



## **Physician Workforce Development Council**

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### **Meeting Materials**

March 21, 2024



Florida Department of Health  
Physician Workforce Advisory Council

Virtual

March 21, 2024

## AGENDA

The meeting will start at 11 a.m. EST, or soon thereafter, and will end no later than 1 p.m. EST.

**1. Opening Remarks**

Joseph A. Ladapo, MD, PhD, State Surgeon General  
Florida Department of Health

**2. Brief Introductions and Meeting Overview**

Members of the Council

**3. Approval of Minutes from the May 25, 2023, and October 25, 2023, Meetings**

**4. Discussion Topics**

**a. Florida Sunshine Laws**

Roger Andrews, Senior Attorney, Florida Department of Health

**b. Florida Community Health Assessment Resource Tool Set**

Sheri Creel, Public Health Reporting Section Administrator

**c. Roles and Responsibilities of the Council and Department**

Jon Conley, Council Coordinator, Florida Department of Health

**d. Strategic Planning Update and Discussion**

Debra Andree, MD, BSN, FAAP, Member, Physician Workforce Advisory Council

**e. Physician Workforce Advisory Council 2024 Meeting Schedule Discussion**

Jon Conley, Council Coordinator, Florida Department of Health

**5. Public Comment**

**6. Closing Remarks**

**7. Adjournment**

# **Florida Physician Workforce Advisory Council Membership**

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**Chair:**

Dr. Joseph A. Ladapo, MD, PhD

**Vice Chair:**

Dr. Ulyee Choe, DO (DOH)

**Members:**

Dr. Anthony Speights, MD

Dr. Cuc Mai, MD

Dr. Mark Sandhouse, DO

Mrs. Danielle Drummond, MS

Mr. Gino Santorio, MPA

Dr. Corey Howard, MD

Dr. Michael Patete, MD

Dr. Linda Delo, DO

Dr. Brett Scotch, DO

Dr. Nathan Falk, MD

Dr. Peter Cohen, DO

Dr. Debra Andree, MD

Dr. Jennifer Keehbauch, MD

Dr. Joedrecka Brown Speights, MD

Mrs. Emily Sikes

Mr. Steven Bennett, MA

**GOVERNMENT IN THE SUNSHINE**  
**Physician Workforce Advisory Council**  
**Sunshine in the Work Place, Social Events and Other Board**  
**Meetings**

**PUBLIC ACCESS**

Section 286.011, Florida Statutes, and Article. 1, Section 24, of the Florida Constitution require meetings of councils that act in an advisory capacity to be open to the public at all times. Council members may only discuss council issues in a meeting that has been publicly noticed. In other words, the public has a statutory and constitutional right of access to any meeting or gathering of two or more members, when the members come together to discuss issues before the council, or issues that could foreseeably come before the council.

*Council Issues:*

Per section 381.4018(4)(f), Florida Statutes, the Physician Workforce Advisory Council shall:

1. Advise the State Surgeon General and the department on matters concerning current and future physician workforce needs in this state;
2. Review survey materials and the compilation of survey information;
3. Annually review the number, location, cost, and reimbursement of graduate medical education programs and positions;
4. Provide recommendations to the department regarding the survey completed by physicians licensed under chapter 458 or chapter 459;
5. Assist the department in preparing the annual report to the Legislature pursuant to ss. 458.3192 and 459.0082;
6. Assist the department in preparing an initial strategic plan, conduct ongoing strategic planning in accordance with this section, and provide ongoing advice on implementing the recommendations;
7. Monitor and provide recommendations regarding the need for an increased number of primary care or other physician specialties to provide the necessary current and projected health and medical services for the state; and
8. Monitor and make recommendations regarding the status of the needs relating to graduate medical education in this state.

### *Notice of public meeting:*

Reasonable notice (generally 7 days unless it is an emergency meeting) to the public is provided through posting on the Department's website and often through publication in the Florida Administrative Register. The Department staff will submit public notices on behalf of the council.

### HELPFUL CONSIDERATIONS

Telephone calls are included in the notice requirement. If two or more council members intend to discuss council issues, the telephone call must be properly noticed and public access to the call must be provided.

Written communication between two or more council members regarding issues that will or may come before the council is not allowed. Written reports may be circulated by Department staff prior to a council meeting, but comments, discussions or decisions regarding the report may not be made except during the publicly noticed meeting.

Council members cannot use a non-council member as a liaison to communicate with other council members.

Council members can discuss council issues with Department staff without violating sunshine laws, but a council member cannot use staff to circulate information or ideas from one council member to another.

Council members who are colleagues in the same work environment must avoid any discussion of council issues in the course of their employment.

