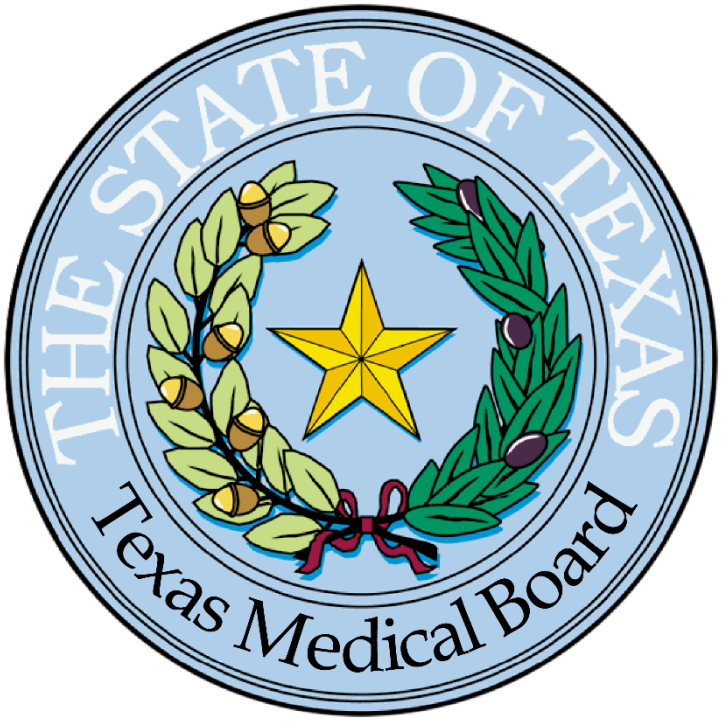

Texas Medical Board

Strategic Plan

Fiscal Years 2027 – 2031

Agency Strategic Plan

Fiscal Years 2027 to 2031

BY

The Texas Medical Board

Board Member	Dates of Term	Hometown
Sherif Z. Zaafran, M.D.	September 20, 2021 to April 13, 2027	Houston
Kandace B. Farmer, D.O.	September 20, 2021 to April 13, 2027	Highland Village
Jayaram B. Naidu, M.D.	September 20, 2021 to April 13, 2027	Odessa
Michael E. Cokinos	September 20, 2021 to April 13, 2027	Houston
LuAnn Morgan	September 20, 2021 to April 13, 2027	Midland
Garry D. Crain	August 19, 2024 to April 13, 2027	San Marcos
Zachary S. Jones, M.D.	August 19, 2024 to April 13, 2027	Frisco
George L. DeLoach, D.O., P.A.	August 19, 2024 to April 13, 2029	Livingston
Manuel M. Quinones, Jr., M.D.	August 19, 2024 to April 13, 2029	San Antonio
David G. Vanderweide, M.D.	August 19, 2024 to April 13, 2029	League City
Sharon J. Barnes	August 19, 2024 to April 13, 2029	Rosharon
Linda Troncoso	August 19, 2024 to April 13, 2029	El Paso
Devinder S. Bhatia, M.D.	April 28, 2025 to April 13, 2031	Houston
James “JD” Distefano, D.O.	April 28, 2025 to April 13, 2031	College Station
Roberto “Robert” Martinez, M.D.	April 28, 2025 to April 13, 2031	Mission
Jason K. Tibbels, M.D.	April 28, 2025 to April 13, 2031	Bridgeport

June 1, 2026

Stephen ‘Brint’ Carlton, J.D., Executive Director

APPROVED:

Sherif Zaafran, M.D., Board President

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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: SAFEGUARD THE PUBLIC BY ENSURING LICENSURE OF QUALIFIED PRACTITIONERS, ACHIEVED THROUGH EFFICIENT APPLICATION AND RENEWAL PROCESSES FOR PROSPECTIVE AND CURRENT LICENSEES

The Board seeks to improve business relations with both prospective and existing licensees through the advancement of AMS, a well-established licensee case management system. This enhancement will enable the comprehensive management and processing of all TMB applications and renewals within a single system.

SPECIFIC ACTION ITEMS TO ACHIEVE GOAL

- Migrate Physicians, Physician Assistants, Acupuncturists, and Surgical Assistants into AMS with other TMB licensee types. **Estimated completion date – May 2028*
- Expand AMS to improve support for current license types. **Estimated completion date – November 2028*

HOW GOAL OR ACTION ITEMS SUPPORT STATEWIDE OBJECTIVES

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

   Some TMB license types do not benefit from having their application or renewal processes handled through AMS. The legacy licensing system, used by Physicians, Physician Assistants, Acupuncturists, and Surgical Assistants, lacks AMS's automation functionality. Furthermore, not all license types in AMS enjoy the same automation benefits. Over the span of their careers, these professionals pay substantial application and renewal fees to the Board. The funds should be allocated to a system that ensures equitable and efficient service delivery for all stakeholders.

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.**

   Migrating all license types to AMS and building out the system eliminates manual tasks such as handling paper applications, renewals, and checks. An automated system lets staff manage various license types more efficiently, simplifies new staff training, eliminates the need for FTEs for certain tasks entirely, and lowers IT requirements by making updates easier.

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

One of the Board's core functions is to protect the public by licensing qualified practitioners, carrying out this task as quickly and efficiently as possible. Transitioning all license types to AMS removes manual steps from licensure and renewal processes. Increased automation through AMS allows the Board to process applications and renewals faster, which will positively impact agency performance metrics—especially efficiency measures that track how long it takes to issue licenses.

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

   Migrating all license types to AMS will enable many manual tasks to be completed electronically and, in some cases, automatically, which will result in faster service.

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

   Currently, licensees—particularly those whose TMB license types do not offer equivalent benefits or convenience—perceive limited value from the agency in relation to the fees paid. Seeing these changes will enhance licensees' confidence in the Board's efforts to serve their interests.

OTHER CONSIDERATIONS RELEVANT TO YOUR GOAL OR ACTION ITEM

- The Board's capacity to execute action items associated with this objective in a timely manner will rely on the availability of IT resources and other business priorities, including those that may arise unexpectedly.

GOAL #2: SAFEGUARD THE PUBLIC THROUGH COMPREHENSIVE INVESTIGATIONS, DISCIPLINARY ACTIONS, AND EDUCATIONAL INITIATIVES BY EXPANDING AND ENHANCING ENFORCEMENT AND COMPLIANCE MEASURES.

The Board seeks to improve enforcement efforts through the refinement of its online complaint form. Additionally, the Board seeks to improve licensee compliance with continuing education requirements.

SPECIFIC ACTION ITEMS TO ACHIEVE GOAL

- Re-examine and refine the online complaint form for both licensed and unlicensed practice. **Estimated completion date – December 2028*
- Instruct, and ensure, all licensees create a mandatory continuing education tracking account. **Estimated completion date – September 2028*

HOW GOAL OR ACTION ITEMS SUPPORT STATEWIDE OBJECTIVES

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

   The public is entitled to an efficient and straightforward process for submitting complaints regarding TMB licensees. The primary purpose of the complaint procedure is to ensure accountability by addressing the actions of licensees. Currently, the complaint form does not include certain features, such as the ability to upload supporting documents, which would enhance the experience and effectiveness of submitting a complaint.

Enforcing SB 912 89(R), which mandates continuing education tracking for TMB-licensed health care professionals, is essential for maintaining licensee accountability to the public. Tracking continuing education ensures all TMB licensees meet their requirements each renewal period and promotes the quality-of-care Texans deserve.

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 current complaint form increases workload for both complainants and agency staff. For example, adding a supporting documentation upload feature would let licensees submit all information in one place, reducing the need for separate submissions and manual filing by TMB staff.

   By establishing an official CE tracking system, the Board can eliminate its prior practice of manually auditing CE compliance which allows the Board to redirect those resources to other functions and projects.

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

   The Board is obligated to receive complaints and, pursuant to statutory requirements, must differentiate between various categories and prioritize them accordingly during the resolution process. Enhancing the complaint form will enable staff to sort and classify complaints more efficiently, facilitating faster prioritization and, ultimately, expediting their resolution. Quicker resolutions will positively impact agency performance metrics—especially efficiency measures that track how long it takes to resolve a complaint.

   The Board's 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. Continuing education keeps TMB licensees' skills current, supporting the Board's mission to improve care for Texans.

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

   It is essential to offer the public an efficient and accessible system for submitting complaints regarding TMB licensees in order to ensure high-quality customer service. Currently, the complaint form lacks several features that would facilitate a more effective and user-friendly process. Improving the user experience would reinforce the Board's commitment to providing outstanding customer service.

   A specific action item in achieving the Board's goal to improve licensee compliance with continuing education requirements is instruction. The Board must educate licensees on this new requirement as well as how to use the new tracking system. To address this requirement, the Board is undertaking targeted customer service initiatives, such as hosting webinars, implementing a dedicated question submission form, and developing tailored content on the Board's website to respond promptly to inquiries and concerns as they arise.

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

   Enhancing user experience will help individuals navigate the complaint process. Clearly outlining which complaints the Board handles and making enforcement information easier to find will reduce confusion and help manage expectations about the process.

   The Board is using every tool at its disposal to shine a spotlight on and educate licensees on the new CE tracking requirement including updating renewal notices, adding FAQs and informational videos on the website, incorporating a rotating banner on the homepage alerting licensees to the requirement, featuring content on the external TMB Bulletin newsletter, posting to social media, sending direct communications from the Board about webinar opportunities, collaborating with the various professional associations in the state for our different license types to make sure they know about this requirement. As part of these communications, the Board provided templates for newsletter write-ups, social media posts, and email communications that can be used to help educate the members of professional associations.

