STATUS REPORT
COUNCIL OF FLORIDA MEDICAL SCHOOL DEANS
HEALTH PROFESSIONS WORKFORCE INITIATIVE
June 20, 2003

BACKGROUND:

In May 2002, the Council of Florida Medical School Deans joined the Graduate Medical Education Committee and the Community Hospital Education Council (CHEC) in endorsing the creation of a state-level entity that could to serve as the official state repository for health professions workforce supply and demand data. As envisioned, the state health professions workforce data repository would serve as the official statewide source of valid, objective and reliable data that would be used by state level legislative and executive branch policy-makers to make informed programmatic and fiscal decisions on such issues as:

(a) whether the capacity of the state's health professions education programs (associate, baccalaureate and post-baccalaureate) and graduate medical education programs (internships, residencies and fellowships) are adequate to meet the state's current and projected need for health professionals;
(b) whether the current mix of specialists (in the case of allopathic and osteopathic physicians) is appropriate to meet the state's unique health care needs;
(c) whether existing and proposed programs to encourage health care professionals to practice in under-served areas of the state are positively affecting the geographic distribution of health professionals; and
(d) the role played by undergraduate and graduate medical education and training programs in the production, retention, practice specialty area and practice location of physicians.

Council staff developed a study design that outlined critical questions and issues to be addressed and resolved before specific recommendations could be made to the Legislature and appropriate executive agencies about the feasibility and potential costs associated with creating such an entity in Florida. The Council also solicited endorsement of the initiative from Department of Health Secretary Dr. John Agwunobi, in a letter dated August 8, 2002 (attached). In a letter dated September 4, 2002, Secretary Agwunobi indicated his support of the initiative and appointed a committee of DOH staff to assist Council staff in the conduct of the first phase of the project

STUDY DESIGN:

The study design is comprised of two phases. During Phase One, the focus has been on assessing the allopathic and osteopathic physician workforce. Issues addressed during Phase One are as follows:

A. What do we want to know about the physician workforce in terms of supply?

- where practitioners graduated from medical school
- where practitioners did their residency and it what specialty
- where practitioners live and practice (city, county)
- what specialty practitioners practice
- what kinds of settings are practitioners practicing in (e.g., hospital, private outpatient clinic, group or solo practice, health maintenance organization, government sponsored clinic/facility, etc)
- how long do practitioners anticipate practicing until they retire

B. What data are currently available to answer the questions above?

- from the state boards' licensing process
- from the practitioner profiling process

C. What additional data, if any, is required?

D. What is the best way to collect any additional data that is needed?

E. How do we want to define demand to assess the adequacy of the workforce?

- traditional ratio of # of physicians per 100,000 population
- weighted ratios (adjusted for age of population, unmet demand, etc)
- other methodologies

F. Which staff should be involved in this project and at what point?

- Florida Department of Health (DOH)
- Legislative
- Governor's Office
- Florida Medical Association (FMA)
- Florida Osteopathic Medical Association (FMA)
- Medical Schools
- Florida Hospital Association (FHA)
- Others

G. What can be accomplished by the 2003 legislative session?

- report of findings and recommendations
- draft legislation to implement recommendations, if needed

FINDINGS TO DATE:

A. **Assessment of Data Available from State Board Licensing Function and Practitioner Profiling System:**

Past efforts to collect state-level supply data on physicians have been largely dependent upon data collected by the Florida Board of Medicine and Florida Board of Osteopathic Medicine during the process of determining an applicant's eligibility for an initial license to practice medicine or for renewal of an existing license. The initial licensure process for each board has historically required applicants to provide information on the medical school attended, graduate medical education programs completed, specialty board certification, if any, and intended practice address. In the past, the information maintained by both licensing boards has been difficult to use for physician workforce studies for a variety of reasons. First, the manner in which information was collected from practitioners was typically through open-ended questions, rather than through a format that required the applicant to pick from among a list of specified responses. Second, until relatively recently, the information management systems used by both boards to collect and store data derived from the licensure process has not allowed for these data to be sorted in the manner necessary to produce useful state-level aggregated data.

In 1997, the Florida Legislature enacted legislation (current s. 456.039, 456.041, 456.043 & 456.045, F.S.) authorizing the creation of the Florida Practitioner Profiling Database. (See Appendix 1). The database, which is available electronically on the Internet through the Department of Health Website and via numerous links from other websites, is principally intended to assist consumers to locate and select health care providers by providing them with centralized, easily accessible, statewide standardized information relating to the education, qualifications, practice specialty and background of allopathic and osteopathic physicians, chiropractors, podiatrists and advanced registered nurse practitioners.

The Florida Practitioner Profiling Database allows consumers to search for practitioners by name, city, county, zip code, profession, license number, specialty or board certification. A sample of the Practitioner Profile search screen, as it appears on the Department of Health website, is provided as Appendix 2.

Section 456.039, F.S. requires all allopathic physicians, osteopathic physicians, chiropractors, podiatrists and advanced registered nurse practitioners applying to their respective boards for initial licensure and licensure renewal to provide the information specified below to the Department of Health in conjunction with the licensure process. Applicants for licensure are required to submit this information in addition to any other information they are required to submit to

their respective boards during the licensure process. The state medical boards issue several kinds of licenses to physicians, as follows: (a) active licenses; (b) a variety of limited licenses that allow practitioners to practice only in specified kinds of facilities or locations such as the Mayo or Cleveland Clinic, a federal or state public health clinic, an area of critical need, etc.; (c) medical faculty and visiting medical faculty certificates; and (d) inactive licenses. Allopathic or osteopathic interns, residents and fellows are not required to provide comparable data as a function of the registration process with their respective state medical boards.

