



Mission

Current: The mission of the Medical Board of California is to protect health care consumers and prevent harm through the proper licensing and regulation of physicians and surgeons and certain allied health care professionals and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's licensing, policy, and regulatory functions.

Suggestion: To protect health care consumers and prevent harm through the proper licensing and regulation of physicians and surgeons and certain allied health care professionals and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care.

Values

- Accountability
- Consumer Protection
- Diversity, Equity, Inclusion, and Accessibility
- Empathy
- Fairness
- Integrity
- Trust

Where are we now?





Vision

Current: To be the premier consumer protection agency by leading and partnering in the effort to prevent harm and advance high quality, safe medical care.

Suggested: The leading consumer protection agency and partner in the effort to prevent harm and advance high quality, safe, culturally responsive, and accessible medical care for all Californians.

Goal 1: Licensing

Current:

1.4 Review and increase the efficiency of the online application and renewal process to expedite the application process and to increase staff bandwidth.

Suggested:

1.4 Review and increase the efficiency **and accessibility** of the online application and renewal process to expedite the application process and to increase staff bandwidth.



Goal 2: Enforcement

Current: Protect the health and safety of consumers by effectively investigating complaints, by enforcing the laws and regulations of the Medical Practice Act when violations occur, and by educating licensees and consumers on the laws and regulations governing safe practices in California.

Suggested: Protect the health and safety of consumers by effectively investigating complaints, by enforcing the laws and regulations of the Medical Practice Act, and by educating licensees and consumers on the laws and regulations governing safe practices in California.

Goal 2: Enforcement

Current:

2.3 Explore alternative dispute processes to identify new, innovative ways to address complaints.

Suggested:

2.3 Explore alternative dispute processes to identify new, innovative, and accessible ways to address complaints.

Goal 4: Outreach

Current:

- 4.1 Create and implement a stakeholder meeting structure to encourage two-way communication with interested parties.

Suggested:

- 4.1 Create and implement **an interested parties** meeting structure to encourage two-way communication ~~with interested parties.~~



Goal 5: Board Administration

Protect the consumers of California by promoting organizational success through proper Board governance, effective leadership, and responsible management that reflects the Board's values.



Goal 5: Board Administration (continued)

Original:

5.5 Develop and implement Diversity, Equity, and Inclusion programs and strategies to reduce health inequities, mitigate bias, increase education on cultural safety, encourage humility, and decrease systemic racism.

Suggested:

5.5 Develop and implement Diversity, Equity, Inclusion, and Accessibility programs and strategies to reduce health inequities, mitigate bias, increase education on cultural safety, encourage humility, and decrease systemic racism.

2023-2027 Strategic Objectives



2026 Environmental Scan

Diversity, Equity, Inclusion, and Accessibility
(DEIA) Supplement

*Prepared by
SOLID Planning Solutions
for the Medical Board of California*



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Introduction

In September of 2022, Governor Gavin Newsom, through [Executive Order \(N-16-22\)](#), strengthened the State's commitment to a "California For All" by directing state agencies and departments to take additional actions to embed equity analysis and considerations into their policies and practices, including but not limited to the strategic planning process.

At the Department of Consumer Affairs (Department), we are driven by our consumer protection mission and common goal to support our employees and the people and communities across California. As part of advancing the Governor's Executive Order, the Department's strategic planning process reflects our commitment to diversity, equity, inclusion, and accessibility (DEIA), incorporating inclusive public engagement and enhanced data collection and analysis.

The Department's DEIA Mission Statement: To advance a diverse, equitable, inclusive, and accessible California Department of Consumer Affairs for all.

Diversity: The inherent and acquired qualities, characteristics, and experiences that make us unique as individuals and the groups to which we belong.

Equity: Creating paths to equal outcomes by recognizing that some people and communities have unequal starting points driven by different histories, historical treatment, circumstances, strengths, and needs.

Inclusion: A practice to maintain a positive environment where all individuals feel recognized, understood, and valued.

Accessibility: Designing systems, environments, and experiences so that people of all abilities can access and engage with them, including people with disabilities.

The Department encourages the Board to consider DEIA impacts of policy decisions when reviewing the feedback from this report and when revising or developing strategic objectives.

In 2026, SOLID facilitated the development of Board's 2023-2027 strategic plan. In support of the Governor's mandate, SOLID conducted a new DEIA focused environmental scan and analysis during February 2026. This report is a summary of the feedback obtained during this survey-based scan, which will be used to assist the Board in adding a diversity, equity, and inclusion perspective to its current strategic plan.

Introduction

This supplemental environmental scan survey consisted of specific questions designed to assist strategic planning participants in considering the DEIA impacts of policy decisions such as regulatory, statutory, and continuing education requirements. Feedback was solicited from external stakeholders, board members, and the Board's leadership and staff.

As you read through this report, you are encouraged to consider:

- Who will benefit from or be burdened by the particular decision or proposal?
- Are there needs that may be different for various demographic or geographic groups?
- Once implemented, how will the Board measure the effect on impacted populations?
- What data/metrics will be used to evaluate the impacts?

This document summarizes trends, including areas where stakeholders agree and disagree, while providing insight to assist the Board in considering strategic plan objectives.

At the upcoming supplemental planning session, board members and leadership will discuss and evaluate this information as a group to help create or modify objectives that the Board will include in its work during this ongoing strategic plan period.

When reviewing feedback from the environmental scan and developing strategic objectives, consider the DEIA impacts of policy decisions. You may also want to review California Department of Health Care Access and Information (HCAI) data, available at: <https://hcai.ca.gov/data/data-and-reports/>.

If you have any questions about this report, please contact Trisha St.Clair with SOLID Planning at Trisha.Stclair@dca.ca.gov.

Diversity, Equity, Inclusion, and Accessibility Scan Summary

Trends in Expanding Outreach and Engagement

Survey question: What are effective methods to expand outreach and engage more people or groups?

Summary of Stakeholder Comments

1. External and internal stakeholders oppose the idea of DEIA, expressing concern that it will decrease the quality of care.
2. External stakeholders support DEIA values, such as:
 - a) Providing the best care and respecting each individual.
 - b) Not treating people differently based on their race or gender.
 - c) Welcoming diversity and inclusivity.
 - d) Giving all people the chance to participate in the field of medicine.
 - e) Providing health insurance that is accessible, equitable, and fair.
3. External stakeholders state they prefer a meritocracy where applicants are licensed solely based on academic and professional merit.
4. External stakeholders suggest the Board create advertisements and public service announcements (PSAs) explaining exactly what DEIA is about as well as the opportunities that exist in medicine.
5. External and internal stakeholders recommend the Board attend events and conferences to explain its role and services, such as:
 - a) Health professional meetings.
 - b) Alumni association activities.
 - c) Healthcare fairs and health promotion events at schools and colleges.
 - d) Multicultural food, music, and art festivals.

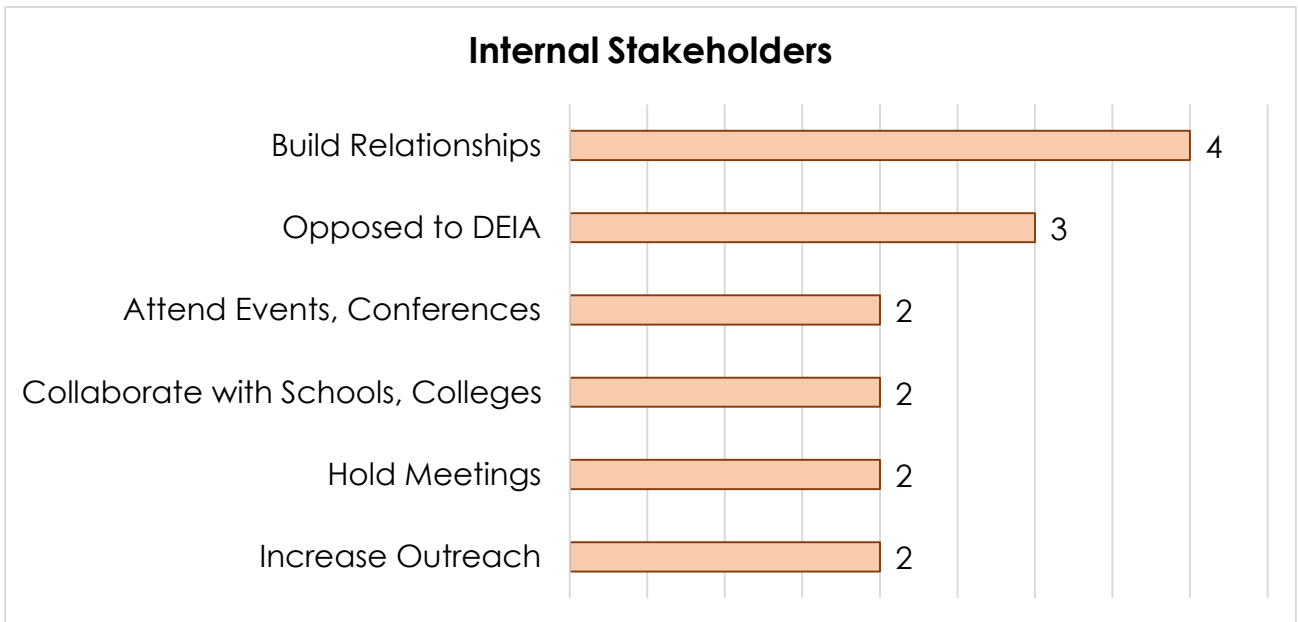
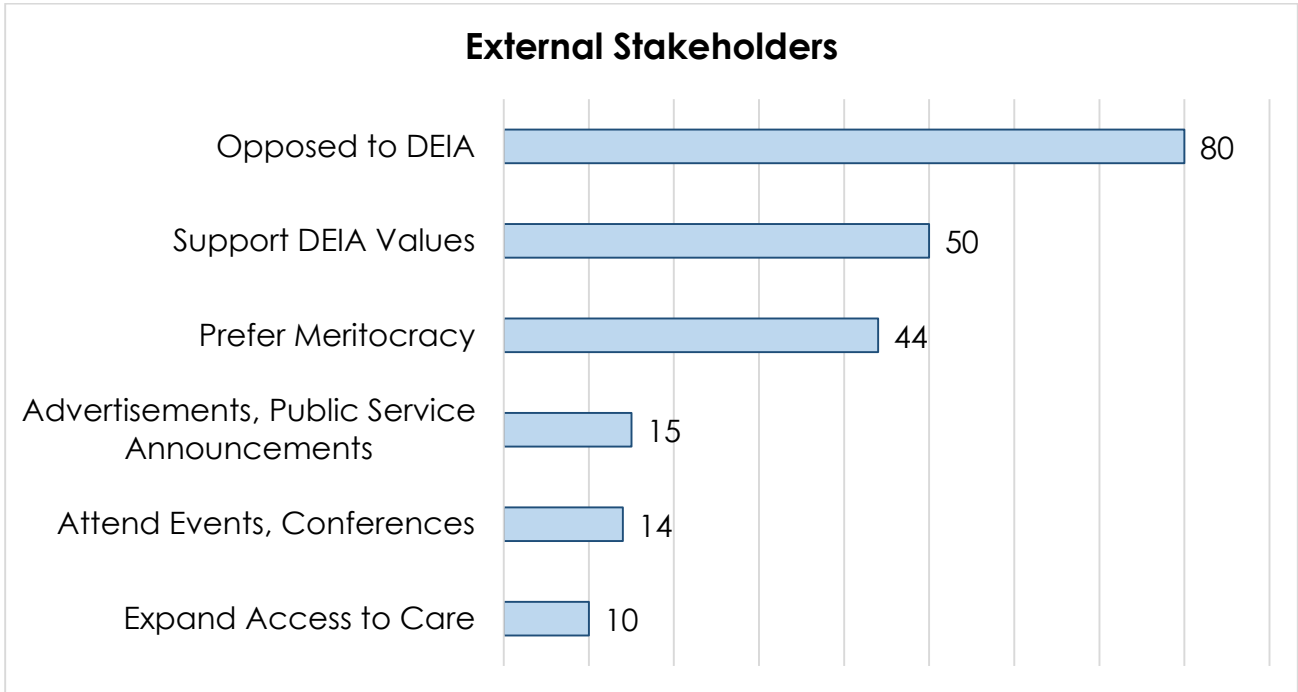
Diversity, Equity, and Inclusion