OTHER CONSIDERATIONS RELEVANT TO YOUR GOAL OR ACTION ITEM

- The Board's capacity to execute the complaint form action item will rely on the availability of IT resources and other business priorities, including those that may arise unexpectedly.

Redundancies and Impediments

SERVICE, STATUTE, RULE, OR REGULATION	**PHYSICIAN LICENSE ELIGIBILTY** **Texas Occupations Code Sec. 155.003(e)(4)**
DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS	HB 1998 88(R) amended the Occupations Code by adding a provision prohibiting licensure for applicants who “held a license to practice medicine that has been revoked by the licensing authority in another state or a province of Canada for a reason that would be grounds for the board to revoke a license to practice medicine in this state.” The wording of this provision is creating confusion specifically for former TMB licensees whose license was revoked in Texas and are seeking re-licensure. While the statute refers to “another” state, the Legislature’s intent was to prohibit licensure for applicants who had

	medical licenses revoked in Texas as well. To limit the application of the statute to only out-of-state applicants with revoked licenses based upon the same issue, while allowing eligibility for Texas applicants revoked for the same basis, would render an absurd result. The Board seeks to modify the statute to remove this ambiguity and ensure TMB's application of statute is consistent whether an applicant's license was revoked in Texas or another state.
PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION	Amend Texas Occupations Code Sec. 155.003(e)(4) to read as follows: An applicant is not eligible for a license if: (4) the applicant held a license to practice medicine that has been revoked by the licensing authority in this state, another state, or a province of Canada for a reason that is or would be grounds for the board to revoke a license to practice medicine in this state.
DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE	Allows the Board to hold all applicants to a uniform standard thereby eliminating any unfair licensing practices.
SERVICE, STATUTE, RULE, OR REGULATION	**CONTINUING MEDICAL EDUCATION REQUIREMENTS** **Texas Occupations Code Chapter 156, Subchapter B**
DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS	Over the years, the Legislature has mandated specific continuing education (CE) coursework for providers and established unique timing and cadence requirements for that coursework. These additions have made it increasingly difficult for providers to keep track of what they need to take and when they need to take it. Additionally, since providers renew on a staggered basis and not all of them have the same CE requirements, it is administratively difficult for the Board to provide solid guidance to help providers navigate these requirements.

PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION	Streamline continuing education requirements so that the timing and cadence of various requirements is better aligned.
DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE	Streamlining continuing education requirements eases providers' obligations and helps them meet statutory CE standards needed for license renewal.
SERVICE, STATUTE, RULE, OR REGULATION	**SERVICE OF NOTICE** **Texas Occupations Code 164.006**
DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS	The current methods outlined in the statute to provide notice to a respondent of a hearing about the charges against them are antiquated, ineffective and no longer fiscally prudent. Statute requires the use of certified mail. However, certified mail is imperfect as not everyone collects their mail every day or even regularly. Furthermore, there are now more effective ways to deliver, and ensure said delivery, than there were when certified mail was commonly required. Statute also requires publishing notice in the newspaper which is onerous and wholly ineffective at providing any meaningful notice.
PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION	Provide the agency with statutory authority to serve notice via alternative means that are more efficient, reliable, and budget conscious. This should include allowing the Board to rely on the notice and default provisions of the State Office of Administrative Hearings (SOAH) administrative rules for complaints filed with SOAH.

DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE	Certified mail is one of the costliest methods to serve notice because it requires staff to print, mail, stamp and then file return receipts that come back physically in the mail. The cost of publication in newspapers has risen as well. In moving away from these methods, the agency will avoid wasting taxpayer dollars on less effective notification methods.

PART 2. SUPPLEMENTAL SCHEDULES

SCHEDULE A: BUDGET STRUCTURE

GOALS, OBJECTIVES, STRATEGIES, & PERFORMANCE MEASURES

A. Goal: LICENSURE

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

Objective

To ensure 100 percent compliance with Board rules for processing each licensure application in a timely manner in order to protect the public.

A.1.1. Strategy: LICENSING

Conduct a timely, efficient, and cost-effective licensure process through specific requirements for credentials verification of initial licensure and license renewals.

Output Measures (11)

1 Number of New Non-Compact Licenses Issued to Individuals: Physicians

2 Number of New Compact Licenses Issued to Individuals: Physicians

3 Number of New Letters of Qualification Issued to Individuals: Physicians

4 Number of New Licenses Issued to Individuals: Allied Health Professionals

5 Number of New License Issued to Individuals: Physician Limited Licenses

6 Number of New Licenses Issued to Business Facilities

7 Number of Non-Compact Licenses Renewed (Individuals) Physicians

8 Number of Compact Licenses Renewed (Individuals): Physicians

9 Number of Letters of Qualification Re-issued (Individuals): Physicians

10 Number of Licenses Renewed (Individuals): Allied Health Professional

11 Number of Licenses Renewed: Business Facilities

Efficiency Measures (5)

1 Average Number of Days for Non-Compact License Issuance: Physicians

2 Average Number of Days for Compact License Issuance: Physicians

3 Average Number of Days for Letter of Qualification Issuance: Physicians

4 Average Number of Days for Individual License Issuance: Allied Health Professionals

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

Explanatory Measures (6)

1 Total Number of Individuals Licensed: Non-Compact Physician

2 Total Number of Physicians Participating in the Compact: Texas as State of Principal License (SPL)

3 Total Number of Physicians Participating in the Compact: Out-Of-State SPL

4 Total Number of Individuals Licensed: Allied Health Professionals

5 Total Number of Individuals Licensed: Physician Limited Licenses

6 Total Number of Business Facilities Registered

B. Goal: ENFORCE MEDICAL ACT

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

Objective

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

Outcome Measures (8)

1 Percent of Complaints Resulting in Disciplinary Action: Physician

2 Percent of Complaints Resulting in Disciplinary Action: Allied Health Professionals

3 Percent of Complaints Resulting in Remedial Action: Physician

4 Percent of Complaints Resulting in Remedial Action: Allied Health Professionals

5 Percent of Documented Complaints Resolved Within Six Months: Physician

6 Percent of Documented Complaints Resolved Within Six Months: Allied Health Professionals

7 Percent of Complaints Resulting in an Informal Resolution: Physician

8 Percent of Complaints Resulting in an Informal Resolution: 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)**
Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	Number of new standard process licenses issued and standard process licenses reissued after having lapsed, during the reporting period.
Data Limitations	The agency has no control over the number of applicants who seek licensure.
Calculation Method	Cumulative
New Measure	No
Target Attainment	Higher than target
Licensing Output Measure 2	**Number of New Compact Licenses Issued to Individuals: Physicians (Key)**
Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	Number of new licenses issued and licenses reissued after having lapsed to out-of-state physicians through the Compact during the reporting period.
Data Limitations	The agency has no control over the number of applicants who seek licensure.
Calculation Method	Cumulative
New Measure	Yes
Target Attainment	Higher than target
Licensing Output Measure 3	**Number of New Letters of Qualification Issued to Individuals: Physicians (Key)**
Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	Number of new Letters of Qualification issued during the reporting period.
Data Limitations	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.
Calculation Method	Cumulative

New Measure	Yes
Target Attainment	Higher than target
Licensing Output Measure 4	**Number of New Licenses Issued to Individuals: Allied Health Professionals (Key)**
Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's databases.
Methodology	Number of new licenses issued and licenses reissued after having lapsed, during the reporting period.
Data Limitations	The agency has no control over the number of applicants who seek licensure.
Calculation Method	Cumulative
New Measure	No
Target Attainment	Higher than target
Licensing Output Measure 5	**Number of New License Issued to Individuals: Physician Limited Licenses**
Definition	The number of Physician Limited Licenses issued to individuals during the reporting period.

Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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: Physician Graduate licenses, Foreign Physician Provisional licenses, 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.
Data Limitations	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.
Calculation Method	Cumulative
New Measure	No
Target Attainment	Higher than target
Licensing Output Measure 6	**Number of New Licenses Issued to Business Facilities**
Definition	The number of licenses, registrations, and certificates issued to Business Facilities during the reporting period.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Methodology	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.
Data Limitations	The agency has no control over the number of applicants who seek these license types.
Calculation Method	Cumulative
New Measure	No
Target Attainment	Higher than target
Licensing Output Measure 7	**Number of Non-Compact Licenses Renewed (Individuals): Physicians (Key)**
Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	The number of renewal registration permits issued to physicians not licensed through the Compact during the reporting period.
Data Limitations	The agency has no control over the number of individuals who choose to register their license.
Calculation Method	Cumulative
New Measure	No
Target Attainment	Higher than target

Licensing Output Measure 8	**Number of Compact Licenses Renewed (Individuals): Physicians (Key)**
Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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.
Data Limitations	The agency has no control over the number of individuals who choose to renew (register) their license.
Calculation Method	Cumulative
New Measure	Yes
Target Attainment	Higher than target
Licensing Output Measure 9	**Number Of Letters of Qualification Re-issued (Individuals): Physicians**
Definition	The number of Letters of Qualification re-issued to physicians whose State of Principal License is Texas during the reporting period.
Purpose	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.

Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	Number of Letters of Qualification re-issued during the reporting period.
Data Limitations	The agency has no control over the number of applicants who seek a Letter of Qualification.
Calculation Method	Cumulative
New Measure	Yes
Target Attainment	Higher than target
Licensing Output Measure 10	**Number of Licenses Renewed (Individuals): Allied Health Professionals (Key)**
Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's databases.
Methodology	The number of registration permits issued to all licensed Allied Health Professionals during the reporting period.
Data Limitations	The agency has no control over the number of individuals who choose to renew (register) their license.
Calculation Method	Cumulative
New Measure	No
Target Attainment	Higher than target

Licensing Output Measure 11	**Number of Licenses Renewed: Business Facilities**
Definition	The number of registered Business Facilities which completed initial or renewal registrations during the reporting period.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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.
Data Limitations	The agency has no control over the number of business facilities which seek licensure/registration.
Calculation Method	Cumulative
New Measure	No
Target Attainment	Higher than target
Licensing Efficiency Measure 1	**Average Number of Days for Individual Non-Compact License Issuance – Physicians (Key)**
Definition	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.
Purpose	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.

Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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.
Data Limitations	The agency has no control over the number of applicants who seek licensure.
Calculation Method	Non-cumulative
New Measure	No
Target Attainment	Lower than target
Licensing Efficiency Measure 2	**Average Number of Days for Compact License Issuance: Physicians (Key)**
Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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.
Data Limitations	The agency has no control over the number of applicants who seek licensure.
Calculation Method	Non-cumulative
New Measure	Yes

Target Attainment	Lower than target
Licensing Efficiency Measure 3	**Average Number of Days for Letter of Qualification Issuance: Physicians (Key)**
Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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.
Data Limitations	The agency has no control over the number of applicants who seek licensure.
Calculation Method	Non-cumulative
New Measure	Yes
Target Attainment	Lower than target
Licensing Efficiency Measure 4	**Average Number of Days for Individual License Issuance: Allied Health Professionals**
Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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.
Data Limitations	The agency has no control over the number of applicants who seek licensure.
Calculation Method	Non-cumulative
New Measure	No
Target Attainment	Lower than target
Licensing Efficiency Measure 5	**Average Number of Days for Letter of Qualification Re-Issuance: Physicians**
Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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.
Data Limitations	The agency has no control over the number of applicants who seek licensure.
Calculation Method	Non-cumulative
New Measure	Yes
Target Attainment	Lower than target

Licensing Explanatory Measure 1	**Total Number of Individuals Licensed: Non-Compact Physician**
Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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).
Data Limitations	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.
Calculation Method	Non-cumulative
New Measure	No
Target Attainment	Higher than target
Licensing Explanatory Measure 2	**Total Number of Physicians Participating in the Compact: Texas as State of Principal License (SPL) (Key)**
Definition	Number of licensed physicians Licensed in the Compact with Texas as their State of Principal License at the end of the reporting period.
Purpose	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.
Data Source	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.
Methodology	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.
Data Limitations	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.
Calculation Method	Non-cumulative
New Measure	Yes
Target Attainment	Higher than target
Licensing Explanatory Measure 3	**Total Number of Physicians Participating in the Compact: Out-Of-State SPL (Key)**
Definition	Number of Physicians licensed through the Compact whose State of Principal License is another member state at the end of the reporting period.
Purpose	The measure shows the total number of individual licenses currently issued which indicates the size of one of the agency's primary constituencies.
Data Source	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.
Methodology	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.
Data Limitations	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.
Calculation Method	Non-cumulative
New Measure	Yes
Target Attainment	Higher than target
Licensing Explanatory Measure 4	**Total Number of Individuals Licensed: Allied Health Professionals**

Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	The number of active licenses, for all allied health professions license types, at the end of the reporting period.
Data Limitations	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.
Calculation Method	Non-cumulative
New Measure	No
Target Attainment	Higher than target
Licensing Explanatory Measure 5	**Total Number of Individuals Licensed: Physician Limited Licenses**
Definition	Total number of Physician Limited Licenses registered during the reporting period.
Purpose	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, physician graduate licenses, foreign physician provisional licenses, and DSHS-MUA temporary licenses licensed at the end of the reporting period, which indicates the size of other agency constituencies.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	Total number of Physician Limited Licenses registered, active and inactive, but not cancelled or revoked, at the end of the reporting period.

Data Limitations	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.
Calculation Method	Non-cumulative
New Measure	No
Target Attainment	Higher than target
Licensing Explanatory Measure 6	**Total Number of Licensed Business Facilities**
Definition	Total number of business facilities registered during the reporting period.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	Total number of business facilities registered, active and inactive, but not cancelled or revoked, at the end of the reporting period.
Data Limitations	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.
Calculation Method	Non-cumulative
New Measure	No
Target Attainment	Higher than target

B. Goal: ENFORCE MEDICAL ACT

Enforcement Outcome Measure 1	**Percent of Complaints Resulting in Disciplinary Action: Physician (Key)**
Definition	Percent of complaints, which were resolved during the reporting period that, resulted in disciplinary action.

Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	The number of complaints resolved resulting in disciplinary action divided by the total number of documented (jurisdictional) complaints resolved during the reporting period. Action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, rehabilitation and / or fines on which the board has acted.
Data Limitations	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.
Calculation Method	Non-cumulative
New Measure	No
Target Attainment	Higher than target
Enforcement Outcome Measure 2	**Percent of Complaints Resulting in Disciplinary Action: Allied Health Professionals (Key)**
Definition	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.
Purpose	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.

Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database
Methodology	The number of complaints resolved resulting in disciplinary action divided by the total number of documented (jurisdictional) complaints resolved during the reporting period. Action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, rehabilitation and / or fines on which the board has acted.
Data Limitations	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.
Calculation Method	Non-cumulative
New Measure	No
Target Attainment	Higher than target
Enforcement Outcome Measure 3	**Percent of Complaints Resulting in Remedial Action: Physician (Key)**
Definition	Percent of complaints, which were resolved during the reporting period that, resulted in a remedial plan which is a corrective non-disciplinary action.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	The number of complaints resolved resulting in remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
Data Limitations	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.

Calculation Method	Non-cumulative
New Measure	No
Target Attainment	Higher than target
Enforcement Outcome Measure 4	**Percent of Complaints Resulting in Remedial Action:** **Allied Health Professionals (Key)**
Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	The number of complaints resolved resulting in remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
Data Limitations	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.
Calculation Method	Non-cumulative
New Measure	No
Target Attainment	Higher than target
Enforcement Outcome Measure 5	**Percent of Documented Complaints Resolved Within Six Months: Physician**

Definition	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.
Purpose	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.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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.
Data Limitations	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
Calculation Method	Non-cumulative
New Measure	No
Target Attainment	Higher than target
Enforcement Outcome Measure 6	**Percent of Documented Complaints Resolved Within Six Months: Allied Health Professionals**
Definition	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.
Purpose	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.

Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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.
Data Limitations	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.
Calculation Method	Non-cumulative
New Measure	No
Target Attainment	Higher than target
Enforcement Outcome Measure 7	**Percent Complaints Resulting in an Informal Resolution: Physician (Key)**
Definition	The percent of complaints that are within the agency's jurisdiction of statutory responsibility which are resolved without formal disciplinary action due to the nature of the alleged violation, the lack of relevant history of complaints or violations and the lack of any causally related patient harm.
Purpose	In its disposition of complaints, the agency is statutorily required to distinguish among categories of complaints and prioritize them accordingly. This measure captures that effort by demonstrating the number of jurisdictional complaints the agency receives but resolves via non-disciplinary action. These informal resolutions are used to allow agency staff to quickly and efficiently address violations that do not involve severe patient harm or boundary violations without opening a formal investigation.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	The number of complaints received and resolved via an informal process. There will be an independent calculation for complaints which are jurisdictional and filed by the agency.

Data Limitations	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether a warning letter (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
Calculation Method	Non-cumulative
New Measure	Yes
Target Attainment	Higher than target
Enforcement Outcome Measure 8	**Percent Complaints Resulting in an Informal Resolution: Allied Health Professionals**
Definition	Percent of complaints that are within the agency's jurisdiction of statutory responsibility which are resolved without formal disciplinary action due to the nature of the alleged violation, the lack of relevant history of complaints or violations and the lack of any causally related patient harm.
Purpose	In its disposition of complaints, the agency is statutorily required to distinguish among categories of complaints and prioritize them accordingly. This measure captures that effort by demonstrating the number of jurisdictional complaints the agency receives but resolves via non-disciplinary action. These informal resolutions are used to allow agency staff to quickly and efficiently address violations that do not involve severe patient harm or boundary violations without opening a formal investigation.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	The number of complaints received and resolved via an informal process. There will be an independent calculation for complaints which are jurisdictional and filed by the agency.
Data Limitations	The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether a warning letter (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
Calculation Method	Non-cumulative
New Measure	Yes
Target Attainment	Higher than target

B.1.1. Strategy: ENFORCEMENT

Enforcement Output Measure 1	Number of Complaints Resolved: Physician (Key)
Definition	The total number of jurisdictional filed complaints resolved during the reporting period.
Purpose	The measure shows the workload associated with resolving complaints.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database
Methodology	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.
Data Limitations	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.
Calculation Method	Cumulative
New Measure	No
Target Attainment	Higher than target
Enforcement Output Measure 2	**Number of Complaints Resolved: Allied Health Professionals (Key)**
Definition	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.
Purpose	The measure shows the workload associated with resolving complaints.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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.