Required Information:

1. the name of the medical school that the applicant has attended, with the dates of attendance and the date of graduation;

2. a description of all graduate medical education completed, excluding any coursework taken to satisfy medical licensure continuing education requirements;

3. the name of each hospital at which the applicant has privileges;

4. the address at which the applicant will primarily conduct his or here practice;

5. any certification that the applicant has received from a specialty board that is recognized by the board to which the applicant is applying;

6. the year that the applicant began practicing medicine; and

7. any appointment to the faculty of a medical school that the applicant currently holds and indication of whether the applicant has had responsibility for graduate medical education within the last 10 years;

Applicants are also required to provide: (a) their social security number; (b) a description of any criminal offenses of which the applicant has been found guilty, regardless of whether adjudication of guilt was withheld, or to which the applicant has pled guilty or nolo contendere; (c) a description of any final disciplinary action taken against the applicant within the previous 10 years by any agency in any jurisdiction that regulates the applicant's profession, by any recognized specialty board, or by any licensed hospital, health maintenance organization, pre-paid health clinic, ambulatory surgical center or nursing home; (d) a set of fingerprints; and (e) a report of any claim or action for damages for personal injury alleged to have been caused by error, omission, or negligence in the performance of the applicant's professional services. Further considerations relating to the conditions under which applicants must report actions or claims for damages are specified in statute.

A sample application form for initial licensure by the Florida Board of Medicine is

included as Appendix 3. The application for initial licensure by the Florida Board of Osteopathic Medicine is comparable.

All practitioners required to submit information to the Florida Practitioner Profiling Database are required to notify the Department of Health in writing within 45 days of any event that results in a change of any of this information. The Department is authorized to refuse to license any applicant for initial licensure who fails to submit the required information enumerated above and to fine any applicant for licensure renewal who fails to submit and/or update required information as part of the licensure renewal process.

In order to comply with the provisions of the 1997 legislation requiring the creation of the Practitioner Profiling Database, in 1998, the Department of Health mailed a paper questionnaire to all allopathic and osteopathic physicians, chiropractors and podiatrists holding current licenses for the purposes of collecting any data required for the Practitioner Profiling Database that the practitioner had not been required to submit when applying for initial licensure or most recent license renewal. Data provided through this survey formed the basis for the initial Practitioner Profiling Database, which became available to the public in 1999.

All allopathic and osteopathic physicians, chiropractors and podiatrists applying for initial licensure beginning in 2000 have been required to submit all mandatory information to their respective boards as part of the licensure process. Advanced registered nurse practitioners (who were not included in the 1997 legislation as one of the health professions that was required to submit data to the Practitioner Profiling Database) have been required to submit required data since 2001.

After the respective boards receive completed initial licensure application forms, DOH Division of Medical Quality Assurance (MQA) staff enter those data elements that are required for inclusion in the practitioner profile from the licensure application form directly into "PRAES", the acronym for the DOH-wide information data management system. These data are used to by the DOH to produce a document called a "Mandatory Practitioner Profile Questionnaire" that indicates exactly how all required data will appear on the practitioner's profile, which is mailed to the applicant. The applicant is allowed 30 days to make any changes or corrections to the information that will appear on his/her proposed profile. Whether or not any changes are necessary to the proposed profile, the applicant must sign and return a form to the DOH indicating that he/she has received, reviewed and corrected or approved his/her proposed profile information for accuracy.

Although the DOH Practitioner Profiling website states that not all the data included in each practitioner's profile has not been verified, two data elements that are critical to use of the profiling data base for health workforce analysis are verified by the respective state licensing board staff: (1) medical school graduation; and (2) graduate medical education program(s) completion.

Once data collected during the initial licensure process is reviewed, corrected and approved by the applicant and entered into the Practitioner Profiling Database, the current process depends upon the practitioner to voluntarily notify the Department of Health of any changes that have occurred to his or her profile information in the form of a written notification submitted to DOH within 45 days of the change occurring.

Section 458.319, F.S., providing for the renewal of allopathic medical licenses, and Section 459.008, F. S., providing for the renewal of osteopathic medical licenses, require applicants for license renewal to submit the information required for initial licensure pursuant to Section 456.039 to the Department of Health on the forms and under procedures specified by department. These two statutes provide the Department of Health with the authority to require applicants for renewal of M.D. and D.O. licenses to verify and correct all of the information provided at the time of application for initial licensure that formed the basis for the applicant's original practitioner profile. However, the DOH license renewal notice only specifically requires applicants for renewal of M.D. and D.O. licenses to indicate any changes to their mailing addresses and practice location addresses. (See Appendix 4 for sample of M.D. license renewal notice). Physicians are required to submit separate written notification to DOH of any other changes that have occurred in their profile

The DOH does conduct quarterly audits of a random sample of license holders to identify any changes that may have occurred in the data included in the practitioner's profile since the practitioner applied for his/her current license. It is not clear at this point how many physicians are audited quarterly and how the sample is selected, however.

The DOH is presently conducting a pilot project that allows a limited number of licensed physicians who have been issued a PIN number to make corrections directly to their electronic practitioner profiles. It is the DOH's goal to enable all practitioners to make changes directly to their own profiles and to apply for initial licensure and licensure renewal electronically within the next 12-24 months.

The Practitioner Profiling Database, which currently includes profiles on approximately 47,800 licensed allopathic physicians (excluding approximately 3,200 residents) and on approximately 3,400 osteopathic physicians (excluding interns and residents), provides the most comprehensive and standardized database on allopathic and osteopathic physicians than has even been available in Florida. Importantly, this database has been designed in such a way that data can be sorted and aggregated to answer a variety of critical questions about allopathic and osteopathic physicians licensed to practice in Florida, such as:

(a) the number of physicians practicing in each specialty area;
(b) the percentage of physicians who graduated from a Florida medical school who are practicing in Florida;
(c) the percentage of physicians who graduated from a Florida medical

school who remained in Florida for some or all of their graduate medical education training;

(d) the percentage of physicians who graduated from a medical school in another state or country who are practicing in Florida;

(e) the percentage of physicians who completed graduate medical education in another state or country who are practicing in Florida;

(f) the percentage of physicians who completed some or all of their graduate medical education training in Florida who are practicing in Florida;

(g) physicians' primary practice location by county, city and or zip code;

(h) the percentage of physicians holding each of the various kinds of licenses issued by each board (e.g, active, inactive, medical faculty certificate, etc.); and

(i) the percentage of physicians holding active licenses who have been in practice for a specified number of years (as a way to predict what percentage of the state's active physicians will retire by a specified date).

