The Florida Senate

Interim Project Report 2006-136 *October 2005*

Committee on Health Care Senator Durell Peaden, Jr., Chair

REVIEW OF MEDICAL AND OSTEOPATHIC PHYSICIAN LICENSURE

SUMMARY

The costs of medical malpractice insurance, the recent adoption of a constitutional amendment that prohibits licensure or continued licensure of physicians who have committed three or more incidents of medical malpractice, displacement of medical students and licensed physicians by natural disasters, and other variables may affect the number of students applying to medical schools in the state and the number of medical and osteopathic physicians applying for licensure and practicing in Florida. It has been reported that, because of the unfavorable practice environment in Florida, licensed physicians are leaving the state, discontinuing their practices, or reducing the scope of their practices. Floridians' access to necessary health care services could be adversely affected by a shortage of licensed physicians practicing in the state.

The objectives of this interim project were : to review the procedures for medical and osteopathic physician licensure and licensure renewal to determine if the licensure process could be streamlined; and to identify trends in the physician workforce supply in Florida and determine if there is a need to revise the collection of physician workforce data.

Staff found that no changes are needed in the physician licensure process, other than the verification of core credentials of medical physicians. Staff also found that, although a variety of information is collected about physicians, there is no centralized repository for physician workforce data in Florida and much of the data that is collected is not systematically updated, verified, or analyzed for purposes of ensuring that Floridians have access to needed physician services.

Consistent with the findings of this report, staff recommends that:

- The Division of Health Access and Tobacco, Department of Health (DOH), should be funded and charged to monitor, evaluate, and report on the supply and distribution of physicians using data that is already being collected. At a minimum, the division should develop a strategy to track and analyze, on an ongoing basis, the distribution of Florida-licensed physicians by specialty and geographic location.
- The DOH and the appropriate physician boards should collaborate and work with stakeholders, as specific data needs are identified, to revise the information gathered during the licensure process to improve the usefulness of the data for purposes of physician workforce supply planning.
- The licensure statutes for medical physicians should be amended to require initial applicants for full licensure to use the Federation Credentials Verification Service administered by the Federation of State Medical Boards to have the core credentials of the applicant verified.
- The Board of Medicine and the Board of Osteopathic Medicine should continue to work with the Federation of State Medical Boards and other state boards on common data elements of the physician licensure application.

BACKGROUND

Medical and Osteopathic Physician Licensure Requirements

Chapter 456, F.S., contains the general regulatory provisions for health care professions and occupations under the Division of Medical Quality Assurance in DOH, including general licensing procedures. Chapter 458, F.S., governs the practice of allopathic medicine under the Board of Medicine within DOH. Chapter 459, F.S., governs the practice of osteopathic medicine under the Board of Osteopathic Medicine within DOH.

Allopathic or medical physicians are conferred a "Doctor of Medicine" or "M.D." degree. These physicians provide comprehensive medical services to individuals, diagnose and treat human diseases, prescribe and administer drugs, and perform surgery.

Osteopathy involves a system of medical care with a philosophy that combines the needs of the patient with current practice of medicine, surgery, and obstetrics, and emphasizes the interrelationships between structure and function, and an appreciation of the body's ability to heal itself.[1] Osteopathic physicians are conferred a "Doctor of Osteopathy," "Doctor of Osteopathic Medicine," or "D.O." degree. They diagnose and treat human diseases, prescribe and administer drugs and may use any medical or surgical procedure used by an allopathic or medical physician.

Statutory requirements for licensure are outlined in the practice acts of the physicians and their boards are required to adopt, by rule, the application forms used for initial licensure. The Board of Medicine and the Board of Osteopathic Medicine have both adopted initial licensure application forms that include specific information deemed necessary for the boards to determine the qualifications of applicants to practice medicine or osteopathic medicine in Florida.