Data Limitations	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.
Calculation Method	Cumulative
New Measure	No
Target Attainment	Higher than target

Enforcement Efficiency Measure 1	**Average Time for Complaint Resolution: Physician (Key)**
Definition	The average length of time to resolve a jurisdictional filed complaint for all complaints resolved within the reporting period.
Purpose	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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.
Data Limitations	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.
Calculation Method	Non-cumulative
New Measure	No
Target Attainment	Lower than target

Enforcement Efficiency Measure 2	**Average Time for Complaint Resolution: Allied Health Professionals**
Definition	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.
Purpose	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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.
Data Limitations	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.
Calculation Method	Non-Cumulative
New Measure	No
Target Attainment	Lower than target
Enforcement Explanatory Measure 1	**Jurisdictional Complaints Received and Filed: Physician (Key)**
Definition	The total number of jurisdictional complaints filed during the reporting period that are within the agency's jurisdiction of statutory responsibility.
Purpose	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.

Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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).
Data Limitations	The agency has no control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.
Calculation Method	Cumulative
New Measure	No
Target Attainment	Higher than target
Enforcement Explanatory Measure 2	**Jurisdictional Complaints Received and Filed: Allied Health Professionals (Key)**
Definition	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.
Purpose	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
Data Source	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Methodology	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).
Data Limitations	The agency has no control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.

Calculation Method	Cumulative
New Measure	No
Target Attainment	Higher than target

B.1.2. Strategy: PHYSICIAN HEALTH PROGRAM

Output Measure 1	**Number of Physicians Voluntarily Participating in TXPHP (Key)**
Definition	The number of physicians and medical students who self-referred to the Texas Physician Health Program during the fiscal year.
Purpose	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.
Data Source	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.
Methodology	Reports will include the number of licensed individuals, as well as medical students, enrolled in the program during the respective quarter.
Data Limitations	TXPHP has no control over how many participants will enter into the program.
Calculation Method	Non-Cumulative
New Measure	No
Target Attainment	Higher than target
Output Measure 2	**Number of Allied Health Professionals Voluntarily Participating in TXPHP (Key)**
Definition	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).
Purpose	This measure shows the number of allied health professionals who self-referred and are participating in the Texas Physician Health Program.

Data Source	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.
Methodology	Reports will include the number of allied health professionals enrolled in the program during the respective quarter.
Data Limitations	TXPHP has no control over how many participants will enter into the program.
Calculation Method	Non-Cumulative
New Measure	No
Target Attainment	Higher than target
Output Measure 3	**Number of Physicians Ordered to Participate in TXPHP (Key)**
Definition	The number of physicians and medical students who were ordered to participate in the Texas Physician Health Program during the fiscal year.
Purpose	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.
Data Source	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.
Methodology	Reports will include the number of licensed individuals, as well as medical students, who are enrolled in the program due to a disciplinary order entered during the respective quarter.
Data Limitations	TXPHP has no control over how many participants will enter into the program.
Calculation Method	Non-Cumulative
New Measure	No
Target Attainment	Higher than target
Output Measure 4	**Number of Allied Health Professionals Ordered to Participate in TXPHP (Key)**
Definition	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).
Purpose	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.
Data Source	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.
Methodology	Reports will include the number of allied health professionals who are enrolled in the program due to a disciplinary order entered during the respective quarter.
Data Limitations	TXPHP has no control over how many participants will enter into the program.
Calculation Method	Non-Cumulative
New Measure	No
Target Attainment	Higher than target

B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION

Output Measure 1	**Number of Unique Outreach Efforts**
Definition	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.
Purpose	This measure shows the agency is providing ongoing information to its licensed professionals and to the public.
Data Source	Data regarding the number of newsletters, press releases, off-site and web-based information presentations executed is collected by agency staff and stored electronically.
Methodology	The total number of unique outreach efforts: newsletters, press releases, off-site and web-based information presentations executed by agency staff.

Data Limitations	Press release volume is variable depending on agency happenings. The agency has no control over the number of education presentations requested.
Calculation Method	Cumulative
New Measure	No
Target Attainment	Higher than target

SCHEDULE C: HISTORICALLY UNDERUTILIZED BUSINESS PLAN

Pursuant to 34 Texas Administrative Code §20.284, state agencies are required to make a good faith effort to increase participation by certified HUB businesses in state procurement and contracting opportunities. The goal of this good faith effort is to ensure that a fair share of state business is awarded to Veteran Heroes United in Business (VetHUB). To be certified as HUB, a business must:

- Be at least 51% owned by a Service-Disabled Veteran;
- Maintain its principal place of business in Texas;
- Have an owner residing in Texas with a proportionate interest that actively participates in the control, operations and management of the entity's affairs; and
- Meet the Small Business Administration (SBA) size standards set forth in the business categories of 13 CFR, section 121.201

Use of HUB

The HUB program is governed by Texas Government Code, Title 10, Subtitle D, Chapter 2161, and implementing rules established by the Texas Comptroller of Public Accounts in 34 Texas Administrative Code, Chapter 20, Subchapter D, Division 1. The program is intended to promote increased participation in state contracting opportunities by eligible Service-Disabled Veteran-owned small businesses.

HUB Participation

The Texas Medical Board (TMB) will continue 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

TMB will focus on increasing participation opportunities for certified HUB businesses in agency procurement and contracting activities. TMB will promote awareness of contracting opportunities for eligible service-disabled veteran-owned small businesses through outreach, education, and engagement efforts. TMB will distribute information regarding the HUB program through vendor outreach events.

HUB Goal

To make a good faith effort to award procurement opportunities to certified HUB businesses.

HUB Objective

To make a good faith effort to increase utilization of HUBs. TMB strives to support the statewide HUB program established by the Texas Comptroller of Public Accounts (CPA). Policies will be implemented to ensure that contracts are awarded to HUB vendors who provide the best value and are the most cost-efficient for TMB. TMB is committed to increasing procurement opportunities with HUB vendors and will continue to identify and explore new opportunities for participation whenever possible.

HUB Strategy

To meet 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 agency coordinator meetings and HUB agency functions;
- Utilizing HUB resellers from the Department of Information Resources' contracts as often as possible; and
- Promoting Service-Disabled Veteran-Owned businesses in in the competitive bid process on all goods and services.

SCHEDULE D: STATEWIDE CAPITAL PLAN *(NOT APPLICABLE TO TMB)*

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

SCHEDULE F: AGENCY WORKFORCE PLAN

SECTION I: OVERVIEW

MISSION

The mission of the Texas Medical Board (TMB or agency) 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.

TMB currently regulates, through licensure and enforcement, over 180,000 licensees and entities and is responsible for approximately 26 different types of licenses, permits, and certifications. Although TMB provides direct services to these licensees, its primary responsibility is to protect the public by assuring professional standards and accountability of those who provide care to Texas patients.

ORGANIZATIONAL STRUCTURE

TMB is overseen by a nineteen-member policymaking board appointed by the governor with the advice and consent of the senate. The board is made up of twelve physicians and seven members of the public. The board also oversees the boards for the Texas State Board of Acupuncture Examiners, Texas Physician Assistant Board, Texas Board of Medical Radiologic Technology, and the Texas Board of Respiratory Care as well as the advisory committees for Medical Physicist Licensure and Perfusionist Licensure. Each board consists of nine members appointed by the governor with the advice and consent of the senate except for the Texas Physician Assistance Board who has thirteen members. The advisory committees are served by seven members appointed by the TMB president.

An Executive Director, appointed by the nineteen-member board, serves as the chief executive and administrative officer of the board who is responsible for the administration and enforcement of the Texas Medical Practice Act and other applicable laws. A Medical Director, who is a licensed physician in Texas, is employed by the Executive Director and is responsible for implementing and maintaining policies, systems, and measures regarding clinical and professional issues and determinations by the board. TMB is organized into three core business functions; Licensing, Enforcement, and Administrative Support, rather than by license type, to increase the efficiency of operations in a cost-effective manner.

CORE BUSINESS FUNCTIONS

TMB has three core business functions:

- Licensing – includes the Licensure and Registrations departments. Licensure processes applications and permits for medical and health professionals, facilities, and entities. Registrations manage license and permit renewals, performs criminal history background checks, audits continuing education requirements, and licenses physicians through the Interstate Medical Licensure Compact pathway.

- Enforcement –includes Investigations, Litigation, Compliance, the Office of the General Counsel, and Operations Support. Investigations reviews complaints against licensed professionals and entities. Litigation handles disciplinary hearings before board panels and the State Office of Administrative Hearings. Compliance monitors adherence to disciplinary orders. General Counsel provides legal support to the Executive Director, board members, committees, and staff. Operations Support provide operational assistance.

- Administrative Support – includes the Office of the Executive Director, Finance, Strategic Initiatives, Human Resources, Information Technology, and Governmental Affairs and Communications. These areas provide executive oversight, financial management, data analysis, workforce support, technology services, communications, legislative coordination, procurement, and workplace safety, and other support services. The Executive Director also oversees the Texas Physician Health Program, which supports licensees with mental health or substance use disorders.

