

MEDICAL BOARD OF CALIFORNIA  
EXPERT REVIEWER PROGRAM  
Expert Evaluation of MBC Case Review Process

*AGENDA ITEM 19C*

Expert Reviewer:	Investigator:
Case Number:	Medical Consultant:
Please answer "Yes" or "No" to the following questions by filling in the appropriate circle. If the question does not apply to your experience, please indicate so by filling in the circle for N/A. Please explain any "No" answer(s) on the reverse.	
	RATING
1) Were you provided sufficient information/evidence to allow you to render a medical opinion?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>
2) Were you encouraged to render an unbiased opinion?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>
3) Was the case directly related to your field of expertise?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>
4) Were you given sufficient time to review the case? If not, how much time would have been appropriate for this review?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>
5) Did the MBC staff meet your expectations to provide you with what you needed to complete your review? If no, what should have been provided to facilitate your review?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>
6) Did the training material provided to you (Expert Reviewer Guidelines and DVD) give you adequate information to perform your case review?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>
7) Were you given clear, concise, and easy to follow instructions throughout the process?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>
8) Was the investigator and/or MBC staff readily available to answer questions or concerns about the case?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>
9) Is the required written report format adequate to cover all aspects of your opinion?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>
10) Do you feel the MBC has requested your services more frequently than you would prefer?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>
11) Would you be willing to accept more MBC cases for review?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>
12) If you were required to testify, was the Deputy Attorney General readily available to answer questions and provide direction?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>
13) Did the Deputy Attorney General or his/her representative meet your expectations to provide you with what you needed prior to testifying? If no, what would have made testifying for the Board easier?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>
14) Do you feel the reimbursement rate of \$150/hr for case review appropriate for the work you are required to perform?	Yes      No      N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>

Please rate your level of satisfaction with your overall experience performing case reviews for the MBC.

Satisfaction Level:    High       Average       Low

Do you have any suggestions for improvement to the program?

Please explain any "No" answer(s):

Is there anyone you would like to recommend to become an Expert Reviewer? Please provide names and addresses.

Comments (Please use this section for any other issues you would like to address):

Information provided on this form is for the sole purpose of maintaining the integrity of the Expert Reviewer Program. This form will be reviewed by the Executive Director of the Medical Board of California (MBC) and will be kept confidential.

Please mail completed form to:

Susan Goetzinger  
Medical Board of California  
320 Arden Avenue, Suite 250  
Glendale, CA 91203