A person wishing to practice as a medical physician or an osteopathic physician may become licensed to practice that profession by applying under licensure by examination or licensure by endorsement statutory provisions. Licensure by examination is a licensure option that requires an applicant to sit for the licensure examination for entry into the profession at the time of application, in addition to meeting other licensure requirements. Licensure by endorsement is a licensing procedure that allows an out-of-state practitioner who holds an active license in a state which has licensing requirements substantially equivalent to, or more stringent than, those in the state in which the practitioner is seeking licensure to obtain a license without meeting all of the licensure requirements for a person who is obtaining licensure for the first time.

Medical Physician Licensure by Examination

Section 458.311, F.S., specifies licensure by examination requirements for medical physicians. The applicant must be at least 21 years of age; have good moral character; have not committed any act or offense in Florida or any other jurisdiction which would constitute the basis for physician discipline; if graduated from medical school after October 1, 1992, have completed the equivalent of 2 academic years of preprofessional, postsecondary education which covers certain science curricula as specified by rule of the Board of Medicine before entering medical school; meet specified medical education and postgraduate training requirements from recognized U.S. or foreign allopathic medical schools or colleges; and completion of an approved residency of specified duration.

If the language of the foreign school is other than English, the applicant must demonstrate competency in English. The Board of Medicine may require an applicant who does not pass the national licensing examination after five attempts to complete additional remedial education and training before retaking the examination a sixth or subsequent time.

The medical licensure by examination applicant must submit a set of fingerprints and a fee for a criminal background check of the applicant. The applicant must obtain a passing score on the national medical licensure examination of the U.S. Medical Licensing Examination (USMLE). An applicant may take the Special Purpose Examination of the Federation of State Medical Boards, if the applicant was licensed on the basis of a state board examination and is currently licensed in at least one other jurisdiction of the United States or Canada and has practiced under that license for at least 10 years. The examination is waived for an applicant who was licensed on the basis of a state board examination, is currently licensed in at least three other jurisdictions of United States or Canada, and has practiced under that license for at least 20 years.

Alternate Medical Physician Licensure of Foreign Medical Graduates

Florida law provides a "fifth pathway" licensure option that allows a foreign medical graduate to sit for the medical licensing examination without first obtaining the certification of the Educational Commission for Foreign Medical Graduates (ECFMG).[2] In addition to the fifth pathway, Florida law has provided alternate licensing requirements for Cuban and Nicaraguan medical physicians[3] who immigrated as political refugees and who practiced medicine in their countries

[1] For more information on osteopathy, visit the website of the American Osteopathic Association at: <http://www.osteopathic.org/index.cfm>.

[2] See s. 458.311(3), F.S.

[3] See s. 458.311(10), F.S. (1989), created by s. 1, ch. 89-266, Laws of Florida.

before immigrating to the United States.[4] The law providing an alternate medical licensing pathway for Cuban exiles was repealed on October 1, 1993.[5] Section 458.3115, F.S., requires DOH to provide procedures under which certain physicians who are or were foreign-licensed and have practiced medicine no less than 2 years to take the USMLE or an examination developed by DOH to qualify for a restricted license to practice in Florida.[6]

Section 458.3124, F.S., allows certain persons who were trained in a medical school listed in the World Directory of Medical Schools and are located in a country other than the United States, Canada, or Puerto Rico to apply and take Step III of the USMLE up to 5 times within 5 years after meeting specified requirements. The applicant under s. 458.3124, F.S., may apply for a restricted license to practice under the supervision of a licensed physician approved by the Board of Medicine with the first year of licensure under direct supervision and the second year in community service under indirect supervision. The applicant would then be eligible for full licensure after successful passage of the USMLE.

Osteopathic Physician Licensure by Examination

Sections 459.0055 and 459.006, F.S., specify licensure by examination requirements for osteopathic physicians. The applicant must be at least 21 years of age; have good moral character; have not committed any act or offense in Florida or any other jurisdiction which would constitute the basis for physician discipline; have completed at least 3 years of preprofessional postsecondary education; not be under investigation in any jurisdiction for an act that would constitute a violation of the osteopathic physician licensure provisions; have successfully completed at least an approved 12 month resident internship in an approved hospital; have been graduated from a college recognized and approved by the American Osteopathic Association; and have passed, no more than 5 years before application, all parts of the examination of the National Board of Osteopathic Medical Examiners or other examination given by the Florida Board of Osteopathic Medicine.

