficiencies and reducing the number of surprises. The licensing staff is a great resource and their input must be requested and utilized. As tools and other resources are identified, management must possess the ability to meet the staff's needs and make changes recommended in the management consultants' report.

- **Communication with Stakeholders –** The Web Application Access System project was established to allow applicants using their unique ID to inquire online about PTAL and license application status through the MBC Web site. It is anticipated that the increased functionality will significantly reduce the number of application status related calls from applicants (both CIU and Licensing Staff), resulting in better use of staff time. This access will benefit other stakeholders, such as postgraduate training programs and employers, as the applicants will know their application status in real time.

  The roll out of the Web Applicant Access System project is scheduled for November 2009. Critical to the success of this project is accurate and timely logging all incoming mail related to licensure and PTAL applications into the ATS data system. We plan to conduct an email blast to all current applicants informing them of the Web Application Access and how they can access this information. In addition, we will modify the instructions on the MBC Web site, as we transition to the Web Applicant Access System making it the primary communications tool between MBC and applicants. We will present the new Web Applicant Access System at the October 30, 2009 Board meeting.

- **Management Tools** - Over the past year, the Licensing program staff has spent many hours manually gathering workload (application file) information to understand the workload and work flow, staff also manually, via Excel spreadsheet, tracked over 1,200 residents and fellows to expedite their applications. This places the Licensing management in a reactionary mode. Given current technology, there are more options available that need to be identified and utilized. Support from ISB is essential to provide real time data and a method to receive applicant status reports.

  Building off of the Web Applicant Access System project, our plan anticipates the support from ISB to provide real time data and a system to automatically track resident and fellow information. We plan to make this data base/information accessible by all of the stakeholders (e.g. applicants, medical school administrators, and Medical Board staff and management) to manage their portion of the licensing process. For the staff, this means that the Web site is the place where they post updated licensing review activities as well as where they see their entire outstanding portfolio of license applications. For management, it will mean that all of the required workload management reports will be generated automatically on a real-time basis, providing the ability to see problems as they emerge and pro-actively address them. Details of this plan will be developed over the next few months and presented at the January 2010 Board meeting.

- **Business Process Reengineering (BPR) Study -** The BPR study is underway and we anticipate receiving the report to improve efficiencies and effectiveness in November 2009, which will form the basis to the Phase II activities. The Licensing Chief and consultants will present the BPR study report findings at the January 2010 Board meeting.

Phase II Licensing Plan

In addition to any other recommendations coming from the BPR Study report, the Licensing program staff identified several process improvements that will be executed as part of Phase II of this Plan: to reduce the number of application documents arriving incomplete and/or needing additional explanations/information.

- **Change the Focus of the Licensing Group** - The focus of the Licensing Group for years has been on managing the then-current crisis, with the focus today being on eliminating the backlog. The central theme of Phase II will be to more effectively manage and execute the overall workload, leading to higher MBC customer satisfaction. In order to accomplish this, the people, processes and procedures will be realigned such that the workload is anticipated in advance, allowing management to make corrective actions before problems occur (i.e., proactive versus reactive).

- **Revise the Licensing Application** - The licensing application was last revised in 2005. Staff has identified several areas of our current application that are misleading and/or confusing to the applicant and the medical schools, postgraduate training programs and other agencies completing the forms. Implementing the identified changes while simultaneously polling the staff for additional recommendations will go a long way to ensure that the correct information is submitted and accepted the first time, thus reducing the need for staff to prepare a deficiency letter identifying what is missing.

- **Issue Updated Licensing Guidelines** - Parallel to the Enforcement Program, the Licensing program will develop licensing guidelines to determine which applications receive Public Letters of Reprimand, probationary licenses with conditions, and which applications are denied. Licensing Guidelines will reduce the staff time currently used to process "problem cases" and ensure consistency. The Board's Application Review Committee will assist with this project.

- **Issue an Updated Policies and Procedures Manual -** The Policy and Procedure manual will need additional sections developed including addressing problem application cases and documentation requirements for ATS. Adequate resources to maintain the manual and a mechanism to update the manual to keep it current with policy and procedures decisions must be adopted.

- **Staff Training –** We intend to develop a training program for the staff based on the newly issued Licensing Guidelines and Policies and Procedures Manual with the goal of unifying our approach to processing physicians and surgeons and PTAL applications and improving our efficiency. This will also be a good time to address rebuilding the morale in the group which has been quite low over the last several years due to the heavy workload.