- e) Multicultural sporting events.
 - f) Job fairs.
6. External stakeholders suggest the Board expand its outreach by increasing access to healthcare through such actions as:
- a) Using mid-level service providers.
 - b) Offering care in community clinics.
 - c) Passing laws to hold people accountable for blocking access to healthcare.
 - d) Collaborating on medical care for vulnerable people or groups.

Diversity, Equity, and Inclusion

Stakeholder Comment Trends for Expanding Outreach and Engagement

The charts below list the top trends along with the corresponding number of comments for feedback provided by stakeholders.



Trends in Barriers to Licensure

Survey question: Are there any barriers to licensure that need to be addressed to ensure equitable access for all Californians?

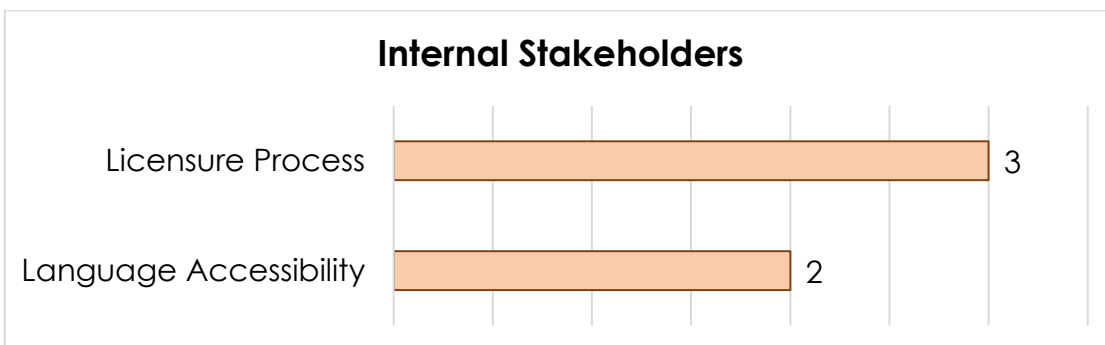
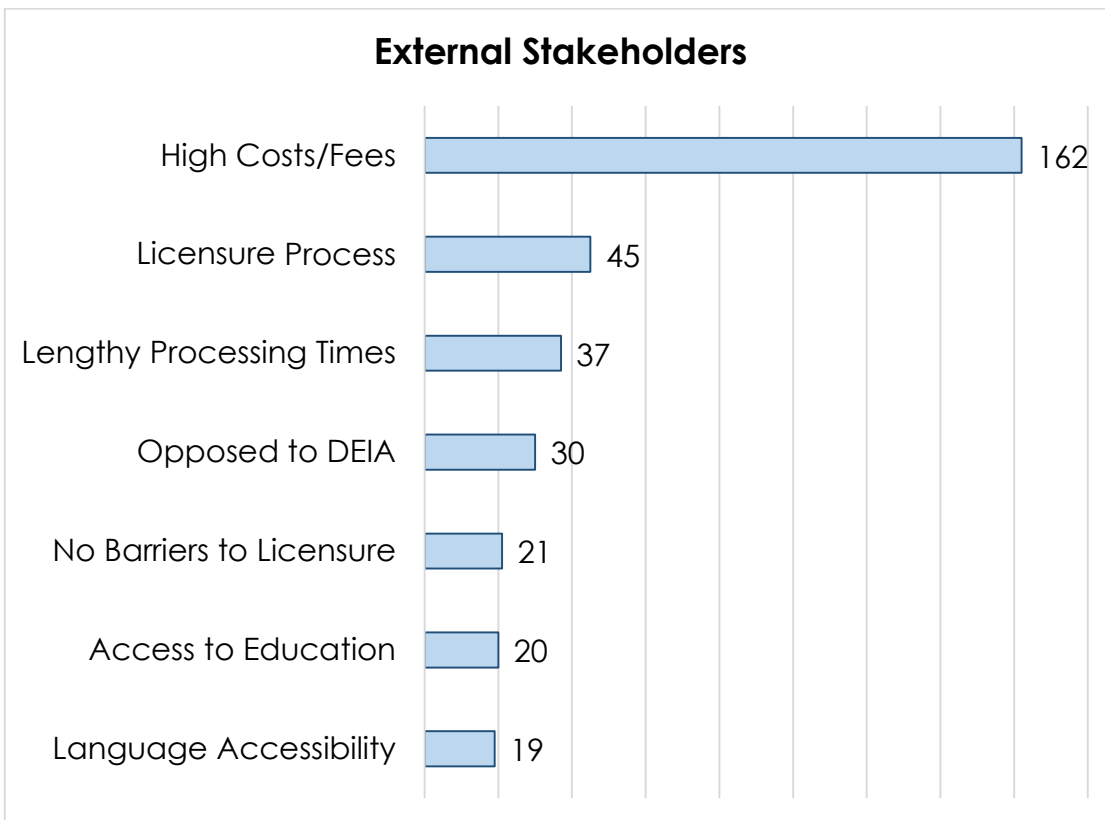
Summary of Stakeholder Comments

1. External stakeholders cite the high costs of licensure, renewal fees, and education as barriers to licensure.
2. External stakeholders state application processing times are too lengthy, causing access to care issues for consumers.
3. External stakeholders oppose DEIA, saying it is a barrier to quality medicine.
4. External and internal stakeholders list the licensure process as a barrier for several reasons:
 - a) No interstate compact.
 - b) Unreasonable requirements.
 - c) Lack of reciprocity with other states.
 - d) No clear pathway to licensure for graduates of foreign medical schools.
 - e) Difficulty getting acceptable fingerprints to the Board.
 - f) The process is cumbersome and time consuming.
 - g) Lack of knowledge regarding the requirements and application process.
5. External stakeholders believe there are no barriers to licensure.
6. External stakeholders state access to quality education to prepare for medical school is a barrier, as well as difficulties getting into medical schools due to lack of openings.

- External and internal stakeholders say language accessibility is an issue and suggest providing the application as well as other licensure materials in languages other than English.

Stakeholder Comment Trends in Barriers to Licensure

The charts below list the top trends along with the corresponding number of comments for feedback provided by stakeholders.



Trends in Additional Actions to Ensure Equitable Access

Survey question: What additional actions should the Board take to ensure equitable access for all Californians?