Medical Physician and Osteopathic Physician Licensure by Endorsement

The DOH must issue a license by endorsement to any applicant wishing to practice as a medical physician who applies and meets comparable licensing requirements to those for medical physician licensure by examination.[7] The licensure by endorsement applicant must submit evidence of the active licensed practice of medicine for at least two of the immediately preceding 4 years or evidence of successful completion of a board-approved post-graduate training program within 2 years preceding the application or a board-approved clinical competency examination within the year preceding the filing of an application. The Board of Medicine may require a licensure by endorsement applicant to take and pass the appropriate licensure examination before certifying the applicant as eligible for licensure by endorsement.

The Board of Osteopathic Medicine must license any licensure by endorsement applicant who applies and meets comparable licensing requirements to those for osteopathic physician licensure by examination.[8] The applicant must have completed an approved resident internship of at least 12 months in an approved hospital; be a graduate of a college recognized and approved by the American Osteopathic Association and have passed all parts of the examination of the National Board of Osteopathic Medical Examiners or other substantially similar examination approved by the Florida Board of Osteopathic Medicine; hold a valid, active license to practice osteopathic medicine in at least one jurisdiction in the United States in which the current requirements for licensure are equivalent to or more stringent than those in Florida and have actively and continuously engaged in the practice of osteopathic medicine in another jurisdiction and which initial licensure must have occurred no more than 5 years after the applicant successfully passed the examination of the National Board of Osteopathic Medical Examiners or similar examination, with specified exceptions.

Physician Licensing Procedures

Each applicant seeking licensure as a medical physician or osteopathic physician must submit specified information along with her or his application, which information is compiled into a practitioner profile.[9] The

[4] See ch. 74-105, Laws of Florida, ch. 75-177, Laws of Florida, ch. 77-255, Laws of Florida, ch. 86-90, Laws of Florida, and ch. 86-245, Laws of Florida.
[5] See s. 458.311(8), F.S. (1992 Supp.).
[6] See s. 3, ch. 96-197, Laws of Florida.
[7] See s. 458.313, F.S.
[8] See s. 459.007, F.S.
[9] See s. 456.039, F.S.

information must include: graduate medical education; hospitals at which the physician has privileges; the address at which the physician will primarily conduct his or her practice; specialty certification; year the physician began practice; faculty appointments; a description of any criminal offense committed; a description of any final disciplinary action taken within the most recent 10 years; and professional liability closed claims reported to the Office of Insurance Regulation. In addition, the physician may submit: professional awards and publications; languages, other than English, used by the physician to communicate with patients; an indication of whether the physician participates in the Medicaid program; and relevant professional qualifications, as defined by the applicable board of the physician. The information for the practitioner profile must also be submitted by medical or osteopathic physicians when they are seeking licensure renewal. Beginning July 1, 2005, DOH must verify the information submitted by an applicant concerning disciplinary history and medical malpractice claims at the time of initial licensure and licensure renewal using the National Practitioner Data Bank. The physician profile must reflect the disciplinary action and medical malpractice claims as reported by the National Practitioner Data Bank.[10]

Section 456.013, F.S., outlines general licensing procedures to be used by DOH and appropriate boards to issue an initial license to practice a profession. The licensure application procedures for each board may differ slightly with regard to the supporting documents required by boards to establish an applicant's eligibility for licensure, such as education transcripts, proof of insurance, proof of bonding, letters of reference, and the reporting of examination results.