B. Limitations Associated with Use of the DOH Practitioner Profiling Database For Physician Workforce Supply Data.

The Practitioner Profiling Database includes most of the information required to respond to such key health professions workforce supply and distribution issues as those described above. Additionally the database has been designed to allow for sorting of the data by any one or more data elements. However, there are several technical and procedural problems with the way in which information is collected from practitioners, and the manner in which it is entered into the database, that compromise the quality, validity and usefulness of these data for health professions workforce analysis purposes. These problems are described below:

(1) Name of Medical School

Statement of Problem: Both of the medical boards require applicants for initial licensure to provide the name of the medical school from which the applicant graduated. Information is provided in an "open" format, which enables the respondent to provide the medical school name in whatever manner he/she chooses. DOH data entry staff must attempt to interpret, from the information provided, which medical school is being referred to. Consequently, there is considerable variation in the names provided by applicants for the same medical school and the potential for considerable variation in the conclusions reached among data entry operators attempting to interpret names that are confusing or inconsistent. In order to avoid mis-identifying school names that are unclear, data entry operators tend to enter data into the profiling database in exactly the manner in which it is provided on the application. Although confusion and mis-identification is most likely to occur for international medical schools, it is also possible given the wide variations in how U.S., and even Florida medical schools, are referred to by applicants.

For example, graduates of the University of Florida identified this institution in 12 different ways, all of which currently appear in the profiling database:

U of F	Univ. of F.	Gainesville
University of F.	Univ. of Florida	UFL
U of Florida	Florida St. Univ PIMS Program	PIMS
U. of FL	Florida State University Program	University of Florida

Reference to the Florida State University Program in Medical Sciences (PIMS) as the school from which UF medical students graduated will prove particularly problematic once Florida State University medical school graduates begin to apply for licenses and are entered in the profiling database, because it will be difficult to differentiate between FSU medical school graduates and some UF medical school graduates who referenced "Florida State University," or any variation thereof, as the medical school from which they graduated. It would, however, be possible to distinguish UF medical school graduates who refer to the PIMS program, or any variation thereof, from FSU medical school graduates by writing a program that automatically sorts any individual referencing PIMS,or any variation thereof, in the name of their medical school as being a UF medical school graduate.

Proposed Solution: As long as practitioner profiling data is derived from a paper–based licensure application process, each medical board should provide a list of all known medical schools to applicants along with the application for initial licensure. This list should arrange all medical schools within the categories of "Florida Medical Schools" "U.S. & Canadian Medical Schools, Other Than Florida" and "International Medical Schools." Each medical school should also be assigned a code number. U.S. and Canadian medical schools accredited by the Liaison Committee on Medical Education (LCME) should be assigned their 5-digit LCME school code . All other medical school should be assigned a code, preferably one assigned or recognized by a national organization such as the World Health Organization, which publishes the *World Directory of Medical Schools,* or the Educational Commission of Foreign Medical School Graduates. Applicants should be directed to provide the name and code number of the medical school from which they graduated exactly as it appears on the list. Once the initial licensure application process becomes fully automated, allowing applicants to apply electronically, the choice of medical school name and code number should be made in a "forced" format, using "drop down" selection boxes that require applicants to select from a specified list of medical school names and code numbers.

(2) Location of Medical School

Statement of Problem: Although both of the medical boards require

applicants for initial licensure to provide the address of the medical school from which the applicant graduated, both applications allow applicants to provide the address of the medical school in an "open" rather than a "forced" response format. As a result, the manner in which applicants provide the addresses of their medical schools varies as much as the manner in which they provide the medical schools' names. The absence of consistently reported information that is consistently entered into the profiling database makes it difficult to sort these data by the location of the medical school from which the practitioner graduated.

Proposed Solution: Once the process used by applicants to indicate the name of their medical school is standardized, as recommended in (1), new fields should be created in the profiling database with tiles such as "In Florida" "In Canada or the U.S., Other Than Florida" or " In a Country Other Than the U.S." Sub-fields should be created to allow for entry of the specific states and country names.
DOH data entry operators can "populate" these new fields using the standardized medical school names and code numbers.

(3) Location of Graduate Medical Education Program

Statement of Problem: Although both licensing boards require applicants for initial licensure to provide the address of each graduate medical education program completed, applicants also provide this information in an "open" format, which results in significant variation in the way in which applicants identify the location of GME programs and the way DOH data entry operators enter these data.

Proposed Solution: As long as practitioner profiling data is derived from a paper–based licensure application process, each medical board should revise their application forms to require applicants to check one of three boxes or cells to indicate whether each GME program they completed is either: "In Florida" "In Canada or the U.S., Other Than Florida" or " In a Country Other Than the U.S." Applicants indicating that a GME program is not in Florida should be required to provide the state and country in which the residency program is located. Comparably titled new fields should be created in the practitioner profiling database that DOH data entry operators can "populate" with this data. Once the initial licensure application process becomes fully automated, allowing applicants to apply electronically, applicants can indicate whether each GME program completed is in-state, out-of-state or international and in which state or country the program is located by being forced to select from among 3 "drop down" selection boxes with subcategories for the names of states and countries.

(4) Kind of GME Program:

Statement of Problem: The application for initial licensure forms used by

both boards require applicants to identify all graduate medical education programs completed and classify each GME program as either an "internship," "residency" or "fellowship" program. However, the Mandatory Practitioner Profile Questionnaire, to which data derived from the application form is transferred, and which is mailed to the applicant for verification prior to publishing the practitioner's profile, also allows the applicant to classify a GME program as "other," in addition to the "internship," "residency" or "fellowship" categories used on the board application forms. Examples of the kind of GME experience provided under the "other" category are "preceptorship" and "house staff." Allowing practitioners to use "other" as a category for GME programs makes it difficult to sort the profiling database by, for example, by the specialty area in which the last GME residency or fellowship program was completed.

Proposed Solution: The Mandatory Practitioner Profile Questionnaire should be revised to eliminate the "other" GME program category.

(5) Specialty

Statement of Problem: Both medical licensing boards require applicants for initial licensure to indicate whether or not they are certified by a specialty board that is either recognized by the American Board of Medical Specialties or the state licensing board, in the case of the Florida Board of Medicine, or recognized by the American Osteopathic Association or similar national organization, in the case of the Florida Board of Osteopathic Medicine.