Summary of Stakeholder Comments

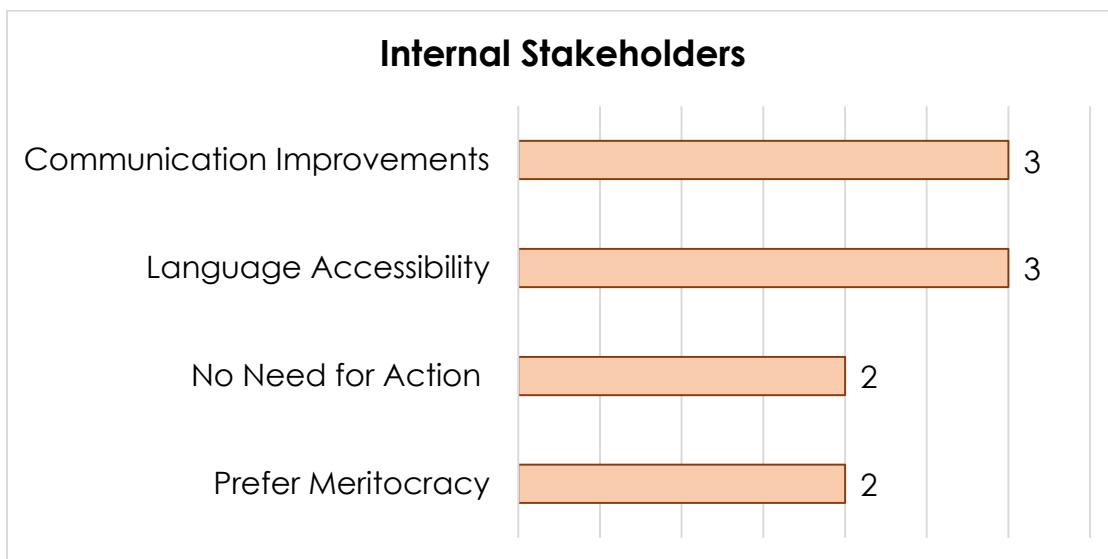
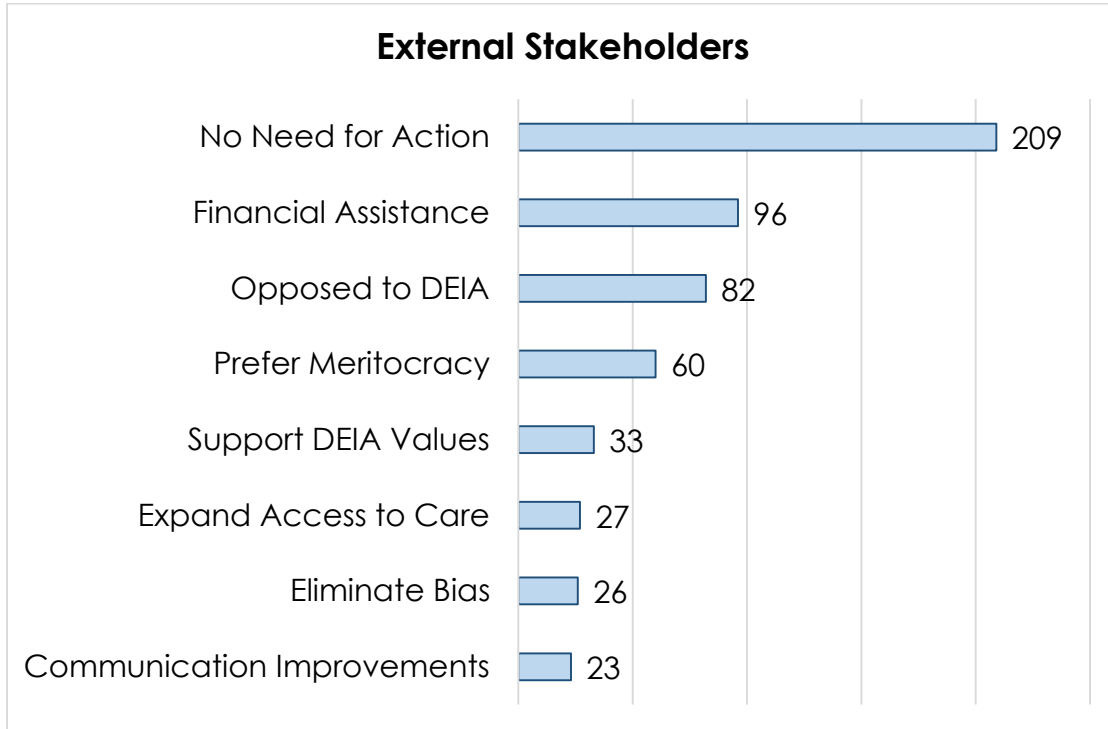
1. External and some internal stakeholders state the Board does not need to take any further actions to ensure equitable access for all Californians.
2. External stakeholders suggest equitable access could be achieved through financial assistance, such as:
 - a) Offering tiered or lower licensure fees.
 - b) Donating money to pipeline programs that support underrepresented groups going into Science, Technology, Engineering, and Mathematics (STEM) fields.
 - c) Supporting student loan forgiveness.
 - d) Providing grants, loans, and scholarships to students.
 - e) Making testing free for those with financial hardships.
2. External stakeholders say they are opposed to DEIA and prefer a meritocracy where licensure is based only on skills and knowledge.
3. External stakeholders support DEIA values, saying such things as:
 - a) Access should be available to all regardless of color or race.
 - b) Focus on education and competency rather than immutable personal characteristics.
 - c) Treat everyone equally.
 - d) Do not discriminate against gender, race, religion, or ethnic background.
4. External stakeholders recommend the Board help with access to healthcare by doing such things as:

Diversity, Equity, and Inclusion

- a) Reducing the chronic shortage of doctors in economically disadvantaged communities.
 - b) Supporting more robust healthcare insurance.
 - c) Encouraging more mobile or community clinics.
6. External stakeholders suggest the Board support eliminating bias in licensure, investigations, and hiring.
7. External and internal stakeholders recommend the Board improve communication:
- a. External and internal stakeholders say the Board could improve the clarity and consistency of its communication.
 - b. Internal stakeholders say the Board can improve communication by offering bilingual services and providing information in additional languages.

Stakeholder Comment Trends in Ensuring Equitable Access

The charts below list the top trends along with the corresponding number of comments for feedback provided by stakeholders.



Appendix A – Acronym List

Acronym	Definition
DEIA	Diversity, Equity, Inclusion, and Accessibility
MBC	Medical Board of California
PSA	Public Service Announcement
SOLID	Strategic Organizational Leadership and Individual Development
STEM	Science, Technology, Engineering, and Mathematics

Appendix B – Data Collection Method

Data for this report was gathered by surveying stakeholder groups that are important to the success of the Board. Stakeholders include any individual or group who is influenced by or influences a program. Information for this survey was gathered by surveying external stakeholders and internal stakeholders using an online survey.

Classification of Stakeholder Relationship with the Board

Relationship with Board	Number of Responses	Response Rate
Executive Officer and Management	9	26%
Staff	41	23%
Board Member	11	73%
Preparing to Become a Licensee	63	1
Licensee	2,343	1
Retired Licensee	303	
Related Occupation	26	1
Consumer	40	1
Government Agency	14	1
Professional Association/Group	48	1
Educational/School Association/ Group	26	1
Other ²	27	1

¹ A response rate cannot be determined for these external stakeholders because of the undetermined number having access to the survey link.

² Respondents listed in the “Other” category identified themselves as follows:

- Advisory Committee Member
- Board Certified Professional
- Business Administrator
- Dental Hygienist
- Expert Reviewer
- Lapsed Certification (2)
- Licensed Physician
- Medical Practice Manager
- Medical Doctor
- Medical Consultant
- Osteopathic Medical Doctor
- Physician
- President
- Resident Physician
- Retired Physician
- Retired Volunteer Physician
- Staff
- Transient Board Member
- Volunteer License (3)
- Working Physician

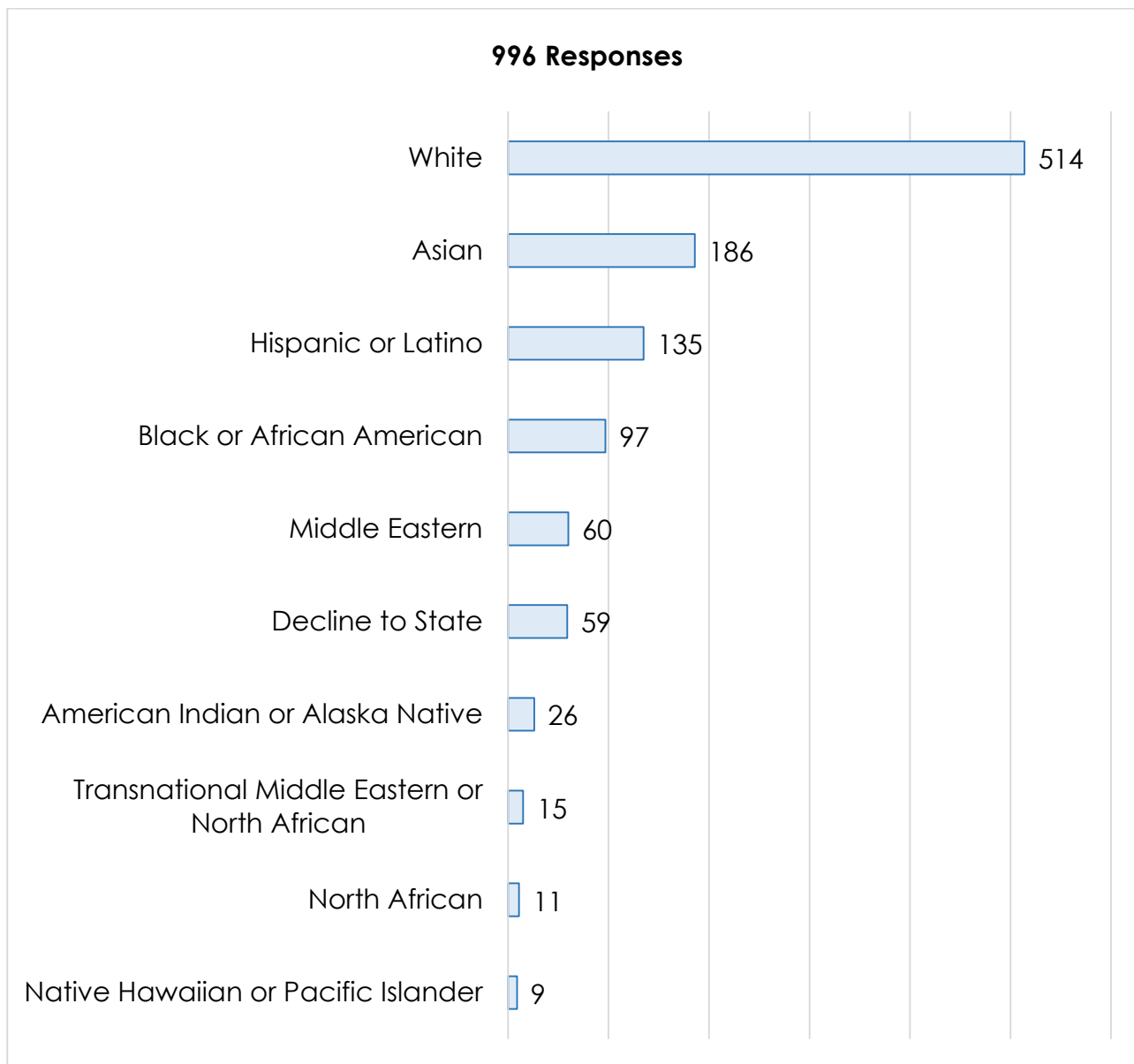
Appendix C – Demographic Data

Demographic questions were solicited from external stakeholders only.