The department or appropriate board must follow procedures outlined in ch. 120, F.S., to issue a license.[11] Under s. 120.60, F.S., an agency must, upon receipt of a licensure application, examine the application and, within 30 days after receipt of the application, notify the applicant of any errors or omissions According to DOH staff, within 30 days of receipt of a physician licensure application the staff review the application for missing information. Licensure applicants whose applications are incomplete are sent a notice indicating the missing information, documents, or fees. Once a licensure application is verified as complete, it must be reviewed by DOH or the appropriate board to determine whether the applicant has met the licensure qualifications for the profession. Every application must be approved or denied within 90 days of the department's receipt of the application or request for additional information.

In considering applications for licensure, the board or DOH may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which the application must be granted or denied must be tolled until such time as the applicant appears.

The Board of Medicine or the Board of Osteopathic Medicine may not certify to DOH for licensure any applicant who is under investigation in another jurisdiction for an offense, which would constitute a violation of the applicable licensure regulations until such investigation is completed. When the Board of Medicine, the Board of Osteopathic Medicine or DOH is examining a physician licensure applicant's credentials and the investigative process is not completed within the time set out in s. 120.60(1), F.S., and DOH or the board has reason to believe that the applicant does not meet the criteria, the Secretary of Health or his or her designee may issue a written 90-day licensure delay which must notify the applicant of the reason for the delay.[12]

[10] Under the applicable provisions of the Health Care Quality Improvement Act (HCQIA) 42 USC 11101 et seq., and regulations adopted thereunder, the requirement for confidentiality of information reported to the National Practitioner Data Bank (NPDB) does not expressly preempt state law and such information may be disclosed under applicable state law. Under 45 CFR 60.13(a) information reported to NPDB is considered confidential and shall not be disclosed outside the U. S. Department of Health and Human Services, with specified exceptions. Persons and entities, which receive information from the NPDB either directly or from another party, must use it solely with respect to the purpose for which it was provided. Section 45 CFR 60.13(a) provides that nothing in this paragraph shall prevent the disclosure of information by a party, which is authorized under applicable state law to make such disclosure. Section 45 CFR 60.13(b) provides that any person who violates the confidentiality provisions of 45 CFR 60.13(a) is subject to a civil money penalty of up to $10,000 for each violation.

[11] See s. 120.60, F.S. Section 120.57(1)(j), F.S., provides that in administrative hearings findings of fact must be based upon a preponderance of evidence, except in penal or licensure disciplinary proceedings or except as otherwise provided by statute, and shall be based exclusively on the evidence of record and on matters officially recognized.

[12] See s. 458.311(4), F.S., and s. 459.0055(4), F.S.

When a state agency or regulatory board acts on a license application, it is using discretionary authority that the Legislature has delegated to that agency under the State's police power. A proceeding involving the denial of a licensure application is not penal.[13] The licensure applicant has the burden of persuasion to establish his or her fitness for licensure by a preponderance of evidence.[14] The burden of proof in a hearing on a licensure application denial is on the applicant to establish entitlement to the license.[15] The Florida Supreme Court has held that the use of the clear and convincing standard of evidence in licensure application proceedings was inconsistent with the discretionary authority granted by the Legislature under the state's police powers.[16] The Florida Supreme Court has declined to extend the clear and convincing standard required in disciplinary proceedings to licensure application proceedings even when a violation of a statute relating to discipline was the basis for determining that the licensure applicant was unfit to practice the profession.[17]

METHODOLOGY

Staff reviewed the history, implementation, and effectiveness of the current law governing medical and osteopathic physician licensure and relevant data on physician workforce trends. Staff researched physician workforce data collection initiatives around the country. Staff sought input from DOH, professional regulatory boards, other relevant state agencies, associations representing health care providers, and other interested stakeholders to determine if the current law should be revised.

FINDINGS

After reviewing the substantive requirements for medical and osteopathic physician licensure, staff found that no changes are needed in the basic physician licensure process. Further findings are provided below in the following areas:

- Initiatives for the collection and analysis of physician data in Florida
- Other state, federal, and private physician data initiatives
- Streamlining physician licensure procedures

Initiatives for the Collection and Analysis of Physician Data in Florida

The information submitted as part of the licensure process by medical physicians and osteopathic physicians, and related procedures such as practitioner profiling, may serve as a primary vehicle for the collection of physician workforce data. DOH compiles an annual report of professions that provides statistics regarding active licenses held, numbers of disciplinary complaints filed, and other relevant information. Table 1 below shows the number of active medical physician and osteopathic physician licenses for the state fiscal years 2001-2002, 2002-2003, and 2003-2004.