Applicants who are not board certified (estimated to be approximately 20%-25% of all applicants) are not required to identify the specialty area in which they practice anywhere on the licensure application. Therefore, there are no data on these applicants' specialty entered into the practitioner profiling database and it is not possible to sort practitioners who are not board certified by their specialty.

Applicants who indicate that they are board certified are required to give the name of each board from which they hold certification. These data are entered into the data base field as the practitioner's "certification." Applicants who are board certified are also asked to indicate the "Certification/Specialty/Subspecialty" associated with each board certification. It is this information that is entered into the profiling database field as the practitioner's "specialty."

DOH data entry operators enter whatever the applicant provides as the name of a specialty board into the profiling database, without the benefit of a list of specialty boards that are recognized by each state licensing board. Similarly, DOH data entry operators enter whatever the applicant indicates as the "specialty" or "subspecialty" in which he or she is board certified into the database without benefit of an "authorized" list of

allopathic and osteopathic national certification board specialty and subspecialty areas provided by each state licensing board.

There are several problems associated with the way in which applicants who are board certified currently provide information on their specialty and the way in which this information is entered into the profiling database.

First, applicants provide the name of the specialty board and the "certification" "specialty" or "subspecialty" associated with that board in an open-ended, rather than a "forced response" format. Consequently, there is wide variation and inconsistency in: (a) the manner in which applicants indicate the name of the various specialty boards; (b) the manner in which applicants indicate the name of the various specialties and subspecialties associated with each board; and (c) the way in which this information is interpreted by DOH data entry operators and entered into the database.

Second, a number of specialty boards have instituted either mandatory or voluntary requirements that must be met in order for physicians to maintain their board certification. Applicants are asked to provide information on the "date of certification" for each specialty board certification they hold, but are not specifically asked to indicate whether the specialty board requires or provides for subsequent re-certification, and if so, the date of most recent re-certification.

Third, the information provided by a board certified applicant related: (a) to the name(s) of the specialty board(s) from which he/she holds certification; and, (b) the "certification, "specialty " or "subspecialty" associated with each board is entered into a single field in the data base, rather than into two separate fields for each specialty board indicated. As a result, an applicant who provides the name of a specialty board, but provides no information on the "certification" "specialty" or "subspecialty" associated with that board, will appear in two different, apparently contradictory categories depending on how a sort of the database is executed. If, for example, the sort is done to identify all applicants who are certified by the American Board of Emergency Medicine, the applicant will be included in the sort. If however, a sort of the database is executed to identify all applicants whose specialty is emergency medicine and the same applicant has provided no response for the "certification" "specialty" or "subspecialty" associated with his/her membership in the American Board of Emergency Medicine, the same applicant will not be included in the sort by specialty, but will shown as having no specialty.

Proposed Solution: First, each board's application for initial licensure should be modified to require each applicant, regardless of whether they are board certified or not, to indicate the specialty or subspecialty that

the applicant considers to be his/her principal area of practice. This information should be requested on the licensure application form in addition to, and before, the current information request relating to the applicant's certification by any specialty board. As long as practitioner profiling data is derived from a paper–based licensure application process, each medical board should provide a list of specialties and subspecialties from which applicants must chose to indicate their principal area of practice. Once the initial licensure application process becomes fully automated, allowing applicants to apply electronically, the choice of principal specialty or subspecialty should be made in a "forced" response format, using "drop down" selection boxes that require applicants to select from a specified list of specialty/subspecialty categories. The information derived from applicants' responses to this question should be entered into a new profiling database field titled "principal specialty," thus allowing the database to be sorted by this new field for all practitioners in the database, whether or not they are board certified.

Second, each board's application for initial licensure should be modified to require each applicant that indicates that they are certified by a specialty board to indicate: (a) the date of initial board certification; and (b) the date of most recent re-certification, if applicable.

Third, as long as practitioner profiling data is derived from a paper–based licensure application process, each medical board should provide a list of the following information with the application for initial licensure: (a) the names of the national specialty boards that the state board recognizes; and (b) the specialties and/or subspecialties associated with each recognized national board. Applicants should be directed to provide the name of each specialty board of which they are a member and the name of the associated specialty or subspecialty exactly as it appears on the list. Once the initial licensure application process becomes fully automated, allowing applicants to apply electronically, the choice of specialty board name and associated specialty or subspecialty should be made in a "forced" response format, using "drop down" selection boxes that require applicants to select from a specified list of specialty board names and associated specialty/subspecialty categories.

(6) Practice Location

Statement of Problem: An increasing number of physicians practice in more than one location. For example, a medical school faculty physician might spend 80% of his/her time practicing in a teaching hospital in a major metropolitan area and 20% of his/her time practicing in a rural clinic that serves as a community-based clinical training site for medical students and residents. Both medical licensing boards currently require applicants for initial licensure and license renewal to indicate the mailing address of their "primary practice" location. However, neither board enables applicants to indicate if they have more than one practice

location. Therefore, a search of the Practitioner Profiling Database by primary practice location would fail to recognize the portion of those physicians' effort that is devoted to practice in secondary locations that may serve patients from a socio-economic group or geographic area that is different from the patients served at the primary practice location.

Proposed Solution:

Each board's application for initial licensure and license renewal should be modified to enable applicants to provide information on a "primary" practice location and at least one additional practice location, if applicable. Applicants should be required to provide the street address, including city, state and zip code for each practice location and the approximate percent of time spent in practice at each location.

(7) Practice Setting

Statement of Problem: The Practitioner Profiling Database currently includes no information on the practitioner's primary practice setting. For the purposes of physician workforce analysis, it would be extremely helpful to be able to sort the database by major categories of practice location. For example, being able to differentiate medical school faculty members from other practitioners in the profiling database would enable the medical schools to provide evidence substantiating medical faculty members' important contributions as providers of care to Medicaid clients, the elderly, children and other medically-underserved and special-needs patient populations.