Council members who serve on other boards together must refrain from discussing issues that will or may come before the council during the other board meeting. However, if there are potential Physician Workforce Advisory Council issues on the agenda of another board meeting in which two or more council members intend to participate, then council members may request staff to publish notice of the other board meeting so that they may openly participate in that discussion. This additional notice would need to be published at least 7 days prior to the other board meeting.

Two or more council members can attend the same social events such as lunch or conventions but must refrain from discussing council issues.

In discussing confidential information, such as medical records of a patient, unless a specific exemption of the Sunshine Law exists, the confidential nature of the discussion does not exempt the participants from providing public access to the discussions.

# Physicians Workforce Advisory Council

## Subcommittee on Strategic Planning

### Strategic Plan Outline

#### Introduction:

The State of Florida recognizes the importance of ensuring an adequate and well-trained physician workforce to meet the healthcare needs of the state. In alignment with the requirements outlined in Section 381.4018 of the Florida Statutes, the Florida Physicians Workforce Advisory Committee is developing a Statewide Strategic Plan to address key challenges and guide the recruitment, development, and retention of physicians across the state, now and in the future.

#### Vision for Strategic Plan:

To establish and maintain a robust and dynamic physicians' workforce in the state of Florida that can provide accessible, high-quality healthcare services.

#### Mission for Strategic Plan:

To create sustainable and adaptable strategies that address current and future physician workforce needs of the state and seeks to improve healthcare outcomes, and promote access to quality healthcare services throughout the state.

#### Goals for Strategic Plan:

1. **Workforce:** Increase Physician Supply.
2. **Access:** Improve the Distribution and Availability of Physicians.
3. **Data-informed:** Improve Physician Workforce Data and Planning.
4. **Partnerships:** Foster Collaboration and Stakeholder Engagement.

**381.4018 Physician workforce assessment and development.—**

(1) DEFINITIONS.—As used in this section, the term:

(a) “Consortium” or “consortia” means a combination of statutory teaching hospitals, specialty children’s hospitals, statutory rural hospitals, other hospitals, accredited medical schools, clinics operated by the Department of Health, clinics operated by the Department of Veterans’ Affairs, area health education centers, community health centers, federally qualified health centers, prison clinics, local community clinics, or other programs. At least one member of the consortium shall be a sponsoring institution accredited or currently seeking accreditation by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

(b) “Council” means the Physician Workforce Advisory Council.

(c) “Department” means the Department of Health.

(d) “Graduate medical education program” means a program accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

(e) “Primary care specialty” means emergency medicine, family practice, internal medicine, pediatrics, psychiatry, geriatrics, general surgery, obstetrics and gynecology, and combined pediatrics and internal medicine and other specialties as determined by the Physician Workforce Advisory Council or the Department of Health.

(2) PURPOSE.—The department shall serve as a coordinating and strategic planning body to actively assess the state’s current and future physician workforce needs and work with multiple stakeholders to develop strategies and alternatives to address current and projected physician workforce needs.

(3) GENERAL FUNCTIONS.—The department shall maximize the use of existing programs under the jurisdiction of the department and other state agencies and coordinate governmental and nongovernmental stakeholders and resources in order to develop a state strategic plan and assess the implementation of such strategic plan. In developing the state strategic plan, the department shall:

(a) Monitor, evaluate, and report on the supply and distribution of physicians licensed under chapter 458 or chapter 459. The department shall maintain a database to serve as a statewide source of data concerning the physician workforce.

(b) Develop a model and quantify, on an ongoing basis, the adequacy of the state’s current and future physician workforce as reliable data becomes available. Such model must take into account demographics, physician practice status, place of education and training, generational changes, population growth, economic indicators, and issues concerning the “pipeline” into medical education.

(c) Develop and recommend strategies to determine whether the number of qualified medical school applicants who might become competent, practicing physicians in this state will be sufficient to meet the capacity of the state’s medical schools. If appropriate, the department shall, working with representatives of appropriate governmental and nongovernmental entities, develop strategies and recommendations and identify best practice programs that introduce health care as a profession and strengthen skills needed for medical school admission for elementary, middle, and high school students, and improve premedical

education at the precollege and college level in order to increase this state's potential pool of medical students.

(d) Develop strategies to ensure that the number of graduates from the state's public and private allopathic and osteopathic medical schools is adequate to meet physician workforce needs, based on the analysis of the physician workforce data, so as to provide a high-quality medical education to students in a manner that recognizes the uniqueness of each new and existing medical school in this state.

(e) Pursue strategies and policies to create, expand, and maintain graduate medical education positions in the state based on the analysis of the physician workforce data. Such strategies and policies must take into account the effect of federal funding limitations on the expansion and creation of positions in graduate medical education. The department shall develop options to address such federal funding limitations. The department shall consider options to provide direct state funding for graduate medical education positions in a manner that addresses requirements and needs relative to accreditation of graduate medical education programs. The department shall consider funding residency positions as a means of addressing needed physician specialty areas, rural areas having a shortage of physicians, and areas of ongoing critical need, and as a means of addressing the state's physician workforce needs based on an ongoing analysis of physician workforce data.