Table 1 - Medical and Osteopathic Physician Active Licenses

State Fiscal Year	Medical Physician Active Licenses Held	Osteopathic Physician Active Licenses Held
2001-2002	43,567	3,943
2002-2003	47,573	4,299
2003-2004	47,805	4,264

Source: Florida Department of Health, Medical Quality Assurance Annual Reports

Table 2 below shows the number of physician licenses issued by the Board of Medicine and the Board of Osteopathic Medicine during the calendar years 2003-2005.

Table 2 – Medical and Osteopathic Physician Licenses Issued

Calendar Year	Medical Physician Licenses Issued	Osteopathic Physician Licenses Issued
2003	4,638	239
2004	4,838	289
2005 to Date*	3,829	216

*As of October 28, 2005
Source: Florida Department of Health

In addition to physician information collected as part of licensure, there are several other entities in Florida that collect physician information, but there is no

[13] See *Hevilla v. Department of Professional Regulation, Board of Medicine*, 11 FALR 1730 (Division of Adm. Hearings 1989).
[14] See *Florida Department of Transportation v. J.W.C. Co*., 396 So.2d 778 (Fla. 1st DCA 1981).
[15] See *Florida Department of Transportation v. J.W.C. Co*., 396 So.2d 778 (Fla. 1st DCA 1981).
[16] *See Osborne Stern & Co. v Department of Banking and Finance*, 647 So. 2d 245 (Fla. 1st D.C.A. 1994), rev'd and remanded, 670 So. 2d 932 (Fla. 1996).
[17] See *Osborne Stern & Co. v Department of Banking and Finance*, 647 So. 2d 245 (Fla. 1st D.C.A. 1994), rev'd and remanded, 670 So. 2d 932 at 934 (Fla. 1996).

centralized responsibility for statewide collection and analysis of health workforce data, specifically physician data.

- The DOH gathers data for recommending areas for designation by the federal government as health professional shortage areas. DOH also gathers data in its efforts to provide consultation and technical assistance to increase access to primary care. The DOH has consulted with the Cecil G. Sheps Center, one of six regional health workforce centers supported in part by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) to cover health workforce issues. Informally, the Sheps Center has consulted with DOH staff on methodologies, which may be used to analyze physician licensure data maintained by DOH.
- The staff of DOH's Office of Public Health Preparedness identified several registration systems that officials use to identify volunteer health professionals for staffing needs in the event of a disaster or public health emergency. The goal and priority of each of these registration systems is to develop an advanced licensing and credentialing system of qualified health professionals to volunteer during emergencies.
- Local health councils perform regional health planning activities. Local health councils, under s. 408.33, F.S., are authorized to collect, compile, and analyze health data to identify local health needs. The local health councils have established a common set of data elements that they collect and have gathered data on the numbers of licensed health care professionals by district. During 2005, the Health Council of South Florida, Inc. completed an inventory of physicians practicing in Monroe County.
- The State Center for Health Statistics within the Agency for Health Care Administration (AHCA), under s. 408.05, F.S., must collect data on health resources, including physicians dentists, nurses, and other health professionals, by specialty and type of practice. The center, as part of FloridaHealthStat does maintain data on the location of physicians practicing in Florida. Scholars have recently used hospital discharge data available from the center to examine the impact of malpractice reforms on the supply of physician services in Florida.[18]
- The Agency for Workforce Innovation gathers data by surveying employers of selected health professionals.
- The Department of Education gathers health workforce data related to enrollment and completion in health programs in educational institutions in Florida, and salaries and placement of graduates.
- Under s. 395.807, F.S., AHCA staffs the Family Practice Physician Recruitment and Retention Advisory Committee that tracks the placement of family practice physicians in underserved areas. Since 1994, the committee has been developing a program for recruiting minority physicians into family practice residency programs and promoting efforts to retain and place minority physicians into local communities.
- The Florida Medicaid program in AHCA has claims data for physicians participating in the Medicaid program.