GOALS, OBJECTIVES AND STRATEGIES

Goal A - 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 TMB and its associated boards and advisory committees.
Objective A.1	To ensure 100 percent compliance with board rules for processing each licensure application in a timely manner in order to protect the public.
Strategy A.1.1	Conduct a timely, efficient, and cost-effective licensure issuance and renewal process by which credentials are verified and applications are reviewed.
Goal B – Enforce Acts	To protect the public by conducting investigations of allegations against licensees and taking appropriate corrective and/or disciplinary action when necessary; by educating the public, staff, and licensees regarding the functions and services of the Texas Medical Board, and its associated boards and advisory committees.
Objective B.1	To ensure 100 percent timely due process of all enforcement cases and to respond to all complaints in order to protect the public.
Strategy B.1.1	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 B.1.2	Protect Texas citizens by identifying potentially impaired physicians and other license types regulated by TMB's associated boards and committees, directing these practitioners to evaluation and, if necessary, to treatment and monitoring for the participants in recovery.
Objective B.2	To maintain 100 percent of the agency's ongoing public awareness programs through public presentation, outreach to medical societies and professional associations, medical school visits, agency website and publications, and appropriate social media.
Strategy B.2.1	Provide public awareness and educational programs to educate the public and licensees regarding the agency's functions, services, and responsibilities

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

No anticipated changes to the agency's mission, goals, or strategies are anticipated in the next five years.

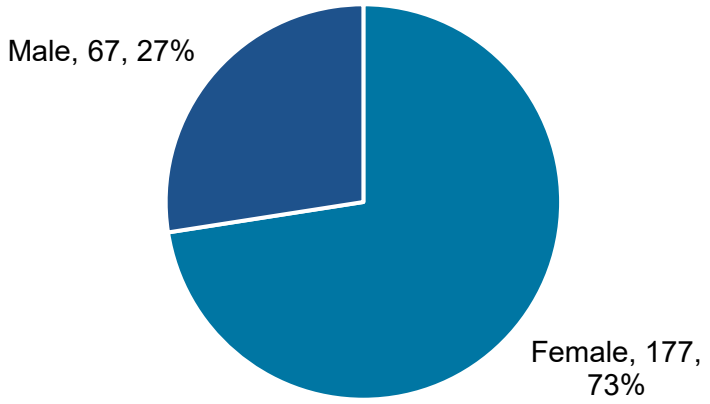
SECTION II: CURRENT WORKFORCE PROFILE

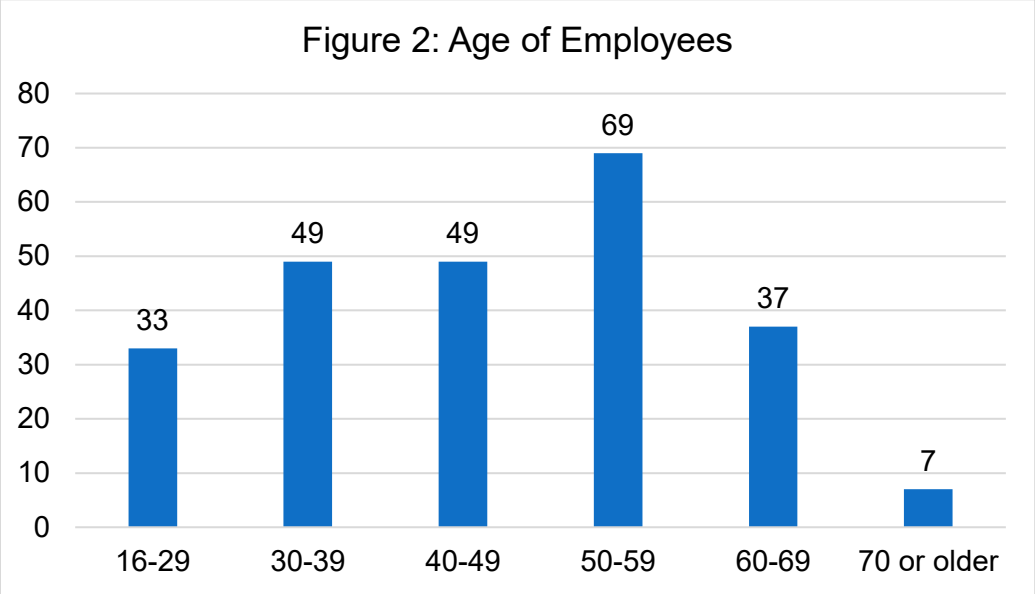
EMPLOYEE DEMOGRAPHICS

Gender and Age

TMB's workforce is comprised of 73 percent females (177 employees) and 27 percent males (67 employees) for fiscal year 2025, as presented in figure 1. Ages of TMB's workforce are grouped into categories with 66 percent (162 employees) making up the total workforce at the age of 40 or over for fiscal year 2025, as presented in figure 2.

Figure 1: Number of Employees by Gender

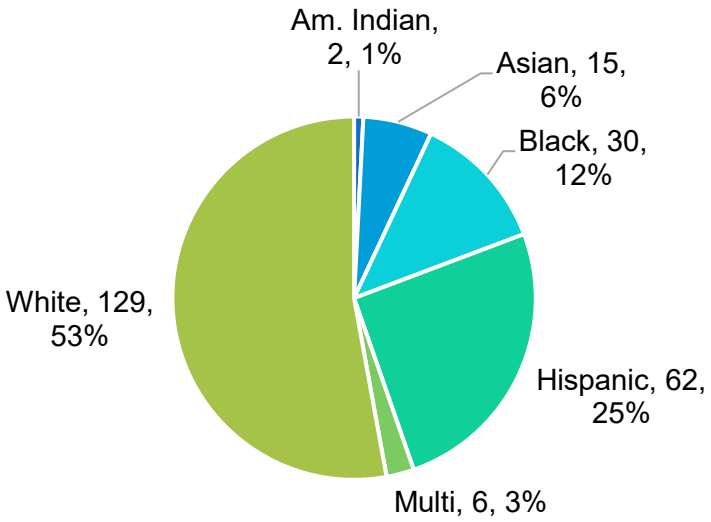




Ethnicity

As seen in figure 3, in fiscal year 2025, 53 percent of TMB employees (129 employees) identified as White, followed by 25 percent (62 employees) identifying as Hispanic. African Americans represented 12 percent (30 employees) of the workforce, while Asians accounted for 6 percent (15 employees). The remaining 4 percent (8 employees) consisted of individuals from other ethnic backgrounds.

Figure 3: Employee Count by Ethnicity



Length of Service

The approximate average length of service for TMB's workforce in fiscal year 2025 is 7.4 years. The majority, 49.59 percent (121 employees), have been employed with the agency for four or less years, as presented in figure 4.

Figure 4: Employee Count by Years of Agency Service

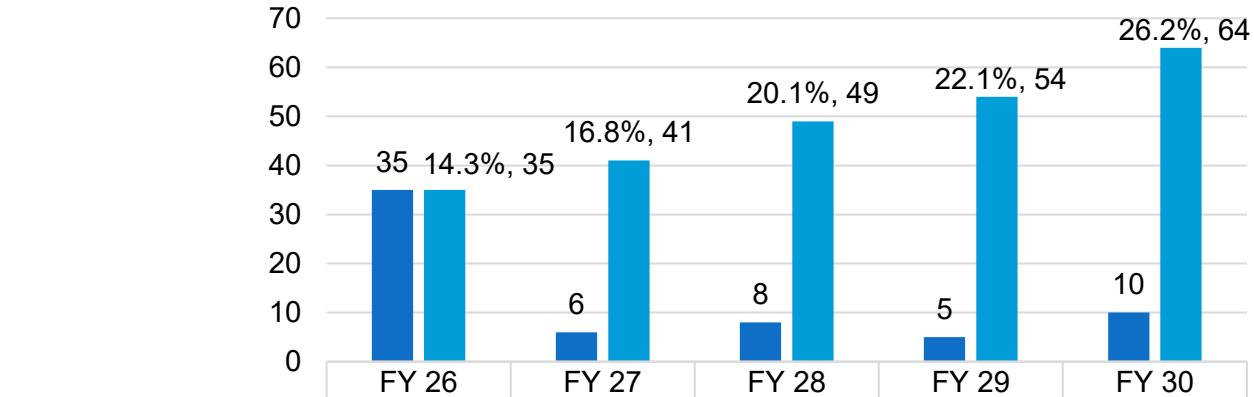
Years of Service	Employee Count	Percentage
0-4 years	121	49.59%
5-9 years	39	15.98%
10-14 years	46	18.85%
15-19 years	27	11.07%
20-24 years	5	2.05%
25-29 years	5	2.05%
30+ years	1	0.41%
Grand Total	**244**	**100.00%**

RETIREES

Workforce Retirement Eligibility

TMB estimates approximately 14.3 percent (35 employees) of its workforce will be eligible, or possibly eligible, to retire by the end of fiscal year 2026, as presented in figure 5. This number increases to 16.8 percent, or 41 employees, eligible to retire in fiscal year 2027. The top two impacted departments within TMB are Investigations and Enforcement. Additionally, five members of TMB's leadership team will be eligible to retire as of August 31, 2026.

Figure 5: Projected Retirement Eligibility



	FY 26	FY 27	FY 28	FY 29	FY 30
Sum of Newly Eligible	35	6	8	5	10
Sum of Total Eligible	35	41	49	54	64

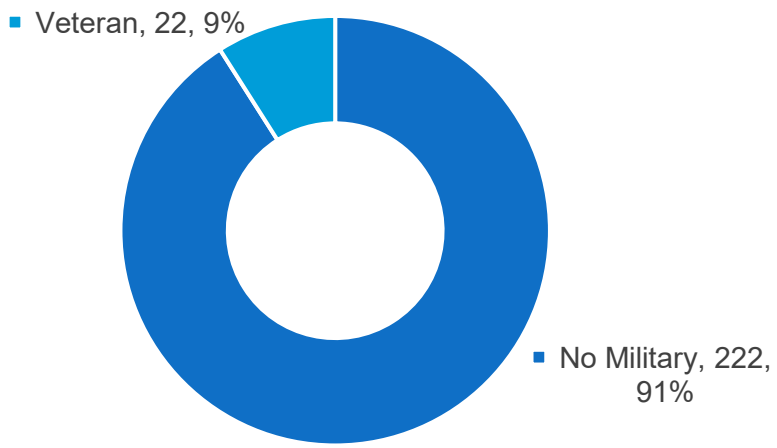
Return-to-Work Retirees

Additionally, TMB currently employs 22.18 percent (11 employees) return-to-work retirees as of its total workforce, that bring with them invaluable expertise in state and institutional matters.