Race and/or Ethnicity

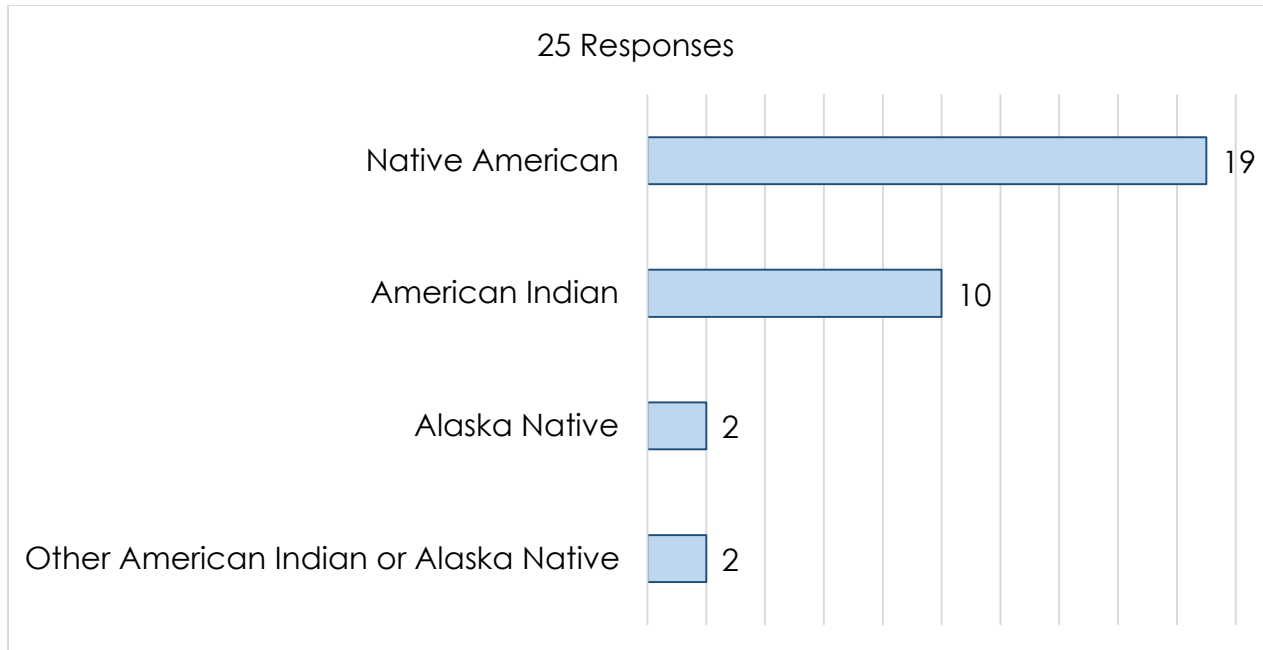
Races/Ethnicities Stakeholders Identified With*

* All demographic data questions allowed multiple options to be selected.