Additionally, the Division of Health Access and Tobacco within DOH administers several programs that relate to physician access. The staff administers the following programs: Office of Health Professional Recruitment that identifies health professional shortage areas and recommends placements for the National Health Service Corps and J-1 visa waiver; the Community Hospital Education Council and the Community Hospital Education Program that provides funding for primary care resident programs; the Graduate Medical Education Committee that produces an annual report which outlines the role of residents and medical faculty in the provision of health care, the relationship of graduate medical education to Florida's physician workforce, the costs of training medical residents, the availability and adequacy of revenue to support graduate medical education, and the use of state and federal funds for graduate medical education by hospitals receiving such funds; the Area Health Education Center (AHEC) Network which focuses on the recruitment of community-based students into health care professions, the provision of medical training programs in underserved communities, and the retention of medical professionals through providing education and resource support services; and the local health councils which collect, compile, and analyze health data to identify local health care needs.

During the past 2 years, some stakeholders have advocated the creation of a centralized, comprehensive

[18] See "Effects of the Malpractice Crisis on Access to and Incidence of High-Risk Procedures: Evidence from Florida" David Dranove and Anne Gron, Health Affairs, Vol. 24, No. 3, pp. 802-810.

source of data on Florida's health professions workforce. In 2004, the Graduate Medical Education Committee, the Community Hospital Education Council and the Council of Florida Medical School Deans endorsed the establishment of a comprehensive database within DOH to serve as an official repository for accurate and current data on the health professions workforce.[19] The council also suggested creation, by law, of a comprehensive, state-level health practitioner workforce database which would define data elements, authorize the use of data collected through the licensure process, provide procedures for collection of data, and provide funding and administration of a health practitioner workforce database.

Other State, Federal, and Private Initiatives Evaluating Physician Data

The State of Georgia has established the Georgia Board for Physician Workforce (GBPW) that monitors, evaluates and reports on the supply and distribution of physicians by specialty and geographic location. In addition to its duties to evaluate and report on the physician workforce, GBPW's other specified duties include: locating and determining specific underserved areas of Georgia in which unmet needs exist for physicians; operating a statewide information clearinghouse to promote placement and retention of physicians in Georgia; and administering funding for designated undergraduate and graduate medical education programs to help offset the cost of training physicians.

Other states have established strategies similar to those used in Georgia to ensure the production and distribution of physicians and to support graduate medical education programs in their states.[20] Wisconsin in the years 1996 and 2000 required all physicians to complete an extensive physician workforce survey. The 2000 survey had a 90 percent response rate and was conducted in cooperation with Wisconsin-licensed physicians.[21]

As a HRSA-designated regional center, the Cecil G. Sheps Center in North Carolina collects and provides data on selected licensed health professionals in North Carolina. The HRSA-designated regional centers also collect, analyze, and provide health workforce information and facilitate workforce planning efforts of national importance. The Center also supports itself with funds from the State of North Carolina and with contracts and grants from several philanthropic foundations and federal government agencies, including the Agency for Health Care Policy and Research and the National Institutes of Health.

In addition to these governmental initiatives to collect physician workforce data, the American Medical Association (AMA) maintains a role in the collection, maintenance and dissemination of primary source physician data. The AMA has developed and maintained the AMA DoctorFinder, which allows a user to get information on 650,000 physicians licensed in the United States and the AMA Physician Masterfile. The AMA Physician Masterfile is the nation' largest repository of primary source physician data.