- **Management Reporting –** As an outgrowth of building more sophisticated management tools, we will obtain a much better understanding of the licensing application workflow cycles. The additional insight gained will enable us to create new automated and real time Management Reports to anticipate trends and redeploy resources as the nature of the workload changes.

- **Integrated Licensing Activities With Other Licensing Program Priorities** – We plan to expand our coordinating activities with postgraduate training programs and conduct more licensing fairs.

- **Update Medical Board Licensing Web Site**
    a. Include details and instructions regarding the Web Applicant Access System so that applicants are informed of the new inquiry capabilities offered.
    b. Cyclical reviews and updates of Web site content to ensure clear and concise information.
    c. Receive CIU's most common asked questions and continually update the Web site and/or application accordingly.

The Board will receive an updated report regarding the backlog and the Plan's implementation at future Board meetings until the backlog is eliminated.

Attachment 1

SUMMARY OF REQUIRED APPLICATION AND SUPPORTING DOCUMENTATION
U.S. AND CANADIAN MEDICAL SCHOOL GRADUATES APPLYING FOR LICENSURE

	REPORTING SOURCE:	**Applicant**	***FCVS:** Federation Credentials Verification Service The following Items *may* be provided by the FCVS	**Examination Entity**	**Medical School**	**State Medical Board**	**Postgraduate Training Program**
ITEMS:							
1	****Application, Forms L1A-L1E**	**X**					
2	**Two Fingerprint Cards/Live Scan**	**X**					
3	**Application Processing Fee $493**	**X**					
4	**Official Examination Transcript for one of the following exams:** **USMLE:** United States Medical Licensing Examination **FLEX:** Federation Licensing Exam **LMCC:** Licentiate of the Medical Council of Canada *****State Board Written Examinations**		**X**	**X**		*****X**	
5	**Certificate of Medical Education, Form L2**				**X**		
6	**Official Medical School Transcript**		**X**		**X**		
7	**Certified Copy of Medical Degree**		**X**		**X**		
8	**Official Letters of Good Standing** (Written licensure verification provided by other state licensing boards)					**X**	

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U.S. AND CANADIAN MEDICAL SCHOOL GRADUATES APPLYING FOR LICENSURE

REPORTING SOURCE:		Applicant	*FCVS: Federation Credentials Verification Service The following Items *may* be provided by the FCVS	Examination Entity	Medical School	State Medical Board	Postgraduate Training Program
ITEMS Continued:							
9	**Certificate of Completion of ACGME/RCPSC Postgraduate Training, Form L3A/B** The FCVS provides a "Verification of Postgraduate Medical Education" which may be acceptable in lieu of the Form L3A/B **ACGME:** Accreditation Council for Graduate Medical Education **RCPSC:** Royal College of Physicians and Surgeons of Canada		**X**				**X**
10	**Certificate of Current Postgraduate Training Enrollment, Form L4**						**X**
11	**License Fee of $808 or $416.50**	**X**					

*****FCVS materials accepted must be stamped as "Seal Verified" indicating the FCVS received direct source verification from the appropriate reporting source. Not all FCVS profiles received will contain the items noted in the above chart. FCVS profiles do not contain *board specific* documents such as the Medical Board of California's Form L2, Form L3A/B, and Form L4.

****** Applicant and the appropriate reporting source must provide supporting documentation and explanations for any "Yes" responses to questions # 14 and # 17 through # 38 on Forms L1A-L1D.

The *Initial and Update Application for Physician's and Surgeon's License or Postgraduate Training Authorization Letter* is available from the Medical Board's Web site at www.mbc.ca.gov by selecting the "Applicants" tab and following the links. Applications are also available by mail by contacting the Medical Board's Consumer Information Unit at (916) 263-2382.

This chart and related information are presented for the benefit of interested parties, such as applicants, hospitals, educational institutions, and others. The information presented is generalized and may not be applicable in all circumstances and cases. This chart is a summary of the requirements contained in the Business and Professions Code and Title 16 of the California Code of Regulations. For more information, please visit the Medical Board's web site at www.mbc.ca.gov and select "Applicants". The mention of specific licensing examination, educational program or institution or verification service does not represent an endorsement of that entity by the Medical Board of California. Applicants for a medical license are strongly encouraged to read the license application and related documents carefully.