(f) Develop strategies to maximize federal and state programs that provide for the use of incentives to attract physicians to this state or retain physicians within the state. Such strategies should explore and maximize federal-state partnerships that provide incentives for physicians to practice in federally designated shortage areas, in otherwise medically underserved areas, or in rural areas. Strategies shall also consider the use of state programs, such as the Medical Education Reimbursement and Loan Repayment Program pursuant to s. 1009.65, which provide for education loan repayment or loan forgiveness and provide monetary incentives for physicians to relocate to underserved areas of the state.

(g) Coordinate and enhance activities relative to physician workforce needs, undergraduate medical education, graduate medical education, and reentry of retired military and other physicians into the physician workforce provided by the Division of Medical Quality Assurance, area health education center networks established pursuant to s. 381.0402, and other offices and programs within the department as designated by the State Surgeon General.

(h) Work in conjunction with and act as a coordinating body for governmental and nongovernmental stakeholders to address matters relating to the state's physician workforce assessment and development for the purpose of ensuring an adequate supply of well-trained physicians to meet the state's future needs. Such governmental stakeholders shall include, but need not be limited to, the State Surgeon General or his or her designee, the Commissioner of Education or his or her designee, the Secretary of Health Care Administration or his or her designee, and the Chancellor of the State University System or his or her designee, and, at the discretion of the department, other representatives of state and local agencies that are involved in assessing, educating, or training the state's current or future physicians. Other stakeholders shall include, but need not be limited to, organizations representing the state's public and private allopathic and osteopathic medical schools; organizations representing hospitals and other institutions providing health care, particularly those



that currently provide or have an interest in providing accredited medical education and graduate medical education to medical students and medical residents; organizations representing allopathic and osteopathic practicing physicians; and, at the discretion of the department, representatives of other organizations or entities involved in assessing, educating, or training the state's current or future physicians.

(i) Serve as a liaison with other states and federal agencies and programs in order to enhance resources available to the state's physician workforce and medical education continuum.

(j) Act as a clearinghouse for collecting and disseminating information concerning the physician workforce and medical education continuum in this state.

The department may adopt rules to implement this subsection, including rules that establish guidelines to implement the federal Conrad 30 Waiver Program created under s. 214(l) of the Immigration and Nationality Act.

(4) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created in the department the Physician Workforce Advisory Council, an advisory council as defined in s. 20.03. The council shall comply with the requirements of s. 20.052, except as otherwise provided in this section.

(a) The council shall consist of 19 members. Members appointed by the State Surgeon General shall include:

1. A designee from the department who is a physician licensed under chapter 458 or chapter 459 and recommended by the State Surgeon General.

2. An individual who is affiliated with the Science Students Together Reaching Instructional Diversity and Excellence program and recommended by the area health education center network.

3. Two individuals recommended by the Council of Florida Medical School Deans, one representing a college of allopathic medicine and one representing a college of osteopathic medicine.

4. One individual recommended by the Florida Hospital Association, representing a hospital that is licensed under chapter 395, has an accredited graduate medical education program, and is not a statutory teaching hospital.

5. One individual representing a statutory teaching hospital as defined in s. 408.07 and recommended by the Safety Net Hospital Alliance.

6. One individual representing a family practice teaching hospital as defined in s. 395.805 and recommended by the Council of Family Medicine and Community Teaching Hospitals.

7. Two individuals recommended by the Florida Medical Association, one representing a primary care specialty and one representing a nonprimary care specialty.

8. Two individuals recommended by the Florida Osteopathic Medical Association, one representing a primary care specialty and one representing a nonprimary care specialty.

9. Two individuals who are program directors of accredited graduate medical education programs, one representing a program that is accredited by the Accreditation Council for Graduate Medical Education and one representing a program that is accredited by the American Osteopathic Association.

10. An individual recommended by the Florida Association of Community Health Centers representing a federally qualified health center located in a rural area as defined in s. 381.0406(2)(a).
11. An individual recommended by the Florida Academy of Family Physicians.
12. An individual recommended by the Florida Alliance for Health Professions Diversity.
13. The Chancellor of the State University System or his or her designee.
14. A layperson member as determined by the State Surgeon General.

Appointments to the council shall be made by the State Surgeon General. Each entity authorized to make recommendations under this subsection shall make at least two recommendations to the State Surgeon General for each appointment to the council. The State Surgeon General shall name one appointee for each position from the recommendations made by each authorized entity.