During 2005, the Council on Graduate Medical Education, a national advisory organization that makes recommendations on the adequacy of the supply and distribution of physicians, predicted that the demand for physicians, nationally, will significantly outpace the supply by the year 2020.[22] The council recommends that medical schools expand the number of graduates by 3,000 per year by 2015. Due to the projected physician workforce shortage, the council recommends that additional research should be conducted to guide decisions on the size and mix of the physician workforce.

Streamlining Physician Licensure Procedures

Many state boards that regulate medical and osteopathic physicians verify through a primary source the credentials required for physician licensure. Primary source verification of a physician's credentials can be a very labor-intensive process, which may create delays in a board evaluating a licensure application. The Board of Medicine encourages, but does not require, licensure applicants to use the Federation Credentials Verification Service (FCVS) to have the

[19] For a more detailed discussion, see "Review of Data on Physician Availability and Patient Access to Physician Services, The Florida Senate Interim Project Report 2004-164 (January 2004).

[20] See Council on Graduate Medical Education Resource Paper, "State and Managed Care Support for Graduate Medical Education: Innovations and Implications for Federal Policy" July 2004.

[21] See "Physician Workforce Data 2000" on the Wisconsin Dept. of Health and Family Services' website at: <http://www.dhfs.state.wi.us/stats/index.htm>.

[22] See Council on Graduate Medical Education's "Physician Workforce Policy Guidelines for the United States, 2000-2020 Sixteenth Report January 2005."

applicant's core credential's verified. The FCVS operates under the auspices of the Federation of State Medical Boards. The staff of the Board of Medicine and the Board of Osteopathic Medicine verify an applicant's core credentials as part of the initial licensure process. The core credentials include medical education, all postgraduate medical training, national licensure examination history, ECFMG certification, any current staff privileges, any physician licenses held in other states, disciplinary history, and medical malpractice claims.

The FCVS supplements state medical board's licensure processes by providing a permanent repository that is designed to provide primary-source verification of a physician applicant's core credentials. Physicians who complete the verification process establish a permanent, lifetime portfolio of primary-source verified credentials, which allows easy, quick, and inexpensive access to their medical credentials.[23] The verified data may be used throughout the physician's career for state licensure, hospital privileges, and employment. Medical boards in about nine states and one U.S. territory currently require FCVS verification for all applicants and about 36 states accept FCVS verification as part of their licensure procedures.[24]

The staff of the Board of Medicine and the Board of Osteopathic Medicine have also worked with the Federation of State Medical Boards and other states' physician boards to adopt common elements for a physician licensure application. Various medical boards have, in an effort to improve the licensure process, moved towards a goal of establishing more uniformity in the process to make it easier for initial licensure applicants and to improve licensure portability.[25] A physician seeking initial licensure in several jurisdictions may benefit from a more uniform and streamlined application process, which may be supplemented for state-specific information.

RECOMMENDATIONS

The Division of Health Access and Tobacco, DOH, should be funded and charged to monitor, evaluate, and report on the supply and distribution of physicians using data that is already being collected. At a minimum, the division should develop a strategy to track and analyze, on an ongoing basis, the distribution of Florida-licensed physicians by specialty and geographic location.

The DOH and the appropriate physician boards should collaborate and work with stakeholders, as specific data needs are identified, to revise the information gathered during the licensure process to improve the usefulness of the data for purposes of physician workforce supply planning.

The licensure statutes for medical physicians should be amended to require initial applicants for full licensure to use the Federation Credentials Verification Service administered by the Federation of State Medical Boards to have the core credentials of the applicant verified.

The Board of Medicine and the Board of Osteopathic Medicine should continue to work with the Federation of State Medical Boards and other state boards on common data elements of the physician licensure application.

[23] See the Federation of State Medical Boards' website for more information at <www.fsmb.org/fcvs>.

[24] Alaska, Arkansas, Nebraska, Pennsylvania, Guam, and Puerto Rico do not accept FCVS profiles as part of physician licensure. Source: Federation of State Medical Board's website.

[25] Telephone interviews with the Federation of State Medical Boards' officials and staff of the Florida Board of Medicine.