Attachment 1

SUMMARY OF REQUIRED APPLICATION AND SUPPORTING DOCUMENTATION
U.S. AND CANADIAN MEDICAL SCHOOL GRADUATES APPLYING FOR LICENSURE

Attachment 1
SUMMARY OF REQUIRED APPLICATION AND SUPPORTING DOCUMENTATION
INTERNATIONAL MEDICAL SCHOOL GRADUATES APPLYING FOR LICENSURE

	REPORTING SOURCE:	**Applicant**	***FCVS:** Federation Credentials Verification Service The following Items *may* be provided by the FCVS	**Examination Entity**	**Medical School**	**State Medical Board**	**Postgraduate Training Program**	**Undergraduate Clinical Clerkship Training Hospital**
ITEMS:								
1	****Application, Forms L1A-L1E**	**X**						
2	**Two Fingerprint Cards/Live Scan**	**X**						
3	**Application Processing Fee $493**	**X**						
4	**Official Examination Transcript for one of the following exams:** **USMLE:** United States Medical Licensing Examination **FLEX:** Federation Licensing Exam **ECFMG:** Educational Council for Foreign Medical Graduates – English Exam **LMCC:** Licentiate of the Medical Council of Canada *****State Board Written Examinations**		**X**	**X**		*****X**		
5	**Certificate of Medical Education, Form L2**				**X**			
6	**Official Medical School Transcript**		**X**		**X**			
7	**Certified Copy of Medical Degree**		**X**		**X**			
8	**Original, Official English Translation for any Non-English Documents**	**X**	**X**					
9	**Official Letters of Good Standing** (Written licensure verification provided by other state licensing boards)					**X**		

Attachment 1
SUMMARY OF REQUIRED APPLICATION AND SUPPORTING DOCUMENTATION
INTERNATIONAL MEDICAL SCHOOL GRADUATES APPLYING FOR LICENSURE

REPORTING SOURCE:		**Applicant**	***FCVS:** Federation Credentials Verification Service The following Items *may* be provided by the FCVS	**Examination Entity**	**Medical School**	**State Medical Board**	**Postgraduate Training Program**	**Undergraduate Clinical Clerkship Training Hospital**
ITEMS Continued:								
10	**Certificate of Completion of ACGME/RCPSC Postgraduate Training, Form L3A/B** The FCVS provides a "Verification of Postgraduate Medical Education" which may be acceptable in lieu of the Form L3A/B **ACGME:** Accreditation Council for Graduate Medical Education **RCPSC:** Royal College of Physicians and Surgeons of Canada		**X**				**X**	
11	**Certificate of Current Postgraduate Training Enrollment, Form L4**						**X**	
12	**Certificate of Clinical Clerkships, Form L5**				**X**			
13	**Certificate of Clinical Training, Form L6** **International medical school graduates who complete undergraduate clinical rotations in a hospital other than their medical school's primary teaching hospital are required to submit a Form L6 for each rotation.**	**X**						**X**
14	**License Fee of $808 or $416.50**	**X**						

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INTERNATIONAL MEDICAL SCHOOL GRADUATES APPLYING FOR LICENSURE

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Attachment 1
SUMMARY OF REQUIRED APPLICATION AND SUPPORTING DOCUMENTATION
INTERNATIONAL MEDICAL SCHOOL GRADUATES
APPLYING FOR A POSTGRADUATE TRAINING AUTHORIZATION LETTER (PTAL)

REPORTING SOURCE:		Applicant	Examination Entity	Medical School	Postgraduate Training Program	Undergraduate Clinical Clerkship Training Hospital
ITEMS:						
1	*Application, Forms L1A-L1E	X				
2	Two Fingerprint Cards/Live Scan	X				
3	Application Processing Fee $493	X				
4	Official Examination Transcript for one of the following exams: **USMLE:** United States Medical Licensing Examination **FLEX:** Federation Licensing Exam **LMCC:** Licentiate of the Medical Council of Canada		X			
5	Certificate of Medical Education, Form L2			X		
6	Official Medical School Transcript			X		
7	Certified Copy of Medical Degree			X		
8	Original, Official English Translation for any Non-English Documents	X				
9	Certificate of Clinical Clerkships, Form L5			X		
10	Certificate of Clinical Training, Form L6 International medical school graduates who complete undergraduate clinical rotations in a hospital other than their medical school's primary teaching hospital are required to submit a Form L6 for each rotation.	X				X

Attachment 1
SUMMARY OF REQUIRED APPLICATION AND SUPPORTING DOCUMENTATION
INTERNATIONAL MEDICAL SCHOOL GRADUATES
APPLYING FOR A POSTGRADUATE TRAINING AUTHORIZATION LETTER (PTAL)

***** Applicant and the appropriate reporting source must provide supporting documentation and explanations for any "Yes" responses to questions # 14 and # 17 through # 38 on Forms L1A-L1D.