VETERAN REPRESENTATION

TMB employed 9 percent of veterans (22 employees), in fiscal year 2025 as presented in figure 6. TMB has designated a veteran liaison in the Human Resources department who works closely with hiring supervisors to communicate and participate in veteran hiring initiatives.

Figure 6: Vetern Employment

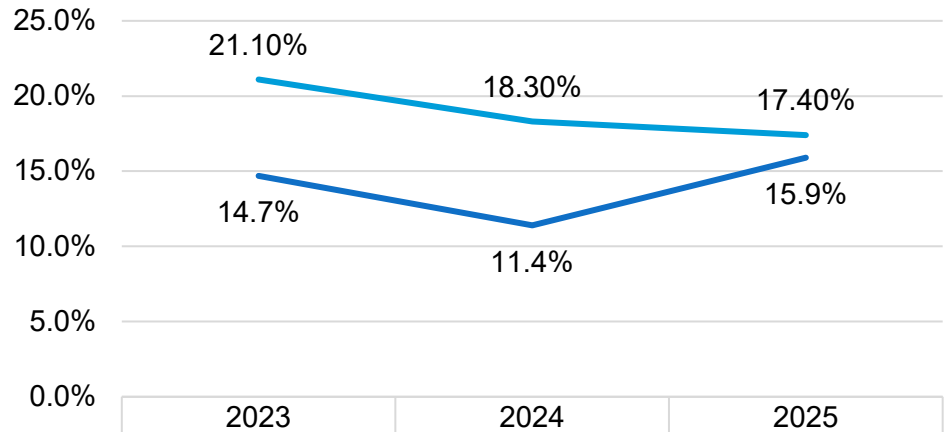


TURNOVER ANALYSIS

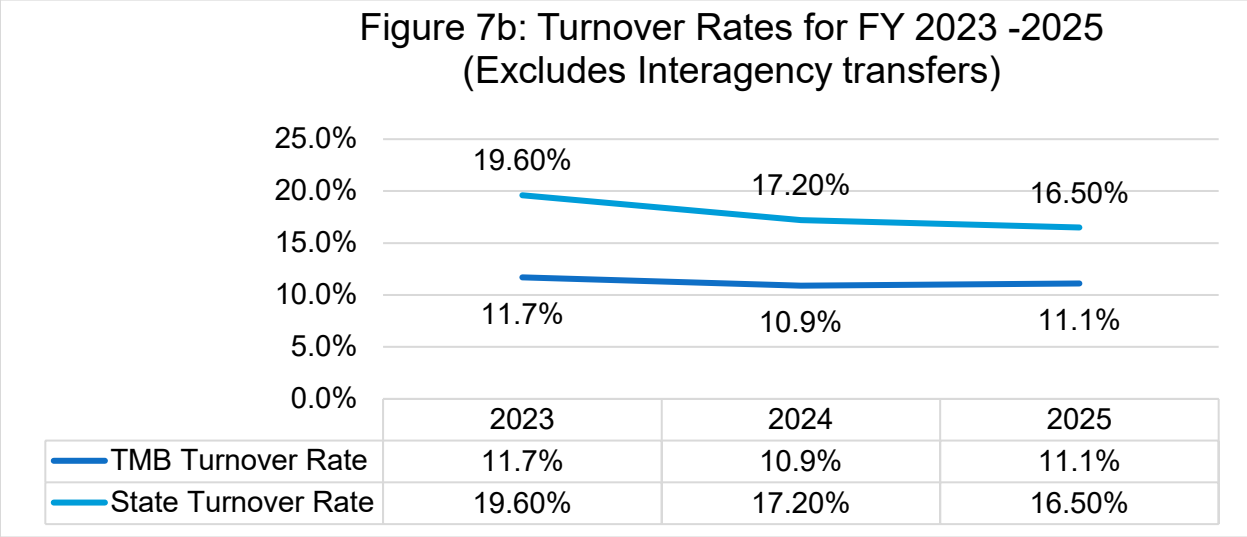
Overall Turnover

Beginning in fiscal year 2023, TMB's employee turnover rates dropped and remained below the statewide turnover rates, as presented in figure 7a (includes interagency transfers) and 7b (excludes interagency transfers). Higher compensation and work life balance continue to be the main reasons for employees leaving TMB as indicated through internal exit interviews and the 2026 Survey of Employee Engagement (SEE). While the 89th Texas Legislature provided salary adjustments for Attorneys (6%), no statewide cost-of-living increase was provided for all state employees. Additionally, data shows that TMB continues to lose employees to other state agencies with higher competitive salaries.

Figure 7a: Turnover Rates for FY 2023 -2025
(Includes Interagency transfers)

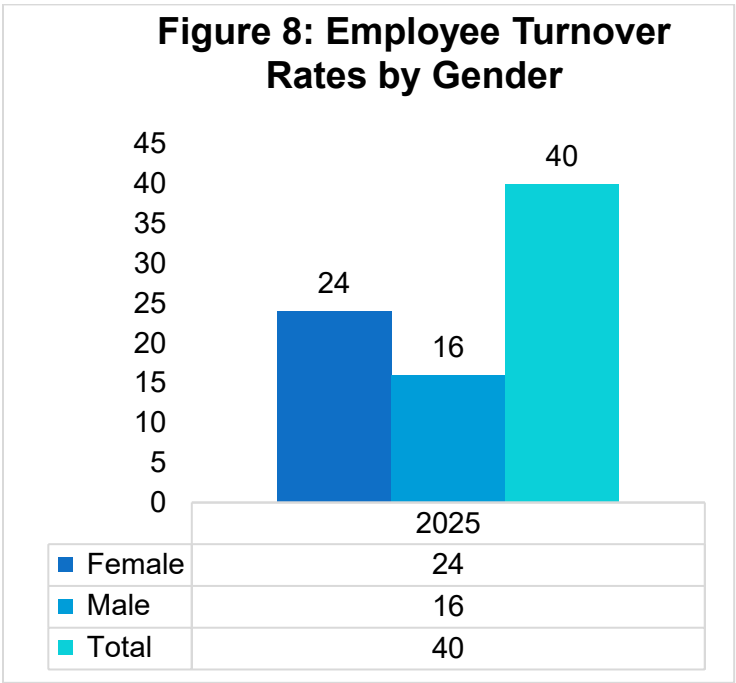


	2023	2024	2025
TMB - Turnover Rate	14.7%	11.4%	15.9%
State Turnover Rate	21.10%	18.30%	17.40%



Turnover by Gender

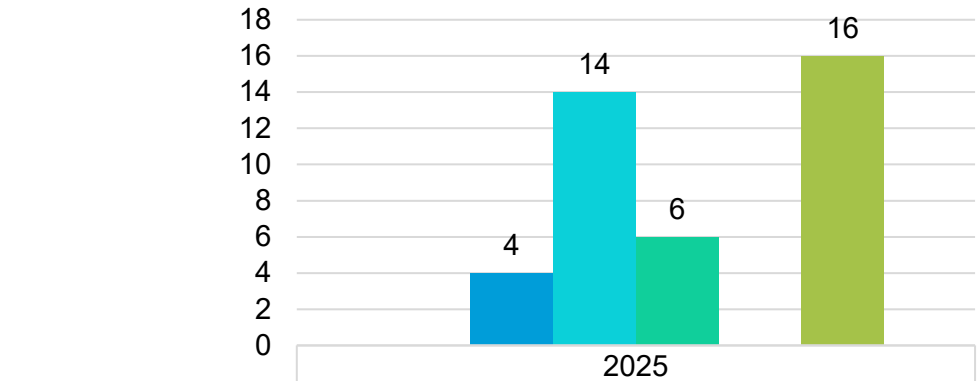
During FY2025, as represented on figure 8, approximately overall turnover percentage was 16.4%, with female employee turnover representing 9.8 percent (24 female employees) and male turnover representing 6.6 percent (16 male employees).



Turnover by Ethnicity

Figure 9 reflects employee turnover by ethnicity for FY25. White employees accounted for the highest percentage of turnover at 6.56 percent (16 employees), followed by Black employees at 5.74 percent (14 employees), Hispanic employees at 2.46 percent (6 employees) and Asian employees at 1.64 percent (4 employees).

Figure 9: Employee Turnover Rates by Ethnicity



	2025
American Indian or Alaskan Native	0
Asian	4
Black	14
Hispanic	6
Two or More Races	0
White	16

Turnover by Job Classification

Figure 10 provides employee turnover by job classification for FY25. The top three highest job classifications continue to be Investigators, License and Permit Specialists, and Attorneys. The Clerk job classification is primarily associated with higher education internship positions, where employees often separate upon completion of educational programs or to pursue other career advancement opportunities. Turnover within certain classifications, particularly Investigator position, which require an active Texas Registered Nurse or Licensed Vocational Nurse, are difficult to recruit and retain due to external market factors that include higher compensation opportunities, sign-on incentives offered by private medical entities. Additionally, the agency's budget does not provide flexibility to compete with competing salaries at other state agencies and opportunities for remote work continues to be not available to our License and Permit Specialists positions in the Call Center.