Examples of practice setting categories that might be created include:

- solo office-based practice
- office-based group practice
- managed care/health maintenance organization
- inpatient hospital (excluding state-owned hospital)
- medical school faculty practice
- outpatient ambulatory clinic
- nursing home/long-term care facility/hospice
- county health department
- federally qualified health center
- state-owned hospital
- state/federal correctional facility
- military facility
- locum tenens

Proposed Solution: As soon as it is feasible, each medical board should require applicants for initial licensure to indicate what their primary practice setting will be. Applicants should be required to select their primary practice setting from a list of practice settings, comparable to the

proposed categories indicated above, developed by the Department of Health, and included with each application for initial licensure. Once the initial licensure application process becomes fully automated, allowing applicants to apply electronically, the choice of primary practice setting should be made in a "forced" response format, using "drop down" selection box that requires applicants to select from a specified list of practice settings. Department of Health representatives have indicated that they believe that legislation would be required to authorize DOH to collect this information.

(8) Attrition of the Physician Workforce

Statement of Problem: Applicants for initial licensure are required to provide the year that they began practicing medicine. This information could be used to approximate when a given practitioner might be expected to retire, provided that general assumptions are made about how many years the typical physician practices before retirement.

Proposed Solution: Much more accurate information could be obtained if applicants for license renewal were asked to indicate if they anticipate retiring from or leaving medical practice during the two year time period for which their renewed license will be effective. Applicants indicating that they do plan to retire in the next two years should be asked to indicate the year in which they plan to retire or leave practice. Department of Health representatives have indicated that they believe that legislation would be required to authorize the DOH to collect this information.

(9) Percent of Medical Faculty Effort Devoted to Practice

Statement of Problem: Medical school faculty play a central role in the provision of medical care, particularly to indigent patients and patients in need of highly specialized services for whom teaching hospitals serve as critical "safety net" providers. Medical school faculty members' time is divided between various activities, including teaching, research and patient care. The percentage of medical school faculty members' time devoted to each activity varies significantly among faculty and can be difficult to quantify.

Proposed Solution: Applicants for initial licensure and licensure renewal should be asked to indicate approximately what percentage of their professional effort is devoted to patient care. This information should be requested through a forced response format that requires the applicant to check on of five broad percentage categories such as 25% or less; 25%-50%; 50%-75%; more than 75% but less than 100%; and 100%. All applicants for initial licensure and licensure renewal who are medical school faculty members should be required to provide this information, whether or not they are applying for a medical faculty certificate, or other limited license.

Department of Health representatives have indicated that they believe that legislation would be required to authorize the DOH to collect this information.

C. Time Line for Implementing Proposed Changes in the Practitioner Profiling Database

The proposed recommendations to improve the usefulness of the Practitioner Profiling Database as a valid source of data on the supply of health professionals in Florida that are outlined in Section B, above, could all be implemented as soon as the Department of Health could make the necessary changes to the application forms (either paper or electronic) and procedures used by the two boards to issue initial licenses. Thereafter, all applicants for initial licensure would be required to submit data in the manner proposed above. There would a nominal cost, yet to be calculated, to revise the paper-based initial licensure application packet, until such time as the initial licensure application process becomes available electronically.

In order for the recommended changes to be made in the data included in the existing profiling database for practitioners who are already licensed, enhanced and expanded data would have to be collected from current license holders in one of the following ways:

1. Augmentation of the Regular License Renewal Process: Allopathic and osteopathic physicians are required to renew their licenses every two years. Current allopathic licenses expire January 31, 2004 and current osteopathic licenses expire March 31, 2004. The respective state medical boards could make the recommended changes to license renewal forms (either paper or electronic) and procedures so that all applicants for license renewal would be required to submit data in the manner proposed when renewing their licenses in early 2004. This scenario would allow all proposed changes in the profiling database to be completed for all currently licensed M.D.s and D.O.s by the end of the 2004 calendar year. There would be a minimal cost, which has yet to be calculated, associated with revising the paper-based license renewal application packet, if the department had not completely implemented the electronic license renewal process by 2004.

2. One-Time Special Survey of All Current License Holders: The Department of Health could conduct a one time, special survey of all currently licensed physicians, to collect the enhanced and expanded data proposed above. Practitioners with PIN numbers who are participating in the pilot phase of the electronic data submission process could complete and submit their surveys electronically. All other current license holders would have to complete and return a paper survey. Although the cost of a one-

time survey has not yet been estimated, it would be more than using the augmented regular license renewal process described in (1), above. If the Department had adequate resources to conduct a one-time survey in FY 2003-04, this approach would result in enhanced and expanded data being available earlier (potentially during the 2003 calendar year) than would be the case using the augmented regular license renewal process.

3. Random Sample Surveys of All Current License Holders: Department staff have discussed doing one or more surveys of a sample of current license holders for the purpose of verifying and correcting the practitioner's profiling data during the interim between the initial licensure application process and the license renewal process. Although the department has not yet estimated the cost of conducting such sample surveys, this approach would be less expensive than conducting a one-time special survey of all current license holders. This approach would take longer to produce enhanced and expanded profiling data for all practitioners than either the one time special survey or the augmented license renewal process, however. If, for example, 20% of all current license holders were surveyed each year beginning in the 2003 calendar year, as a means to collect enhanced and expanded profiling data, these data on all currently licensed practitioners would not be available until the 2007 calendar year.

D. Required Legislation:

Department of Health staff indicate that, in their opinion, current law would require amendment to provide specific definitions and statutory authorization for collection of the following data through the medical boards licensing process and/or the Practitioner Profiling:

1. definition of the term "principal" specialty practiced, as recommended in Section B 5;

2. authorization to collect information on practice setting(s), as recommended in Section B 7;

3. authorization to collect information on anticipated date of retirement, as recommended in Section B 8;

4. authorization to collect information on percent of medical faculty members' effort devoted to practice, as recommended in Section B 9;

In addition, a new statute would be required to authorize the Department of Health to create a comprehensive, state-level health practitioner workforce database. This statute should, at a minimum: (a) define the data elements to be included in the database; (b) authorize use of data

collected through the health professions boards' licensing process and/or available through the Practitioner Profiling Database as core components of the health practitioner workforce database; (c) provide procedures for collection of needed data from other entities such as state medical schools and graduate medical education programs, and other health professions education and training entities; and provide for funding and administration of the health practitioner workforce database.