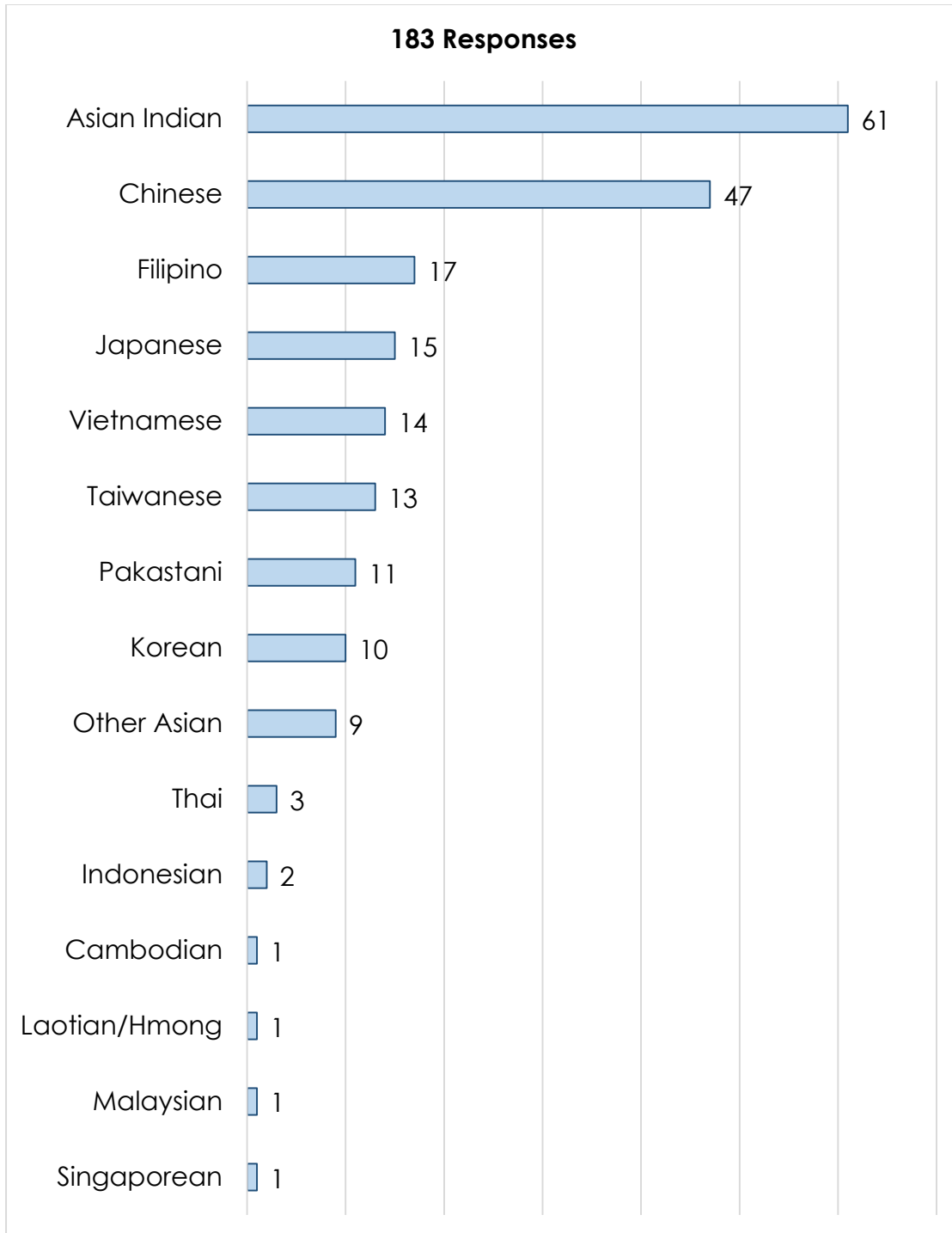
Appendix C – Demographic Data

American Indian or Alaska Native Stakeholders Identified With



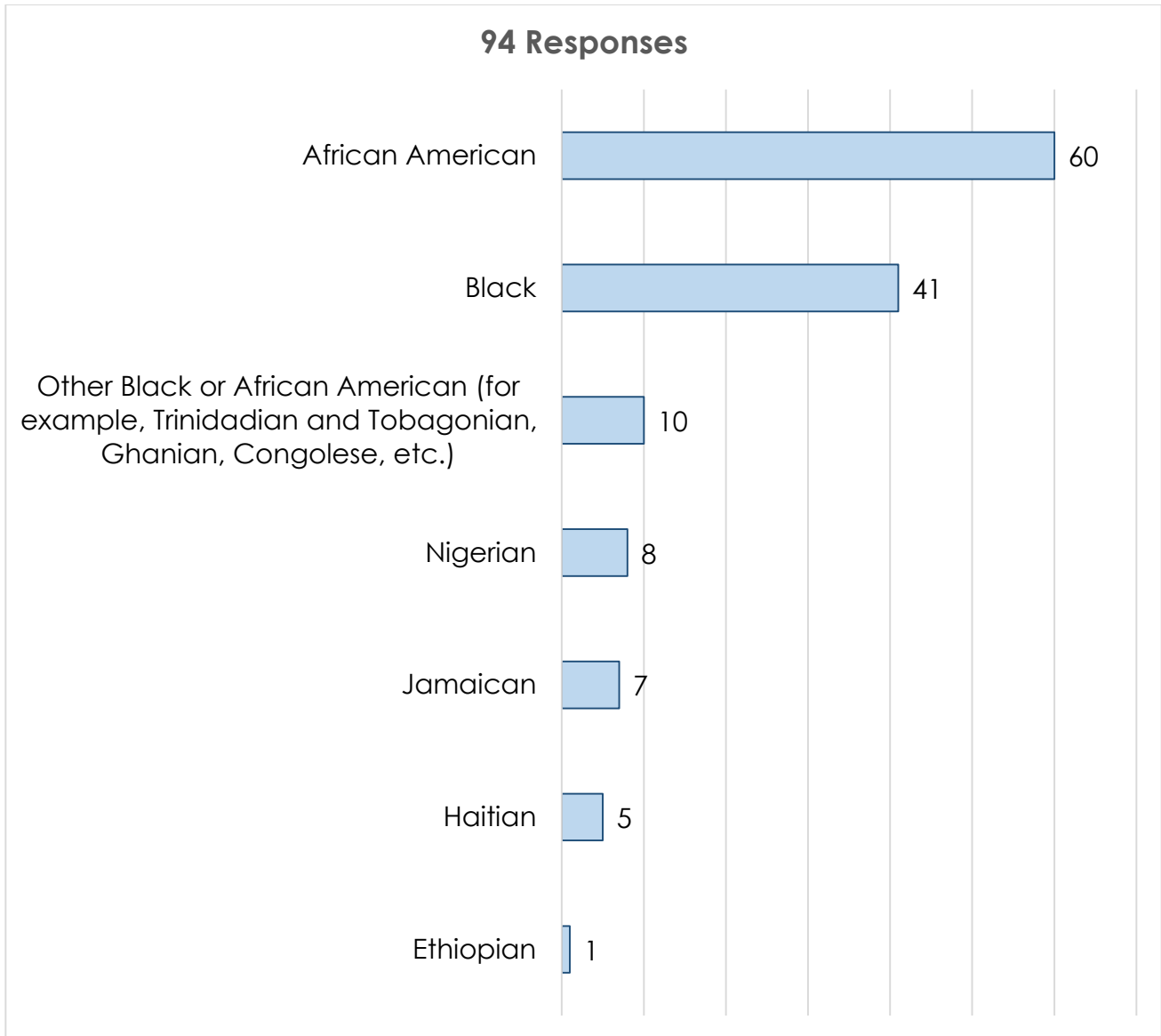
Appendix C – Demographic Data

Asian Stakeholders Identified With



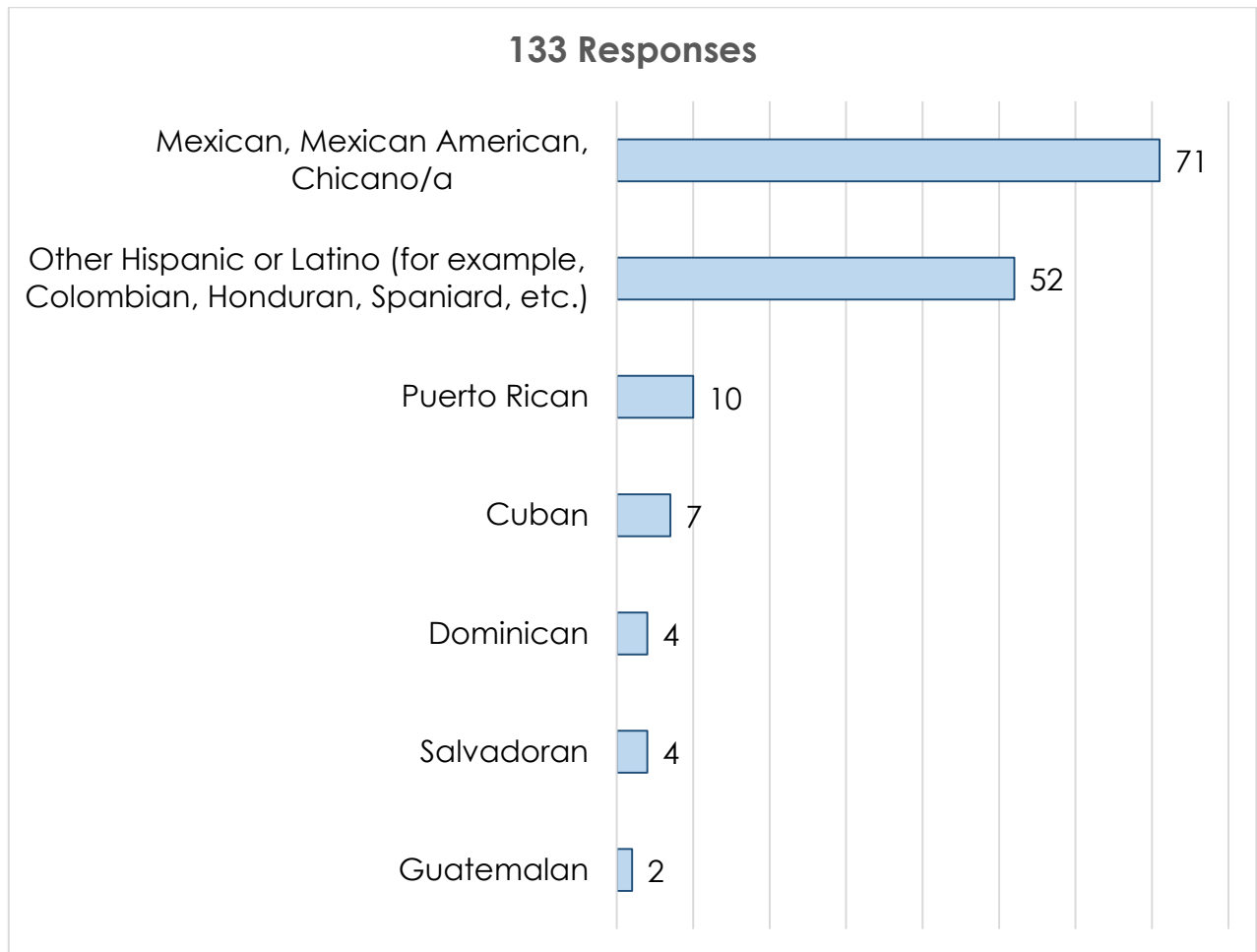
Appendix C – Demographic Data