Figure 10: Turnover by Job Classification

Job Classification	Terminations
Accounting Technician	1
Attorney	5
Clerk	6
Cybersecurity Analyst	1
Deputy Director	1
Director	2
Executive Assistant	1
Government Relations Specialist	1

Human Resources Specialist	1
Investigator	6
IT Support Specialist	2
Legal Assistant	3
License and Permit Specialist	6
Program Specialist	2
Research Specialist	1
Staff Services Officer	1

WORKFORCE SKILLS CRITICAL TO TMB'S MISSION AND GOALS

Workforce skills critical to the success of TMB's mission and goals include the following abilities and competencies for employees to effectively perform their job tasks

Accounting and Financial Management	Ethical Judgment and Risk Assessment	Negotiation
Adaptability and Change Management	Inspections and auditing	Policy development and Implementation
Attention to detail	Interpersonal skills and teamwork	Project and Process Management
Customer Service and Communication	Investigation and case development	Regulatory compliance and Enforcement
Coding and Programming	Leadership and Supervisory Skills	Knowledge Transfer
Critical thinking and Problem-solving	Legal Research and Policy Interpretation	Business Analysis and Systems Development
Data analysis and reporting	Medical terminology and technical writing	Time Management
Cybersecurity Awareness	Technology Proficiency	Strategic Thinking

WORKFORCE ALLOCATION

Department Allocation

The Investigations Department is TMB's largest department with 20 percent, (48 employees) followed by Licensure Department with 17 percent, (41 employees). Information on TMB's workforce allocation by department is presented in figure 11.

Figure 11: Department Workforce Allocation

Departments	Headcount	Percentage
Compliance	13	5%
Executive	11	5%
Finance	20	8%
General Counsel	8	3%
Governmental Affairs & Comm.	5	2%
Human Resources	5	2%

Investigations	48	20%
IT	19	8%
Licensure	41	17%
Litigation	20	8%
Operations Div	13	5%
Physician Health Program	8	3%
Registrations	33	14%
Grand Total	244	100%

Occupational Category

Administrative Support, Program Management, Compliance, Inspection, and Investigation, and Legal occupational categories make up 83.79 percent of the agency's workforce allocation, as presented in Figure 12.

Figure 12: Occupational Categories

Occupational Category	Percentage
Accounting, Auditing, and Finance	3.68%
Administrative Support	40.00%
Compliance, Inspection, and Investigation	12.44%
Human Resources and Training and Development	1.59%
Information and Communication	1.99%
Information Technology	6.87%
Legal	10.85%
Library and Records	0.40%
Other	0.40%
Planning, Research, and Statistics	0.50%
Program Management	20.50%
Property Management and Procurement	0.40%
Social Services	0.40%
Grand Total	**100.00%**

SECTION III: FUTURE WORKFORCE PROFILE

FUTURE WORKFORCE SKILLS

TMB continues to modernize its external systems and internal operations to improve customer service, operational efficiency, and regulatory responsiveness. In fiscal year 2026, the agency launched its redesigned public-facing website to enhance accessibility and improve service delivery for licensees, applicants, complainants, and the public. As modernization efforts continue, the agency requires additional specialized workforce skills, particularly in information technology, litigation, and investigations, to support evolving technology systems, complex enforcement activities, and the efficient delivery of regulatory services.

INFLUENCING FACTORS IN THE LABOR MARKET

TMB continues to operate in a highly competitive labor market for professionals in information technology, legal services, and investigations. Competition from private sector employers, other state agencies, and local governments continues to impact the agency's ability to recruit and retain qualified staff, particularly in roles supporting system modernization, cybersecurity, litigation, and complex enforcement and investigative work.

As the agency advances modernization efforts and expands technology-driven operations, demand remains high for employees with skills in automation, data analytics, systems integration, and digital workflow management. At the same time, attorneys and investigators with regulatory and enforcement experience are increasingly difficult to recruit and retain due to case complexity and broader market demand. Broader workforce expectations, such as career development, flexibility, and succession planning, also continue to influence staffing levels.

STAFFING LEVELS

Salaries

The most significant factor influencing TMB's ability to compete in the labor market is salary competitiveness and the availability of funding to match compensation offered by other state agencies, local governments, and the private sector. Salary pressure is expected to continue increasing as demand for skilled professionals grows, particularly in information technology, healthcare, business analysts, finance, and legal occupations**.**

Other Factors

Additional workforce considerations include employee expectations related to work-life balance and the desire to contribute meaningfully to mission-driven work. While the private sector may have greater flexibility to adjust compensation and staffing levels in response to workload demands, TMB must balance these expectations within the constraints of the state budget and established compensation structures.

REQUIRED CRITICAL FUNCTIONS

TMB continues to identify critical functions necessary to maintain continuity of operations, fulfill statutory and regulatory responsibilities, and ensure timely and effective service delivery to licensees and the public. These functions include:

- Licensing and registration activities;
- Complaint intake and investigations;
- Enforcement and disciplinary case management;
- Compliance monitoring;
- Customer service; and
- Information technology operations.

These operational areas require specialized technical knowledge, regulatory expertise, analytical decision-making, and coordination across multiple departments. The agency continues to experience workforce challenges in key areas, particularly involving attorneys, investigators, and information technology professionals needed to support increasingly complex enforcement matters, modernization efforts, workflow automation, and technology integration initiatives.

The agency's workforce assessment identified operational areas that rely heavily on institutional knowledge and manual processes. To reduce operational risks and support long-term workforce

sustainability, TMB continues to improve workflow efficiencies, enhance reporting capabilities, expand documentation of key processes, and implement technology solutions that support continuity of operations and improved public service delivery.

SECTION IV: GAP ANALYSIS

RESOURCES AND SKILL REQUIREMENTS

Shortages

TMB continues to experience staffing shortages in three critical areas: Litigation, Investigations, and Information Technology. Litigation attorneys and investigators are essential to managing increasingly complex cases, supporting timely enforcement actions, and ensuring thorough case development and disciplinary proceedings. In addition, strengthening IT staffing remains a priority to support system modernization efforts, including programming, cybersecurity, data management, and systems integration.

As the agency transitions to more advanced technology systems and continues to grow, there is an increasing need for skilled personnel with expertise in modern information technology. These roles are essential not only for implementing new systems but also for developing training materials, producing procedural documentation, and creating operational guides to support effective use across departments.

To address these workforce and operational gaps, the agency recognizes the need to strengthen workforce capabilities through strategic initiatives focused on the following areas:

- Automation technologies
- Artificial intelligence-assisted processes
- Data analytics and reporting
- SQL and database management
- Digital workflow management
- Project coordination and business analysis
- Technology systems support and integration
- Customer service and communication skills

Additionally, the agency will continue assessing workforce skills to identify operational gaps and implement strategies that promote long-term sustainability, including:

- Expanding cross-training to improve knowledge transfer and operational continuity
- Enhancing process of documentation and standardization
- Strengthening reporting and analytics capabilities
- Evaluating opportunities for AI-assisted operational support
- Expanding automation and workflow improvements to reduce reliance on manual processes

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

Surpluses

With the continued transition to more advanced technology systems, employees performing administrative duties will need to be trained to learn new skills and provided with new opportunities to develop new work skills in their current departments or other departments or sections to continue supporting the mission of the agency.

IDENTIFIED RISKS

Workforce shortages and operational risks affect the agency's continuity of operations, service delivery, and long-term workforce sustainability. Risks associated with the loss of institutional knowledge, limited staffing depth, employee turnover and retirements, reliance on manual processes, and evolving technology needs may impact the agency's ability to effectively carry out its mission. These challenges directly affect the agency's capacity to license qualified medical and health professionals, investigate complaints filed against licensees, and take appropriate disciplinary action, including revocation of a license when a licensee poses a significant threat to patient safety. Ultimately, these functions are critical to protecting public health and safety in the State of Texas.

SECTION V: WORKFORCE STRATEGIES

TMB identified workforce strategies focused on succession planning, employee development, recruitment and retention, employee engagement, and wellness. With leadership support, these strategies will strengthen operational continuity and consistency, improve collaboration and morale, enhance workforce readiness and staff development, support the recruitment and retention of knowledgeable staff, and assist in addressing potential retirements.

Succession Planning

Several leadership and mission-critical positions are currently eligible or nearing retirement eligibility. These potential retirements present a risk of losing institutional knowledge and operational expertise. To support continuity of operations, the agency will implement the following actions:

- Identify and develop high-potential employees for advancement
- Train employees with leadership development programs
- Ensure knowledge transfer and document critical processes
- Implement formal mentorship opportunities

These actions will support continuity of operations, improve workforce readiness, and help address potential retirements and agency operational changes and future work demands.

Survey of Employee Engagement

The Institute of Organizational Excellence administered the Survey of Employee Engagement (SEE) to TMB employees in February 2026. Out of 246 employees invited, 212 responded, resulting in a strong participation rate of 86.2%, indicating employee investment in the organization and expectations for leadership to act on results. The agency's overall score was 396, down slightly from a score of 406 in 2024. Results show consistent strengths in Supervision, Workplace, and Workgroup, each scoring above 375, while Pay (266), Employee Development, and Benefits remain the primary areas of concern. Pay continues to be the lowest-rated factor and a persistent driver of dissatisfaction compared to similar organizations.