456.039 Designated health care professionals; information required for licensure.--

(1) Each person who applies for initial licensure as a physician under chapter 458, chapter 459, chapter 460, or chapter 461, except a person applying for registration pursuant to ss. 458.345 and 459.021, must, at the time of application, and each physician who applies for license renewal under chapter 458, chapter 459, chapter 460, or chapter 461, except a person registered pursuant to ss. 458.345 and 459.021, must, in conjunction with the renewal of such license and under procedures adopted by the Department of Health, and in addition to any other information that may be required from the applicant, furnish the following information to the Department of Health:

(a)1. The name of each medical school that the applicant has attended, with the dates of attendance and the date of graduation, and a description of all graduate medical education completed by the applicant, excluding any coursework taken to satisfy medical licensure continuing education requirements.

2. The name of each hospital at which the applicant has privileges.

3. The address at which the applicant will primarily conduct his or her practice.

4. Any certification that the applicant has received from a specialty board that is recognized by the board to which the applicant is applying.

5. The year that the applicant began practicing medicine.

6. Any appointment to the faculty of a medical school which the applicant currently holds and an indication as to whether the applicant has had the responsibility for graduate medical education within the most recent 10 years.

7. A description of any criminal offense of which the applicant has been found guilty, regardless of whether adjudication of guilt was withheld, or to which the applicant has pled guilty or nolo contendere. A criminal offense committed in another jurisdiction which would have been a felony or misdemeanor if committed in this state must be reported. If the applicant indicates that a criminal offense is under appeal and submits a copy of the notice for appeal of that criminal offense, the department must state that the criminal offense is under appeal if the criminal offense is reported in the applicant's profile. If the applicant indicates to the department that a criminal offense is under appeal, the applicant must, upon disposition of the appeal, submit to the department a copy of the final written order of disposition.

8. A description of any final disciplinary action taken within the previous 10 years against the applicant by the agency regulating the profession that the applicant is or has been licensed to practice, whether in this state or in any other jurisdiction, by a specialty board that is recognized by the American Board of Medical Specialties, the American Osteopathic Association, or a similar national organization, or by a licensed hospital, health maintenance organization, prepaid health clinic, ambulatory surgical center, or nursing home. Disciplinary action includes resignation from or nonrenewal of medical staff membership or the restriction of privileges at a licensed hospital, health maintenance organization, prepaid health clinic, ambulatory surgical center, or nursing home taken in lieu of or in settlement of a pending disciplinary case related to competence or character. If the applicant indicates that the disciplinary action is under appeal and submits a copy of the document initiating an appeal of the disciplinary action, the department must state that the disciplinary action is under appeal if the disciplinary

action is reported in the applicant's profile.

(b) In addition to the information required under paragraph (a), each applicant who seeks licensure under chapter 458, chapter 459, or chapter 461, and who has practiced previously in this state or in another jurisdiction or a foreign country must provide the information required of licensees under those chapters pursuant to s. 456.049. An applicant for licensure under chapter 460 who has practiced previously in this state or in another jurisdiction or a foreign country must provide the same information as is required of licensees under chapter 458, pursuant to s. 456.049.

(2) Before the issuance of the licensure renewal notice required by s. 456.038, the Department of Health shall send a notice to each person licensed under chapter 458, chapter 459, chapter 460, or chapter 461, at the licensee's last known address of record with the department, regarding the requirements for information to be submitted by those practitioners pursuant to this section in conjunction with the renewal of such license and under procedures adopted by the department.

(3) Each person who has submitted information pursuant to subsection (1) must update that information in writing by notifying the Department of Health within 45 days after the occurrence of an event or the attainment of a status that is required to be reported by subsection (1). Failure to comply with the requirements of this subsection to update and submit information constitutes a ground for disciplinary action under each respective licensing chapter and s. 456.072(1)(k). For failure to comply with the requirements of this subsection to update and submit information, the department or board, as appropriate, may:

(a) Refuse to issue a license to any person applying for initial licensure who fails to submit and update the required information.

(b) Issue a citation to any licensee who fails to submit and update the required information and may fine the licensee up to $50 for each day that the licensee is not in compliance with this subsection. The citation must clearly state that the licensee may choose, in lieu of accepting the citation, to follow the procedure under s. 456.073. If the licensee disputes the matter in the citation, the procedures set forth in s. 456.073 must be followed. However, if the licensee does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the licensee's last known address.

(4)(a) An applicant for initial licensure must submit a set of fingerprints to the Department of Health in accordance with s. 458.311, s. 458.3115, s. 458.3124, s. 458.313, s. 459.0055, s. 460.406, or s. 461.006.

(b) An applicant for renewed licensure must submit a set of fingerprints for the initial renewal of his or her license after January 1, 2000, to the agency regulating that profession in accordance with procedures established under s. 458.319, s. 459.008, s. 460.407, or s. 461.007.

(c) The Department of Health shall submit the fingerprints provided by an applicant for initial licensure to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check of the applicant. The department shall submit the fingerprints provided by an applicant for a renewed license to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check for

the initial renewal of the applicant's license after January 1, 2000; for any subsequent renewal of the applicant's license, the department shall submit the required information for a statewide criminal history check of the applicant.

(d) Any applicant for initial licensure or renewal of licensure as a health care practitioner who submits to the Department of Health a set of fingerprints or information required for the criminal history check required under this section shall not be required to provide a subsequent set of fingerprints or other duplicate information required for a criminal history check to the Agency for Health Care Administration, the Department of Juvenile Justice, or the Department of Children and Family Services for employment or licensure with such agency or department if the applicant has undergone a criminal history check as a condition of initial licensure or licensure renewal as a health care practitioner with the Department of Health or any of its regulatory boards, notwithstanding any other provision of law to the contrary. In lieu of such duplicate submission, the Agency for Health Care Administration, the Department of Juvenile Justice, and the Department of Children and Family Services shall obtain criminal history information for employment or licensure of health care practitioners by such agency and departments from the Department of Health's health care practitioner credentialing system.