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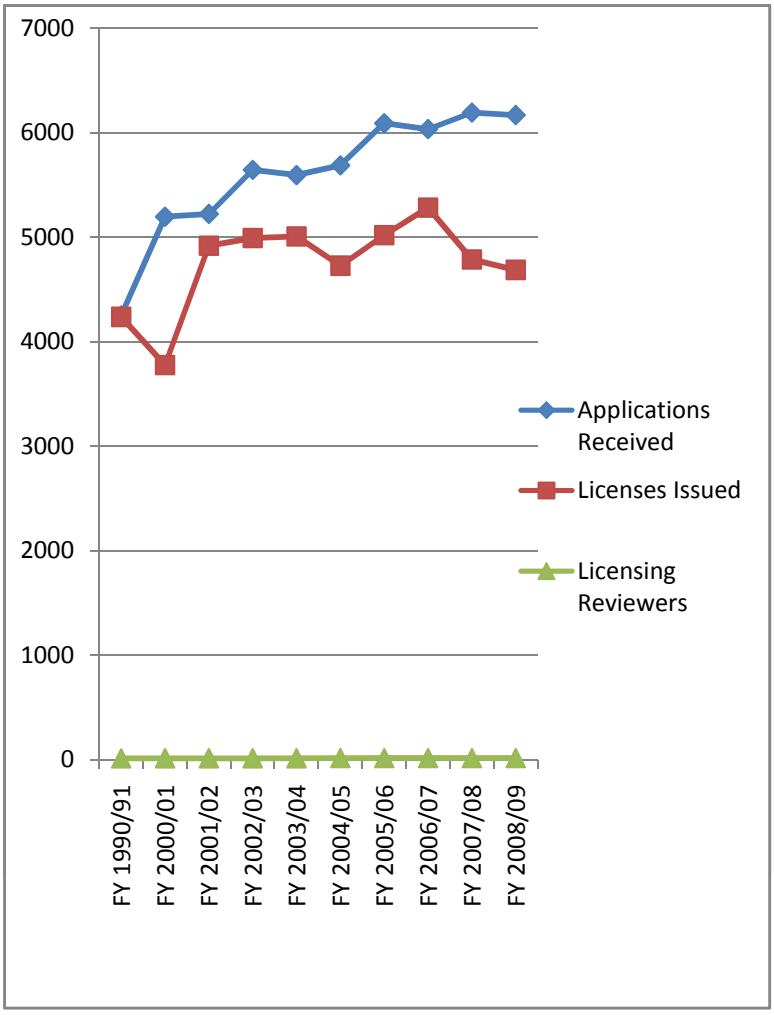
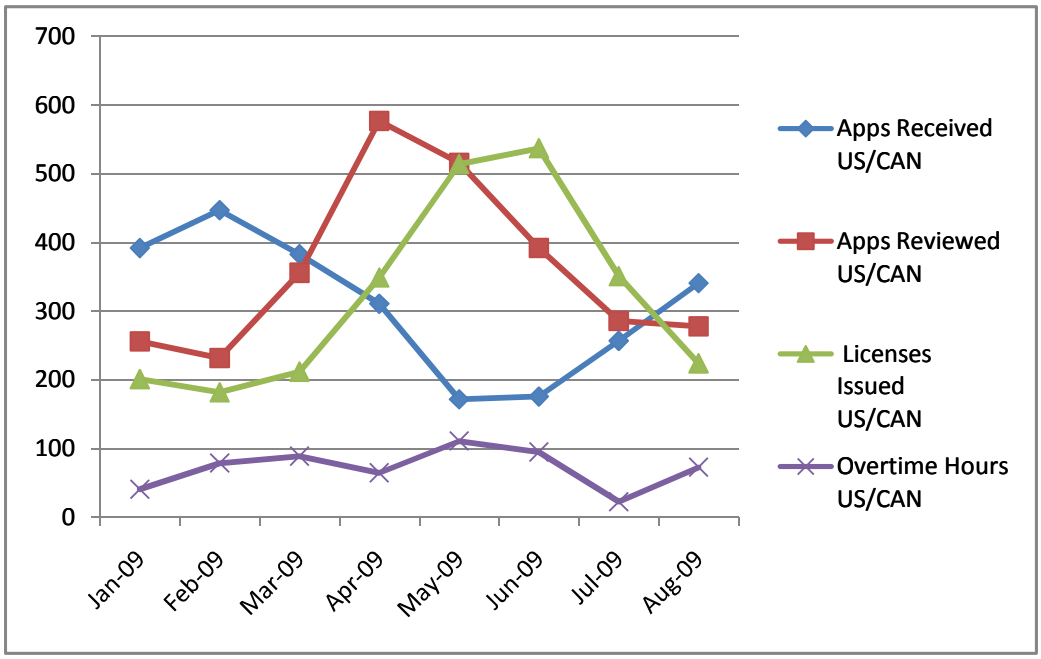
Table 1
Licensing Program Workload Trend Analysis