In response to employee feedback, TMB continues to implement targeted strategies in the areas of employee development, recruitment and retention, engagement, and employee wellness.

Employee Development

TMB will continue investing in employee development through internal and external training opportunities to strengthen workforce capabilities and support career growth. Key focus areas include:

- Communication skills
- Leadership and first-time manager development

- Decision-making skills
- Supervisory and people management training
- Team building and collaboration

These efforts are intended to improve employee performance, enhance workforce readiness, and strengthen overall operational effectiveness.

Recruitment and Retention

The agency will continue strengthening recruitment and retention efforts by improving hiring processes through the upcoming enhanced CAPPS recruitment component, expanding outreach through job fairs and interagency networking, and promoting employee development opportunities that support a positive work environment.

The agency's higher education internship program will continue to serve as a key recruitment pipeline by providing students with hands-on experience and a pathway to employment; to date, at least four interns have transitioned into budgeted positions.

In addition, updated job descriptions and a recent compensation analysis conducted by the Finance team in preparation for the Legislative Appropriation Request (LAR) will support workforce planning, recruitment and retention strategies, and career growth alignment. Based on this analysis, the agency will evaluate the development of career ladders and potential classification adjustments to strengthen long-term retention and advancement opportunities.

Engagement

TMB recognizes the importance of employee engagement in maintaining a productive and positive work environment. Quarterly Town Hall meetings will continue to provide opportunities for open communication, leadership updates, discussion of agency initiatives (including budget and Legislative Appropriation Request updates), and team-building activities.

The internal newsletter, Board Broadcast, will continue to be distributed monthly to share agency updates, operational news, employee milestones, spotlights, benefits information, and wellness resources.

Employee Wellness

TMB continues to recognize the importance of employee wellness and work-life balance, which is also promoted in job vacancies. Human Resources will continue supporting wellness through training and webinar sessions focused on workplace well-being, while ensuring easy access to the Employee Assistance Program via the Human Resource's intranet. Employee wellness is further supported through several agency benefits and practices, including:

- Exercise time
- Flexible work schedules
- Telework arrangements
- Agency-sponsored work activities that promote engagement and job satisfaction

These efforts reflect the agency's ongoing commitment to supporting employee well-being and a healthy work environment.

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

SCHEDULE H: REPORT ON CUSTOMER SERVICE

I. AGENCY OVERVIEW

The mission of the 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 190,000 license, permit, and registration holders and received over 9,655 complaints in FY 25. 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 25 - 26.

Table 1 – Customers by Strategy and Services for FY 25 - 26	
Licensing & Administrative Strategies – includes information and services provided by three departments (1) Licensing, (2) Registration and (3) Registration – Call Center	
Customer Categories	Services and Information Received
1) Applicants for licenses or permits **2) Current license or permit holders**	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. • 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

1 & 2 above as well as all categories of TMB customers including: **3) General Public (including patients)**	Customer Service Support - 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. The Registrations Department responds to the email received via the Customer Service email address and forwards to the appropriate departments as necessary.
4) Health Care Entities and State Regulatory Boards seeking verification of licensure	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.
Enforcement Strategy – includes information and services provided by four departments (1) Enforcement Support, (2) Investigations, (3) Litigation, and (4) Compliance	
Customer Categories	Services Received
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.* **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.* **7) Probationers** – *a licensee fulfilling the terms of a remedial/corrective action or disciplinary order.*	A complaint received by TMB against a licensed individual or entity triggers the enforcement process. 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. 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.
Physician Health Program Strategy – information and services provided by the Texas Physician Health Program	
Customer Categories	Services Received

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**.	The Texas Physician Health Program (PHP) is administratively attached to the Texas Medical Board, but overseen by an 11-member governing board. 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.

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.

Customer Categories	Services Received
In addition to many of the customers listed above, the following groups are also served by these departments. **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**	A wide variety of information and services are provided including: - TMB Website - Outreach presentations to medical societies, medical and mid-level practitioner schools, hospitals, and professional associations - Responses to constituent information requests - Policy, rules, and regulations information - Responses to media inquiries - Open Records responses - TMB Data Products

III. DESCRIPTION OF THE SURVEY PROCESS

This year's survey focused on the satisfaction of the agency's facilities, staff interactions, communications, website, complaint handling process, timeliness, printed information, and overall satisfaction with the agency. TMB created an online survey which was published to the homepage with a hyperlink directing customers to the online survey; published the hyperlink on the agency's 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, and the information was also included in bulk mailer communications. The survey was open from April 20, 2026 until May 18, 2026.

The first question was meant to identify the participant's demographic category. The next eight items asked the participants specifically to rank their satisfaction level with TMB. The survey required responses to all nine items for submission. Ratings ranged from **Very Satisfied – Satisfied – Neutral – Unsatisfied – Very Unsatisfied – Not Applicable.**

IV. CUSTOMER SATISFACTION SURVEY RESULTS AND ANALYSIS

There were 146 survey participants. Participants primarily identified themselves as “Current Licensee” (138), followed by “Applicant” (3) and “Public” (3), “Applicant” (30), “Stakeholder” (2), and “Other” (0). ***See Table 1***.

Table 1

Summary of Responses to Item #1						
	Current Licensee	**Applicant**	**Public**	**Stakeholder**	**Other**	**Total**
1) Which category best describes you?	95% 138	2% 3	2% 3	1% 1	0% 0	146

The majority of participants were either “Neutral”, “Very Unsatisfied” or selected “Not Applicable” for survey items 2-9.

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

Surveying participants regarding their satisfaction with TMB facilities, 58% were neutral or very unsatisfied, 24% indicated N/A; 54% were neutral or very unsatisfied with staff interactions, 25% indicated N/A; 77% were neutral or very unsatisfied with agency communications, 7% indicated N/A; 74% were unsatisfied or very unsatisfied with the agency’s website, 1% indicated N/A; 58% were neutral or very unsatisfied with the complaint handling process, 29% indicated N/A; 74% were unsatisfied or very unsatisfied with the agency’s timeliness, 8% indicated N/A; 48% were neutral or very unsatisfied with agency brochures or other printed information, 34% indicated N/A. Finally, 10% of the survey participants had overall satisfaction with the agency. ***See Table 2.***

Table 2

	Very Satisfied	**Satisfied**	**Neutral**	**Unsatisfied**	**Very Unsatisfied**	**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?	5% 7	4% 6	13% 19	9% 13	45% 66	24% 35

3) How satisfied are you with agency staff, including employee courtesy, friendliness, and knowledgeability, and whether staff members adequately identify themselves to customers by name, including the use of name plates or tags for accountability?	7% 10	3% 4	18% 27	11% 16	36% 53	25% 36
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?	4% 6	4% 6	11% 16	8% 11	66% 97	7% 10
5) How satisfied are you with the agency's Internet site, including the ease of use of the site, mobile access to the site, information on the location of the site and the agency, and information accessible through the site such as a listing of services and programs and whom to contact for further information or to complain?	5% 7	8% 11	12% 18	13% 19	61% 89	1% 2

6) How satisfied are you with the agency's complaint handling process, including whether it is easy to file a complaint and whether responses are timely?	3% 5	3% 4	21% 30	7% 10	37% 54	29% 43
7) How satisfied are you with the agency's ability to timely serve you, including the amount of time you wait for service in person?	3% 5	3% 5	11% 16	12% 18	62% 90	8% 12
8) How satisfied are you with any agency brochures or other printed information, including the accuracy of that information?	3% 5	8% 11	23% 34	7% 10	25% 37	34% 49
9) Please rate your overall satisfaction with the agency.	4% 6	6% 9	8% 12	21% 30	60% 88	1% 1

V. ONGOING MEASURES OF CUSTOMER SATISFACTION

TMB will continue researching other methods to measure customer satisfaction to ensure a robust survey process in future years. The agency generally receives feedback on services and processes throughout a given year from a wide variety of customers that interact with agency departments and processes – ranging from licensees' feedback to interactions with consumers of medical services to feedback from other state agencies and elected officials.

Performance Measures FY 26

Outcome Measures

10% 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 TMB's website when the survey was taking place.

SCHEDULE I: CERTIFICATION OF COMPLIANCE WITH CYBERSECURITY TRAINING

C E R T I F I C A T E

TEXAS MEDICAL BOARD

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

Chief Executive Officer or Presiding Judge	**Board or Commission Chair**
Signature	Signature
Stephen 'Brint' Carlton, J.D.	Sherif Zaafran, M.D.
Printed Name	Printed Name
Executive Director	Board President
Title	Title
June 1, 2026	June 1, 2026
Date	Date

SCHEDULE J: CERTIFICATION OF COMPLIANCE WITH ARTIFICIAL INTELLIGENCE TRAINING

C E R T I F I C A T E

TEXAS MEDICAL BOARD

Pursuant to Government Code, Section 2056.002(b)(12), this is to certify that the agency has complied with the artificial intelligence training required pursuant to the Texas Government Code, Sections 2063.103 and 2063.104.

Chief Executive Officer or Presiding Judge	**Board or Commission Chair**
Stephen Brint Carlton	
Signature	Signature
Stephen ‘Brint’ Carlton, J.D.	Sherif Zaafran, M.D.
Printed Name	Printed Name
Executive Director	Board President
Title	Title
June 1, 2026	June 1, 2026
Date	Date

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