(5) Each person who is required to submit information pursuant to this section may submit additional information. Such information may include, but is not limited to:

(a) Information regarding publications in peer-reviewed medical literature within the previous 10 years.

(b) Information regarding professional or community service activities or awards.

(c) Languages, other than English, used by the applicant to communicate with patients and identification of any translating service that may be available at the place where the applicant primarily conducts his or her practice.

(d) An indication of whether the person participates in the Medicaid program.

History.--s. 127, ch. 97-237; s. 3, ch. 97-273; ss. 8, 34, ch. 98-166; s. 60, ch. 99-397; s. 66, ch. 2000-160; s. 21, ch. 2000-318; s. 74, ch. 2001-62.

Note.--Former s. 455.565.

456.041 Practitioner profile; creation.--

(1) Beginning July 1, 1999, the Department of Health shall compile the information submitted pursuant to s. 456.039 into a practitioner profile of the applicant submitting the information, except that the Department of Health may develop a format to compile uniformly any information submitted under s. 456.039(4)(b). Beginning July 1, 2001, the Department of Health may compile the information submitted pursuant to s. 456.0391 into a practitioner profile of the applicant submitting the information.

(2) On the profile published under subsection (1), the department shall indicate if the information provided under s. 456.039(1)(a)7. or s. 456.0391(1)(a)7. is not corroborated by a criminal history check conducted according to this subsection. If the information provided under s. 456.039(1)(a)7. or s. 456.0391(1)(a)7. is corroborated by the criminal history check, the fact that the criminal history check was performed need not be indicated on the profile. The department, or the board having regulatory authority over the practitioner acting on behalf of the department, shall investigate any information received by the department or the board when it has reasonable grounds to believe that the practitioner has violated any law that relates to the practitioner's practice.

(3) The Department of Health may include in each practitioner's practitioner profile that criminal information that directly relates to the practitioner's ability to competently practice his or her profession. The department must include in each practitioner's

practitioner profile the following statement: "The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public."
(4) The Department of Health shall include, with respect to a practitioner licensed under chapter 458 or chapter 459, a statement of how the practitioner has elected to comply with the financial responsibility requirements of s. 458.320 or s. 459.0085. The department shall include, with respect to practitioners subject to s. 456.048, a statement of how the practitioner has elected to comply with the financial responsibility requirements of that section. The department shall include, with respect to practitioners licensed under chapter 458, chapter 459, or chapter 461, information relating to liability actions which has been reported under s. 456.049 or s. 627.912 within the previous 10 years for any paid claim that exceeds $5,000. Such claims information shall be reported in the context of comparing an individual practitioner's claims to the experience of other practitioners within the same specialty, or profession if the practitioner is not a specialist, to the extent such information is available to the Department of Health. If information relating to a liability action is included in a practitioner's practitioner profile, the profile must also include the following statement: "Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the practitioner. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred."
(5) The Department of Health may not include disciplinary action taken by a licensed hospital or an ambulatory surgical center in the practitioner profile.
(6) The Department of Health may include in the practitioner's practitioner profile any other information that is a public record of any governmental entity and that relates to a practitioner's ability to competently practice his or her profession. However, the department must consult with the board having regulatory authority over the practitioner before such information is included in his or her profile.
(7) Upon the completion of a practitioner profile under this section, the Department of Health shall furnish the practitioner who is the subject of the profile a copy of it. The practitioner has a period of 30 days in which to review the profile and to correct any factual inaccuracies in it. The Department of Health shall make the profile available to the public at the end of the 30-day period. The department shall make the profiles available to the public through the World Wide Web and other commonly used means of distribution.
(8) Making a practitioner profile available to the public under this section does not constitute agency action for which a hearing under s. 120.57 may be sought.
History.--s. 128, ch. 97-237; s. 4, ch. 97-273; s. 35, ch. 98-166; s. 77, ch. 99-397; s. 111, ch. 2000-153; s. 67, ch. 2000-160; ss. 22, 153, ch. 2000-318.
Note.--Former s. 455.5651.
456.042 Practitioner profiles; update.--The Department of Health shall update each practitioner's practitioner profile periodically. An updated profile is subject to the same requirements as an original profile with respect to the period within which the practitioner may review the profile for the purpose of correcting factual inaccuracies.
History.--s. 129, ch. 97-237; s. 5, ch. 97-273; s. 68, ch. 2000-160.
Note.--Former s. 455.5652.
456.043 Practitioner profiles; data storage.--Effective upon this act becoming a law, the Department of Health must develop or contract for a computer system to accommodate the new data collection and storage requirements under this act pending the development and operation of a computer system by the Department of Health for handling the collection, input, revision, and update of data submitted by physicians as a