Date	Applications Received	Licenses Issued	Licensing Reviewers
FY 1990/91	4252	4238	15
FY 2000/01	5196	3777	16.5
FY 2001/02	5223	4920	16.5
FY 2002/03	5644	4993	15.5
FY 2003/04	5594	5008	16.5
FY 2004/05	5687	4728	18
FY 2005/06	6090	5020	17
FY 2006/07	6034	5284	18
FY 2007/08	6192	4787	18
FY 2008/09	6169	4688	18

Table 2
Licensing Workload January 2009 to August 2009



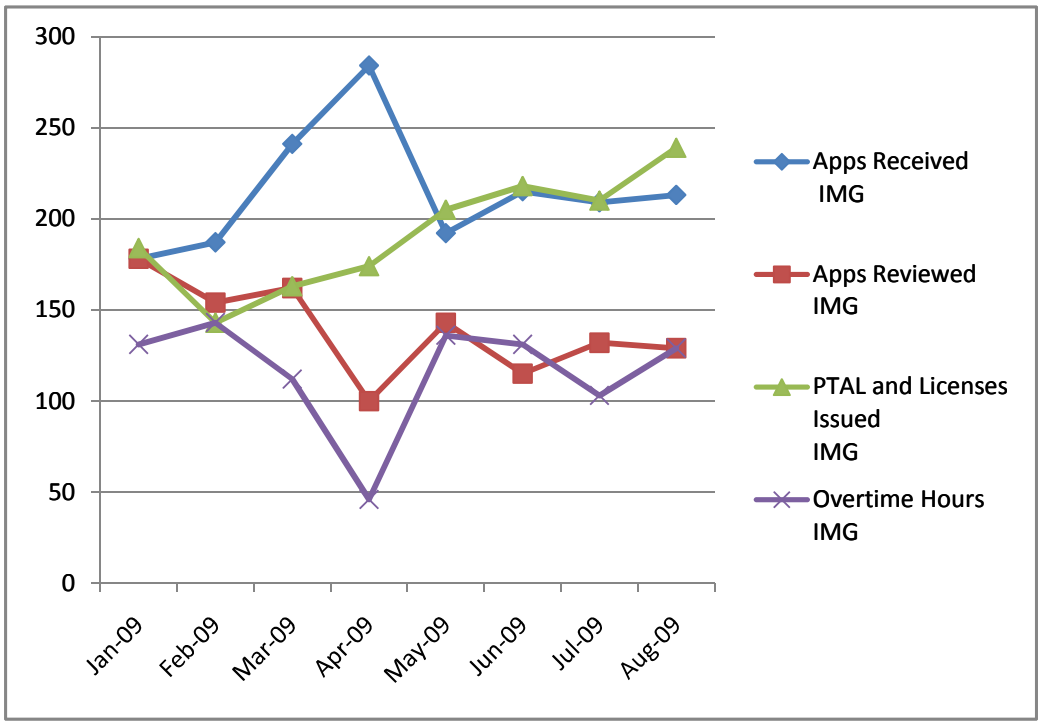
Month	Apps Received US/CAN	Apps Reviewed US/CAN	Licenses Issued US/CAN	Overtime Hours US/CAN	*Staff Hours With Furloughs US/CAN
Jan-09	392	256	201	41	1,056
Feb-09	447	232	182	79	950
Mar-09	383	356	212	89	950
Apr-09	311	577	349	65	950
May-09	172	516	514	111	950
Jun-09	176	392	537	95	950
Jul-09	257	286	351	23	897
Aug-09	341	278	224	73	897
Totals	**2479**	**2893**	**2570**	**576**	****848 Hours Lost**

***** Furloughs - February 2009 through June 2009 included two furlough days a month. Starting July 2009, increased to three furlough days a month.