(b) Each council member shall be appointed to a 4-year term. An individual may not serve more than two terms. Any council member may be removed from office for malfeasance; misfeasance; neglect of duty; incompetence; permanent inability to perform official duties; or pleading guilty or nolo contendere to, or being found guilty of, a felony. Any council member who meets the criteria for removal, or who is otherwise unwilling or unable to properly fulfill the duties of the office, shall be succeeded by an individual chosen by the State Surgeon General to serve out the remainder of the council member's term. If the remainder of the replaced council member's term is less than 18 months, notwithstanding the provisions of this paragraph, the succeeding council member may be reappointed twice by the State Surgeon General.

(c) The chair of the council is the State Surgeon General, who shall designate a vice chair from the membership of the council to serve in the absence of the State Surgeon General. A vacancy shall be filled for the remainder of the unexpired term in the same manner as the original appointment.

(d) Council members are not entitled to receive compensation or reimbursement for per diem or travel expenses.

(e) The council shall meet at least twice a year in person or by teleconference.

(f) The council shall:

1. Advise the State Surgeon General and the department on matters concerning current and future physician workforce needs in this state;
2. Review survey materials and the compilation of survey information;
3. Annually review the number, location, cost, and reimbursement of graduate medical education programs and positions;
4. Provide recommendations to the department regarding the survey completed by physicians licensed under chapter 458 or chapter 459;
5. Assist the department in preparing the annual report to the Legislature pursuant to ss. 458.3192 and 459.0082;
6. Assist the department in preparing an initial strategic plan, conduct ongoing strategic planning in accordance with this section, and provide ongoing advice on implementing the recommendations;

7. Monitor and provide recommendations regarding the need for an increased number of primary care or other physician specialties to provide the necessary current and projected health and medical services for the state; and

8. Monitor and make recommendations regarding the status of the needs relating to graduate medical education in this state.

**History.**—s. 1, ch. 2007-172; s. 20, ch. 2008-6; s. 29, ch. 2010-161; s. 56, ch. 2012-184; s. 3, ch. 2020-133.

458.3191 Physician survey.—

(1) Each person who applies for licensure renewal as a physician under this chapter or chapter 459 must, in conjunction with the renewal of such license 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 to the Department of Health in a physician survey:

(a) Licensee information, including, but not limited to:

1. Frequency and geographic location of practice within the state.
2. Practice setting.
3. Percentage of time spent in direct patient care.
4. Anticipated change to license or practice status.
5. Areas of specialty or certification.

(b) Availability and trends relating to critically needed services, including, but not limited to:

1. Obstetric care and services, including incidents of deliveries.
2. Radiological services, particularly performance of mammograms and breast-imaging services.
3. Physician services for hospital emergency departments and trauma centers, including on-call hours.
4. Other critically needed specialty areas, as determined by the department.

(2) Such information furnished must include a statement submitted by the physician that the information provided is true and accurate to the best of his or her knowledge and the submission does not contain any knowingly false information.

(3)(a) The Department of Health shall issue a nondisciplinary citation to any physician licensed under this chapter or chapter 459 who fails to complete the survey within 90 days after the renewal of his or her license to practice as a physician.

(b) The citation must notify a physician who fails to complete the survey required by this section that his or her license will not be renewed for any subsequent license renewal unless the physician completes the survey.

(c) In conjunction with issuing the license renewal notice required by s. 456.038, the Department of Health shall notify each physician licensed under this chapter or chapter 459 who has failed to complete the survey at the licensee's last known address of record with the Department of Health of the requirement that the physician survey be completed prior to the subsequent license renewal. At any subsequent license renewal, the Department of Health may not renew the license of any physician licensed under this chapter or chapter 459 until the survey required under this section is completed by the licensee.

(4) The Department of Health shall adopt rules pursuant to ss. 120.536(1) and 120.54 necessary to implement this section.

History.—s. 2, ch. 2007-172.

1Note.—Also published at s. 459.0081.

**458.3192 Analysis of survey results; report.—**

(1) Each year, the Department of Health shall analyze the results of the physician survey required by s. 458.3191 and determine by geographic area and specialty the number of physicians who:

- (a) Perform deliveries of children in this state.
- (b) Read mammograms and perform breast-imaging-guided procedures in this state.
- (c) Perform emergency care on an on-call basis for a hospital emergency department.
- (d) Plan to reduce or increase emergency on-call hours in a hospital emergency department.
- (e) Plan to relocate outside the state.
- (f) Practice medicine in this state.
- (g) Plan to reduce or modify the scope of their practice.

(2) The Department of Health must report its findings to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1 each year. The department shall also include in its report findings, recommendations, and strategic planning activities as provided in s. 381.4018. The department may also include other information requested by the Physician Workforce Advisory Council.

**History.**—s. 3, ch. 2007-172; s. 30, ch. 2010-161.

<sup>1</sup>**Note.**—Also published at s. 459.0082.