part of their initial licensure or renewal to be compiled into individual practitioner profiles. The Department of Health must incorporate any data required by this act into the computer system used in conjunction with the regulation of health care professions under its jurisdiction. The Department of Health is authorized to contract with and negotiate any interagency agreement necessary to develop and implement the practitioner profiles. The Department of Health shall have access to any information or record maintained by the Agency for Health Care Administration, including any information or record that is otherwise confidential and exempt from the provisions of chapter 119 and s. 24(a), Art. I of the State Constitution, so that the Department of Health may corroborate any information that practitioners are required to report under s. 456.039 or s. 456.0391.
History.--s. 130, ch. 97-237; s. 6, ch. 97-273; s. 112, ch. 2000-153; s. 69, ch. 2000-160; ss. 23, 154, ch. 2000-318.
Note.--Former s. 455.5653.
456.044 Practitioner profiles; rules; workshops.--Effective upon this act becoming a law, the Department of Health shall adopt rules for the form of a practitioner profile that the agency is required to prepare. The Department of Health, pursuant to chapter 120, must hold public workshops for purposes of rule development to implement this section. An agency to which information is to be submitted under this act may adopt by rule a form for the submission of the information required under s. 456.039 or s. 456.0391.
History.--s. 131, ch. 97-237; s. 7, ch. 97-273; s. 113, ch. 2000-153; s. 70, ch. 2000-160; ss. 24, 155, ch. 2000-318.
Note.--Former s. 455.5654.
456.045 Practitioner profiles; maintenance of superseded information.--Information in superseded practitioner profiles must be maintained by the Department of Health, in accordance with general law and the rules of the Department of State.
History.--s. 132, ch. 97-237; s. 8, ch. 97-273; s. 71, ch. 2000-160.
Note.--Former s. 455.5655.
456.046 Practitioner profiles; confidentiality.--Any patient name or other information that identifies a patient which is in a record obtained by the Department of Health or its agent for the purpose of compiling a practitioner profile pursuant to s. 456.041 is confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Other data received by the department or its agent as a result of its duty to compile and promulgate practitioner profiles are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution until the profile into which the data are incorporated or with respect to which the data are submitted is made public pursuant to the requirements of s. 456.041. Any information or record that the Department of Health obtains from the Agency for Health Care Administration or any other governmental entity for the purpose of compiling a practitioner profile or substantiating other information or records submitted for that purpose which is otherwise exempt from public disclosure shall remain exempt as otherwise provided by law.
History.--s. 1, ch. 97-175; s. 71, ch. 2000-160; s. 1, ch. 2002-198.
Note.--Former s. 455.5656.
456.048 Financial responsibility requirements for certain health care practitioners.--
(1) As a prerequisite for licensure or license renewal, the Board of Acupuncture, the Board of Chiropractic Medicine, the Board of Podiatric Medicine, and the Board of Dentistry shall, by rule, require that all health care practitioners licensed under the respective board, and the Board of Nursing shall, by rule, require that advanced registered nurse practitioners certified under s. 464.012, and the department shall, by rule, require

Search for
Practitioner Profile Information

Please enter one or more of the search criteria. All information supplied must exactly match our data or your search will fail to provide the information that you are seeking. (See Search Help, 10/20/99).
The search list will be displayed at the bottom of this screen.

Search

Last Name : **First Name :**

Profession :

Certification :

Specialty :

City : **County :**

Zip Code : **License* :**

*** If you have the License Number, please enter with no spaces or leading zeroes and without rank code. Example: 99999.**

In order to pull up the profile from the search list, please click on the license number indicated next to the practitioner's name.

458.319 Renewal of medical license.--

(1) The department shall renew a license upon receipt of the renewal application, evidence that the applicant has actively practiced medicine or has been on the active teaching faculty of an accredited medical school for at least 2 years of the immediately preceding 4 years, and a fee not to exceed $500; provided, however, that if the licensee is either a resident physician, assistant resident physician, fellow, house physician, or intern in an approved postgraduate training program, as defined by the board by rule, the fee shall not exceed $100 per annum. If the licensee has not actively practiced medicine for at least 2 years of the immediately preceding 4 years, the board shall require that the licensee successfully complete a board-approved clinical competency examination prior to renewal of the license. "Actively practiced medicine" means that practice of medicine by physicians, including those employed by any governmental entity in community or public health, as defined by this chapter, including physicians practicing administrative medicine. An applicant for a renewed license must also submit the information required under s. 456.039 to the department on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the Department of Health for the statewide criminal background check of the applicant. The applicant must submit a set of fingerprints to the Department of Health on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the department for a national criminal background check of the applicant for the initial renewal of his or her license after January 1, 2000. If the applicant fails to submit either the information required under s. 456.039 or a set of fingerprints to the department as required by this section, the department shall issue a notice of noncompliance, and the applicant will be given 30 additional days to comply. If the applicant fails to comply within 30 days after the notice of noncompliance is issued, the department or board, as appropriate, may issue a citation to the applicant and may fine the applicant up to $50 for each day that the applicant is not in compliance with the requirements of s. 456.039. The citation must clearly state that the applicant may choose, in lieu of accepting the citation, to follow the procedure under s. 456.073. If the applicant disputes the matter in the citation, the procedures set forth in s. 456.073 must be followed. However, if the applicant does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the applicant's last known address. If an applicant has submitted fingerprints to the department for a national criminal history check upon initial licensure and is renewing his or her license for the first time, then the applicant need only submit the information and fee required for a statewide criminal history check.

(2) The department shall adopt rules establishing a procedure for the biennial renewal of licenses.

(3) The licensee must have on file with the department the address of his or her primary place of practice within this state prior to engaging in that practice. Prior to changing the address of the primary place of practice, whether or not within this state, the licensee shall notify the department of the address of the new primary place of practice.

(4) Notwithstanding the provisions of s. 456.033, a physician may complete continuing education on end-of-life care and palliative care in lieu of continuing education in AIDS/HIV, if that physician has completed the AIDS/HIV continuing education in the immediately preceding biennium.

(5)(a) Notwithstanding any provision of this chapter or chapter 456, the requirements for the biennial renewal of the license of any licensee who is a member of the Legislature shall stand continued and extended without the requirement of any filing by such a licensee of any notice or application for renewal with the board or the department and such licensee's license shall be an active status license under this chapter, throughout the period that the licensee is a member of the Legislature and for a period of 60 days after the licensee ceases to be a member of the Legislature.

(b) At any time during the licensee's legislative term of office and during the period of 60 days after the licensee ceases to be a member of the Legislature, the licensee may file a completed renewal application that shall consist solely of:

1. A license renewal fee of $250 for each year the licensee's license renewal has been continued and extended pursuant to the terms of this subsection since the last otherwise regularly scheduled biennial renewal year and each year during which the renewed license shall be effective until the next regularly scheduled biennial renewal date;

2. Documentation of the completion by the licensee of 10 hours of continuing medical education credits for each year from the effective date of the last renewed license for the licensee until the year in which the application is filed;

3. The information from the licensee expressly required in s. 456.039(1)(a)1.-8. and (b), and (4)(a), (b), and (c).

(c) The department and board may not impose any additional requirements for the renewal of such licenses and, not later than 20 days after receipt of a completed application as specified in paragraph (b), shall renew the active status license of the licensee, effective on and retroactive to the last previous renewal date of the licensee's license. Said license renewal shall be valid until the next regularly scheduled biennial renewal date for said license, and thereafter shall be subject to the biennial requirements for renewal in this chapter and chapter 456.