Black or African American Stakeholders Identified With



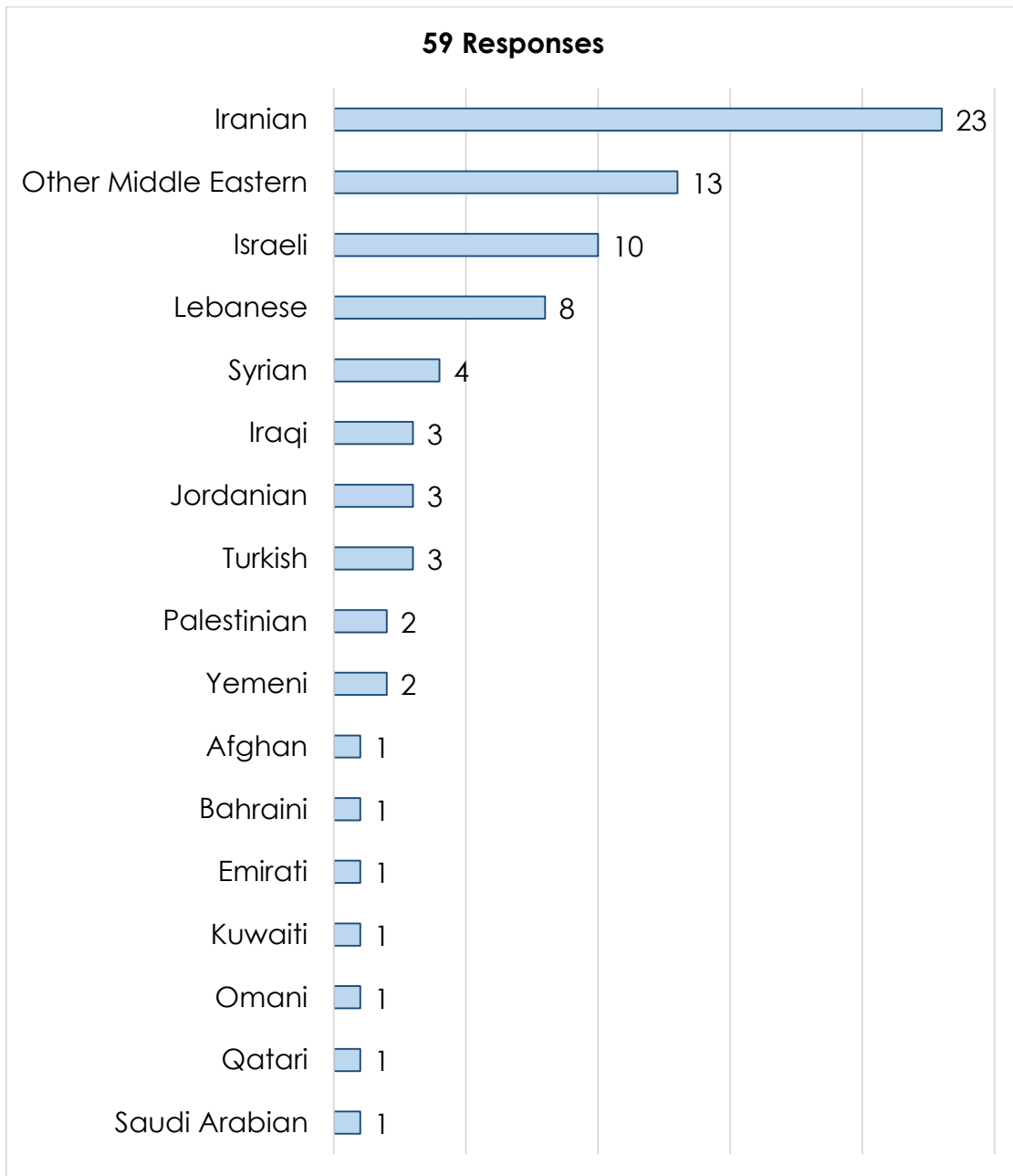
Appendix C – Demographic Data

Hispanic or Latino Stakeholders Identified With

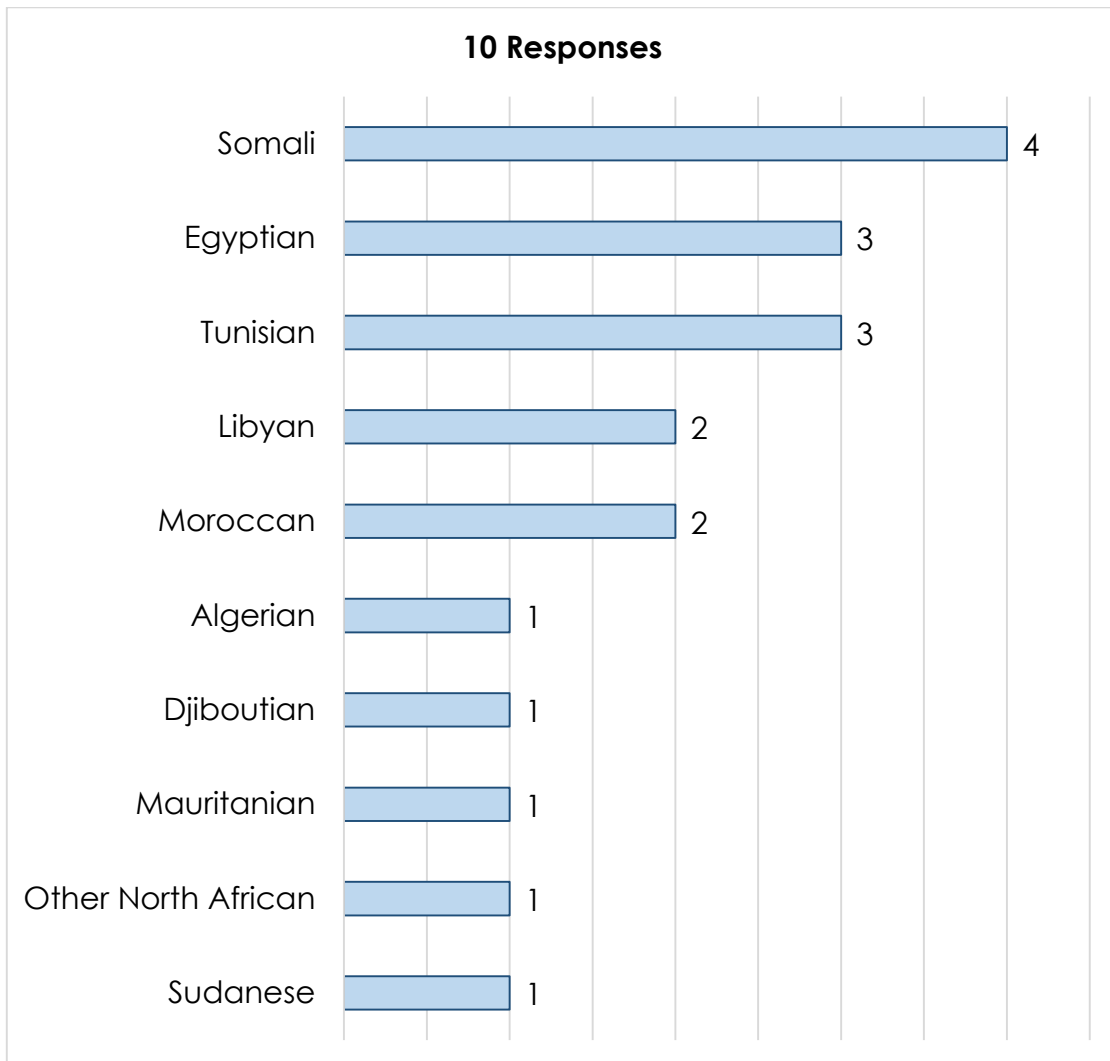


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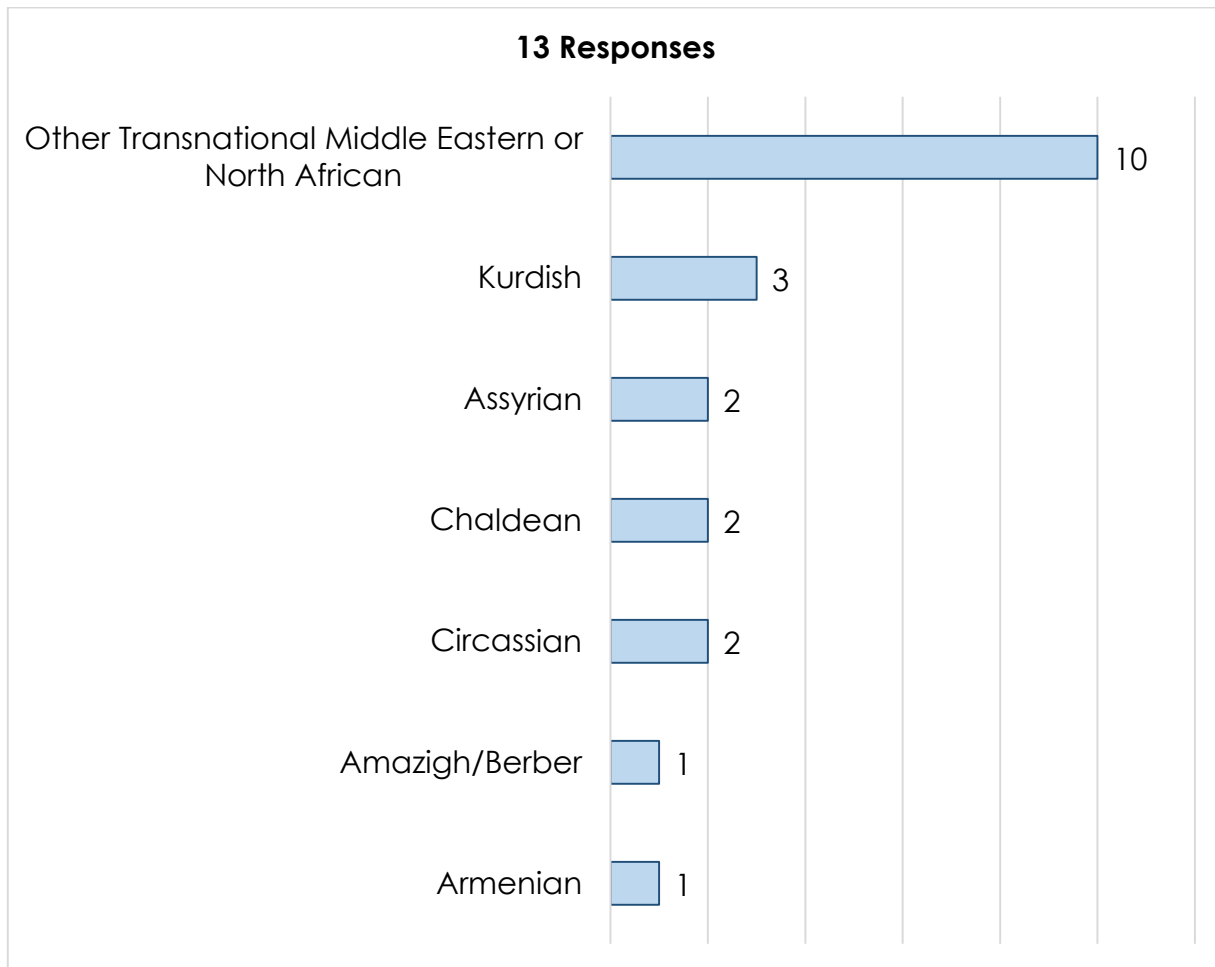
Middle Eastern Stakeholders Identified With