** 848 hours lost February 2009 through August 2009 due to furloughs.

Table 2
Licensing Workload January 2009 to August 2009

International Medical School Information



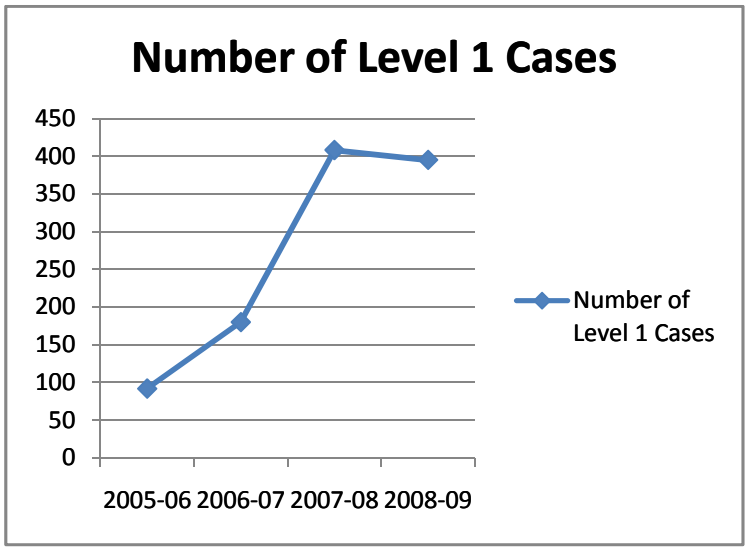
Month	Apps Received IMG	Apps Reviewed IMG	PTAL and Licenses Issued IMG	Overtime Hours IMG	* Staff Hours With Furloughs IMG
Jan-09	178	178	184	131	2112
Feb-09	187	154	143	143	1900
Mar-09	241	162	163	112	1900
Apr-09	284	100	174	46	1900
May-09	192	143	205	136	1900
Jun-09	215	115	218	131	1900
Jul-09	209	132	210	103	1795
Aug-09	213	129	239	129	1795
Totals	**1719**	**1113**	**1536**	**931**	****1594 Hours Lost**

* Furloughs - February 2009 through June 2009 included two furlough days a month. Starting July 2009, increased to three furlough days a month.

** 1,594 hours lost February 2009 through August 2009 due to furloughs.

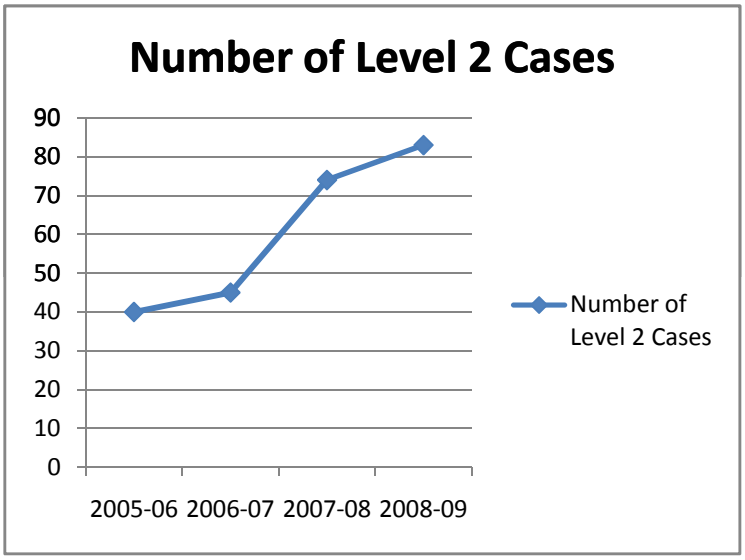
Table 3

Senior Review Files (Problem Cases)



Level 1 Cases Received

Fiscal Year	Number of Level 1 Cases
2005-06	92
2006-07	180
2007-08	408
2008-09	395



Level 2 Cases Received

Fiscal Year	Number of Level 2 Cases
2005-06	40
2006-07	45
2007-08	74
2008-09	83

Senior Review files are problem cases that include applicants with: criminal convictions, medical school and/or postgraduate training issues, alcohol or drug addiction problems, driving violations involving drugs and/or alcohol, mental health issues, discipline by other state medical boards, federal sanctions, clinical competency, and dishonesty.

SR1 - The issues are reviewed at the management level and are not as severe. The issues may be researched, addressed, and resolved in which the applicant is approved to proceed in the licensure process.

SR2 - The issues are severe, require complex research, investigation, and guidance. Files are reviewed with legal counsel, a Deputy Attorney General, the Executive Director, Licensing Chief, Licensing managers, and may require consultation with medical consultants.