North African Stakeholders Identify With

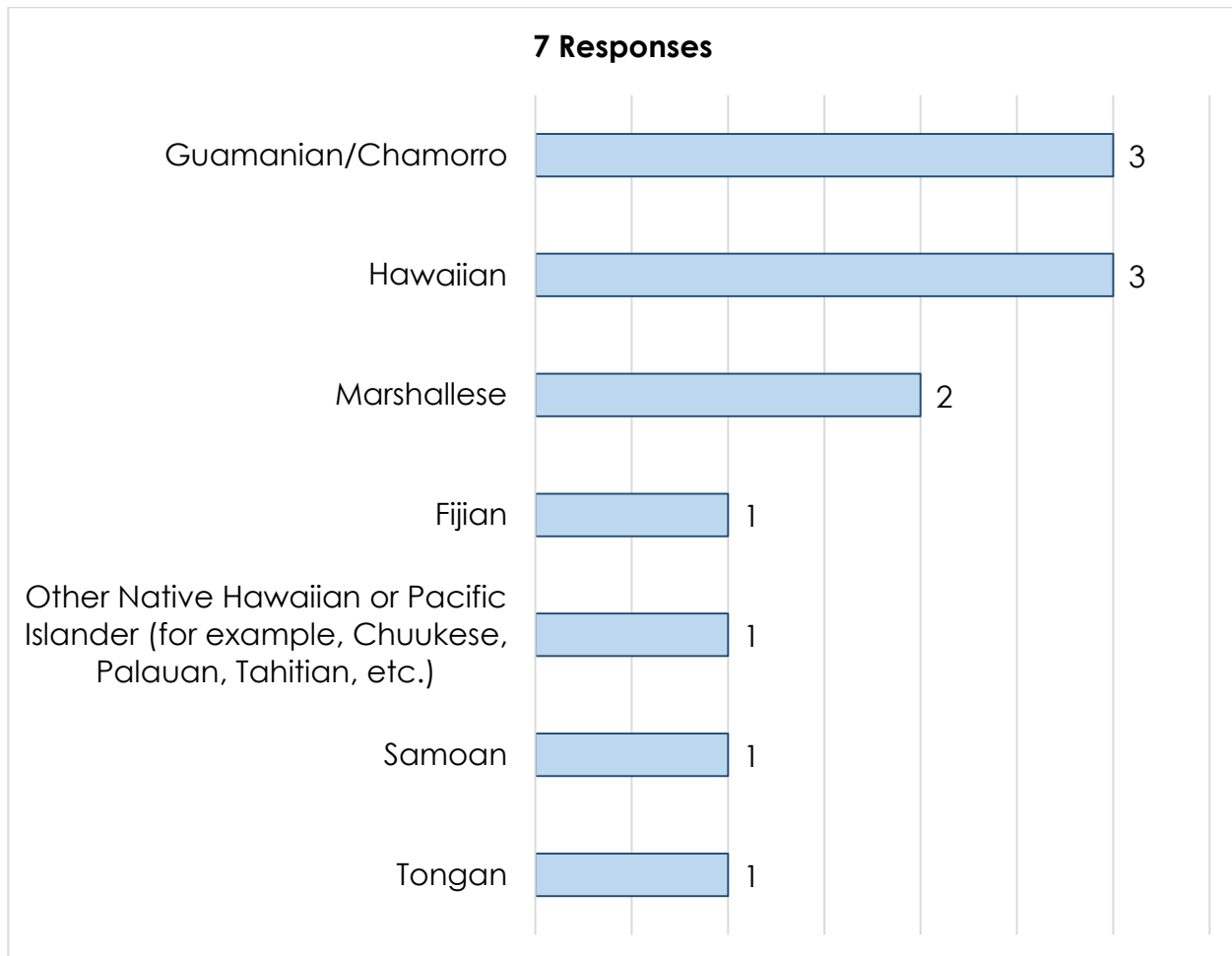


Transnational Middle Eastern and North African Stakeholders Identify With



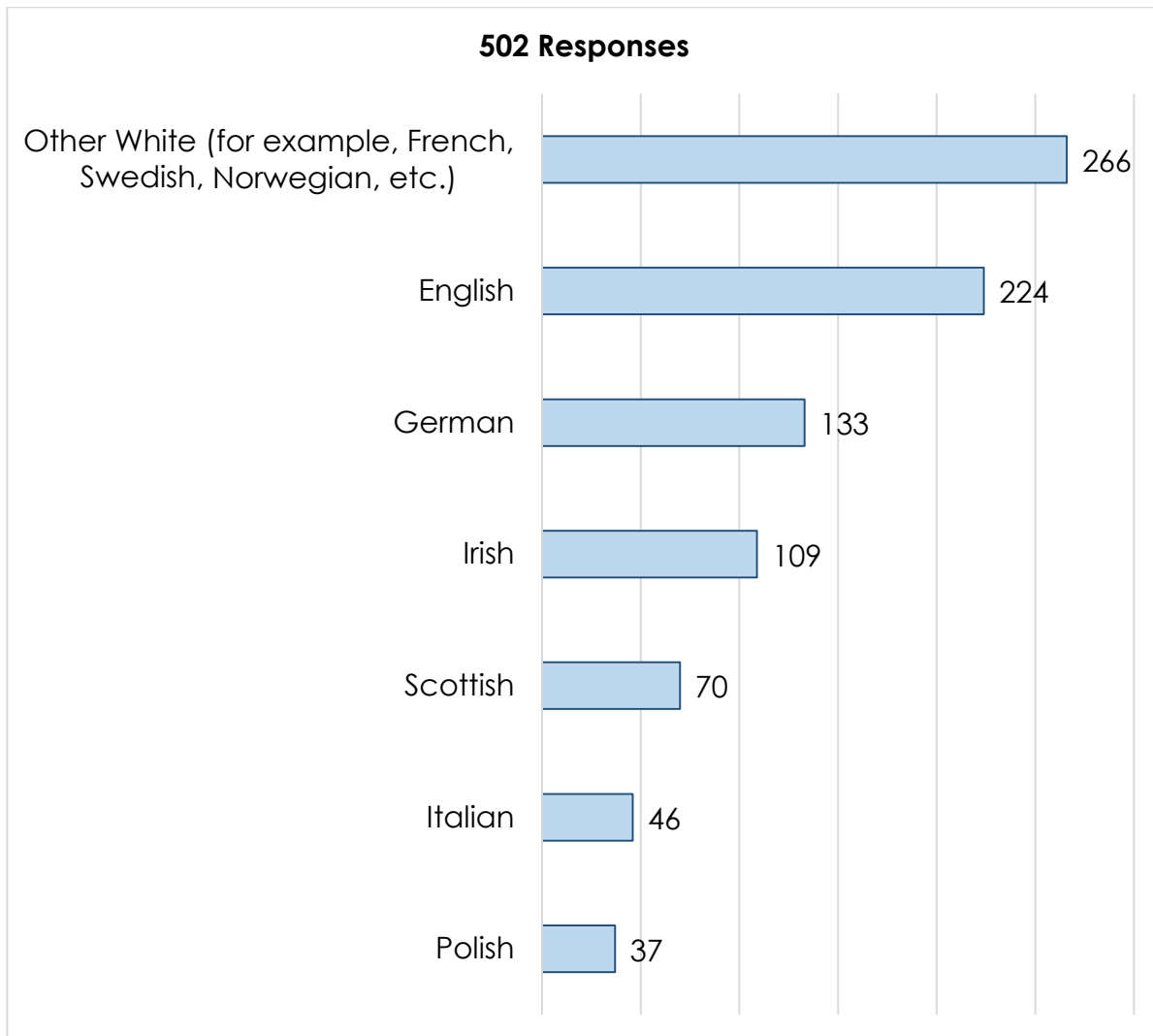
Appendix C – Demographic Data

Native Hawaiian or Pacific Islander Stakeholders Identified With



Appendix C – Demographic Data

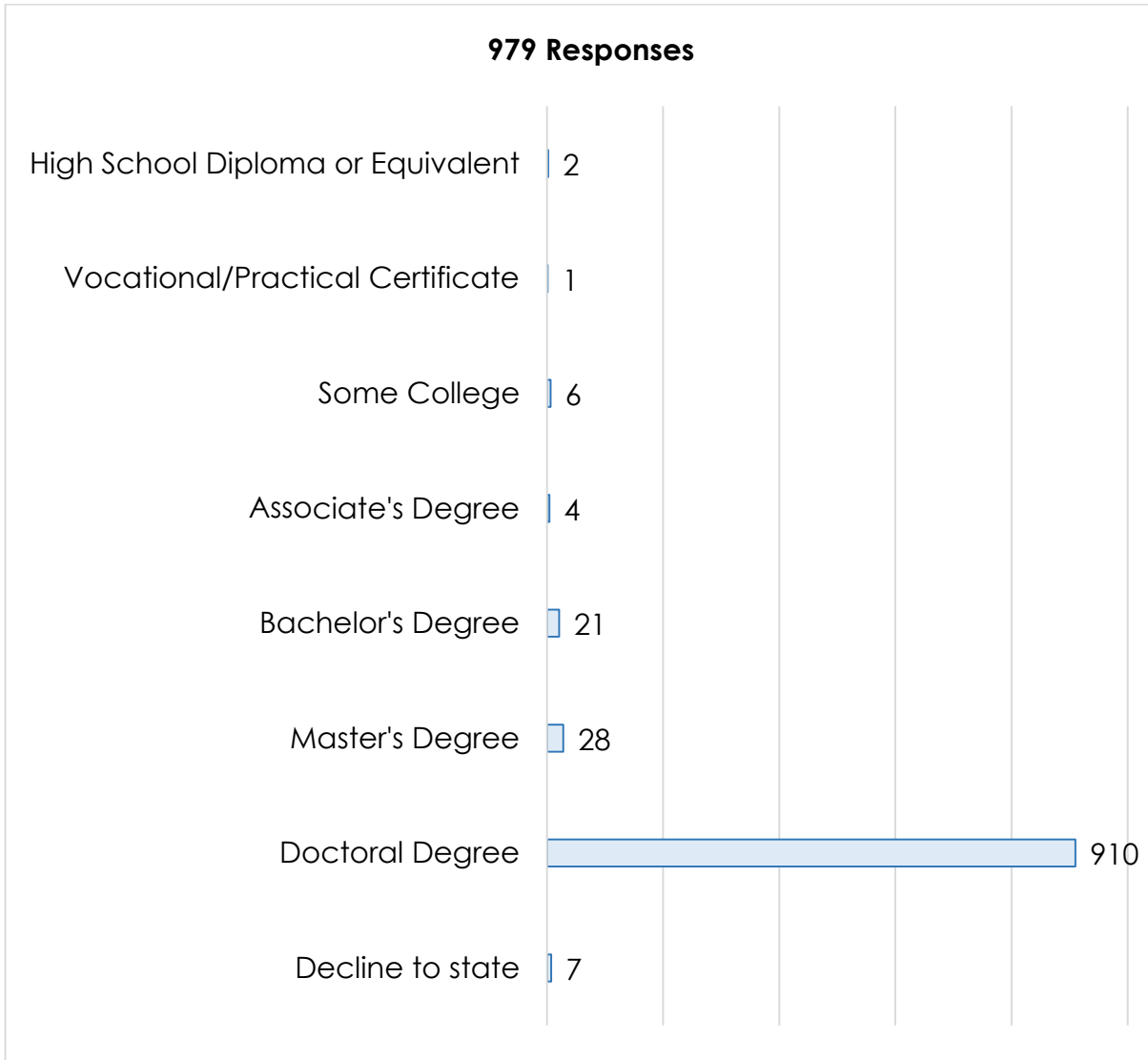
White Stakeholders Identify With



Appendix C – Demographic Data

Education

External Stakeholders' Highest Level of Education



Appendix C – Demographic Data

Languages*

* A total of 58 options (listed following the table) were provided, including “Decline to State.” Multiple options could be selected. Languages not selected are not shown.

Language	Number Who Speak	Language	Number Who Speak
English	793	Vietnamese	13
Spanish	328	African Languages	11
French	54	Hebrew	11
Hindi	42	Other Non-English	11
German	25	Yiddish	9
Other (not listed)	25	American Sign Language	8
Italian	24	Portuguese	8
Arabic	21	Tagalog	8
Mandarin	21	Armenian	7
Persian (Farsi)	20	Japanese	7
Urdu	19	Korean	5
Cantonese	17	Ukrainian	4
Punjabi	15	Greek	3
Telugu	14	Scandinavian Languages	3
Gujarati	13	Turkish	3
Russian	13	Decline to state	2

Appendix C – Demographic Data

Language	Number Who Speak	Language	Number Who Speak
Fijian	2	Thai	2
Formosan (Amis)	2	Yoruba	2
Hmong	2	Hungarian	1
Ilocano	2	Indonesian	1
Navajo	2	Lao	1
Other Chinese	2	Mien	1
Polish	2	Samoan	1
Serbian	2	Tonga	1
Swahili	2	Xiang Chinese	1

Appendix C – Demographic Data

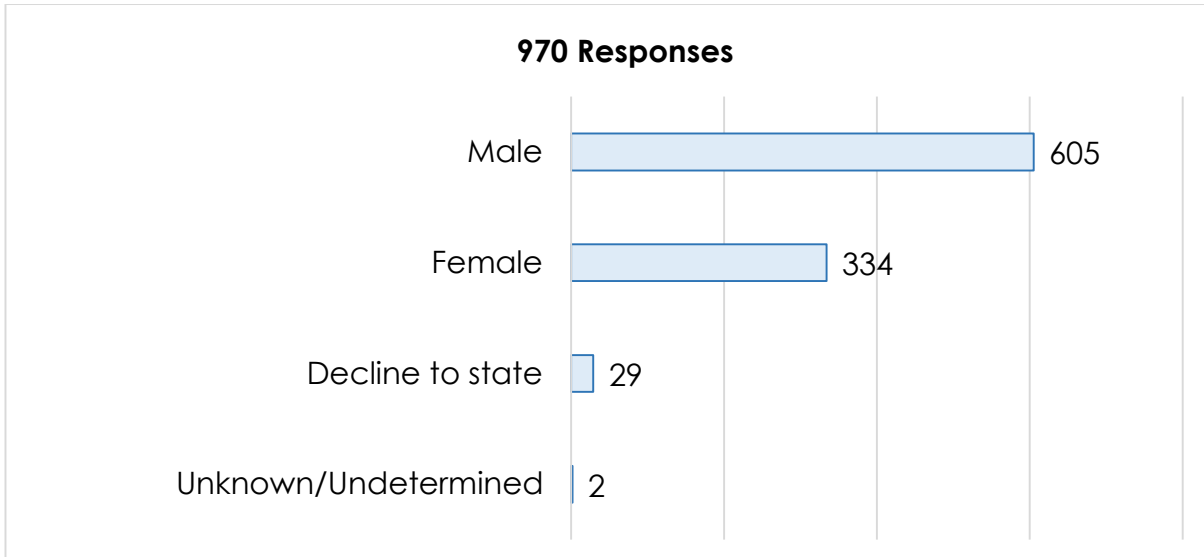
Language Options

- African Languages
- American Sign Language
- Amharic
- Arabic
- Armenian
- Cantonese
- English
- Fijian
- Formosan (Amis)
- French
- German
- Greek
- Gujarati
- Hebrew
- Hindi
- Hmong
- Hungarian
- Ilocano
- Indonesian
- Italian
- Japanese
- Korean
- Lao
- Mandarin
- Mien
- Mon-Khmer
- Navajo
- Persian (Farsi)
- Polish
- Portuguese
- Punjabi
- Russian
- Samoan
- Scandinavian Languages
- Serbian
- Spanish
- Swahili
- Tagalog
- Telugu
- Thai
- Tonga
- Turkish
- Ukrainian
- Urdu
- Vietnamese
- Xiang Chinese
- Yiddish
- Yoruba
- Other Chinese
- Other Non-English
- Other Sign Language
- Other (not listed)
- Decline to State

Appendix C – Demographic Data

Birth Sex

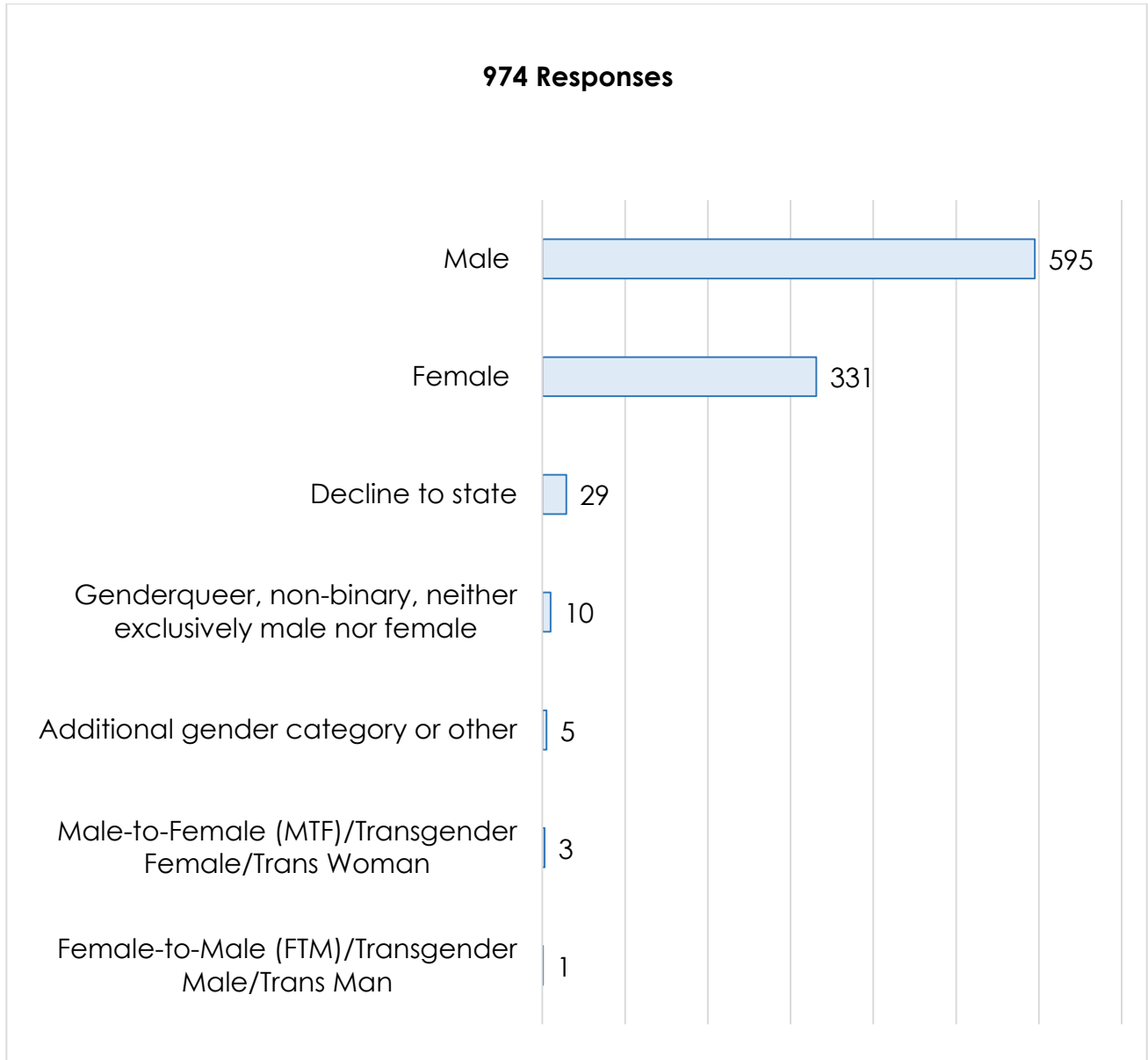
Stakeholders' Assigned Sex at Birth



Appendix C – Demographic Data

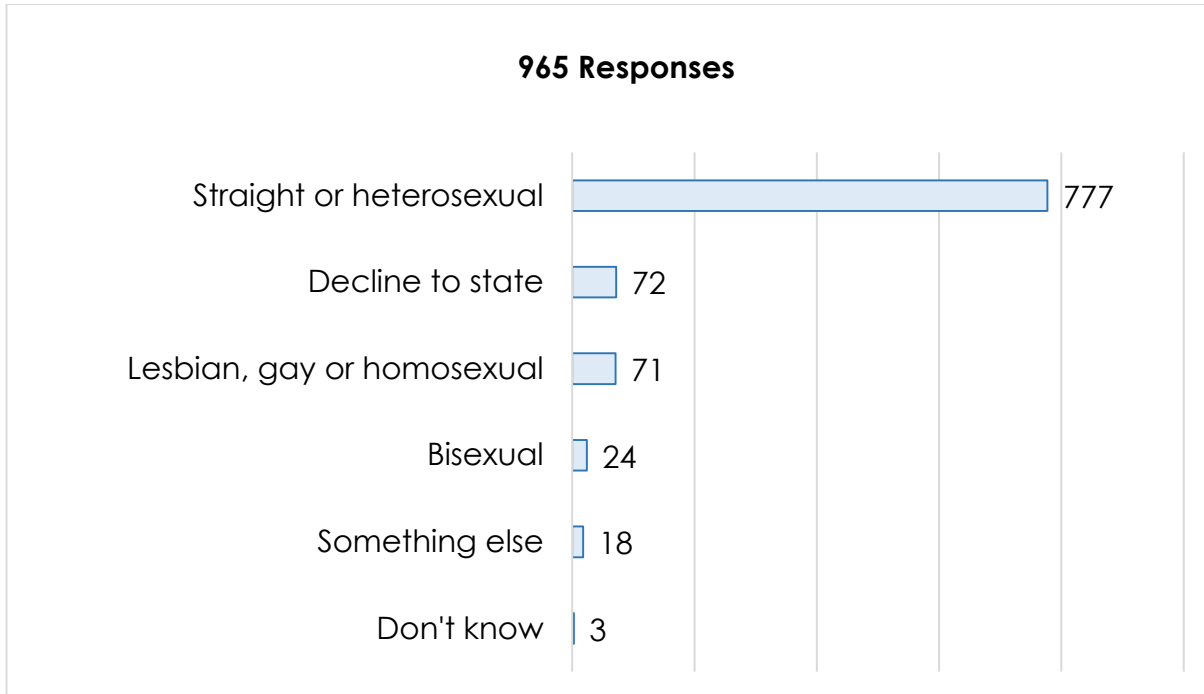
Current gender

How Stakeholders Describe Themselves



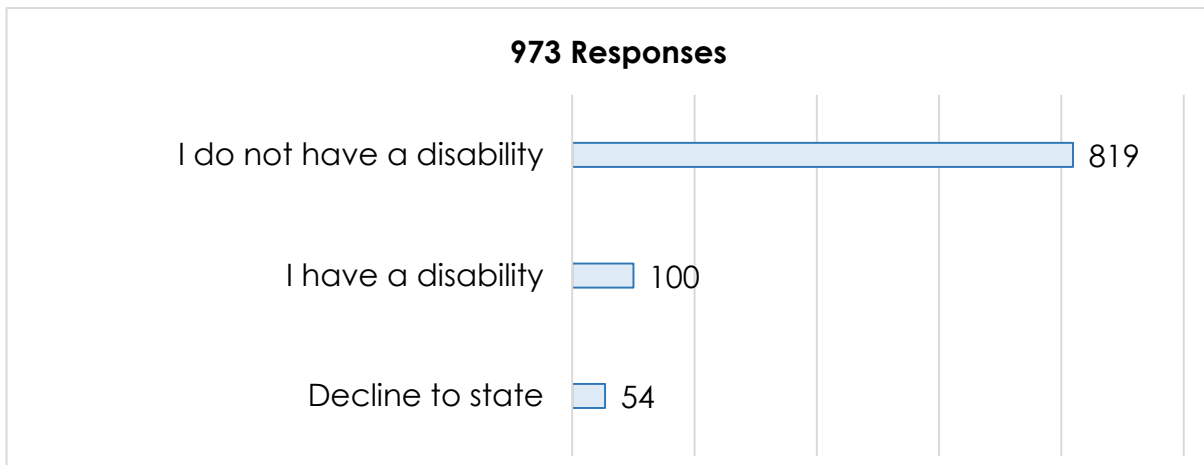
Orientation

Stakeholders' Orientation



Disability status

Stakeholders' Disability Status





SOLID Planning Solutions is dedicated to your continual improvement and organizational development. We offer a wide array of services and programs to boards, bureaus, commissions, committees, and divisions.

Strategic Planning • Employee Engagement • Meeting Facilitation

Contact us to learn more about how we can help your organization plan and achieve a successful future.

SOLID@dca.ca.gov