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<http://mn.gov/health-licensing-boards/podiatric-medicine/>

**AT A GLANCE**

(All data is for FY 13)

**Credentialing Services**

- 227 licensees
- 18 new licenses issued
- 2 license reinstatements
- 16 temporary permits issued
- 858 license verifications issued

**Professional Development /Continuing Education**

- 2,640 Continuing Medical Education (CME) hours reviewed
- Approved 8 CME sponsorships
- Conducted 18 DPM interviews
- Administered 18 jurisprudence exams

**Complaint Resolution**

- 8 complaints investigated
- 2 complaints resulting in formal actions
- 18 National Practitioner Data Bank disciplinary background reports requested

**PURPOSE**

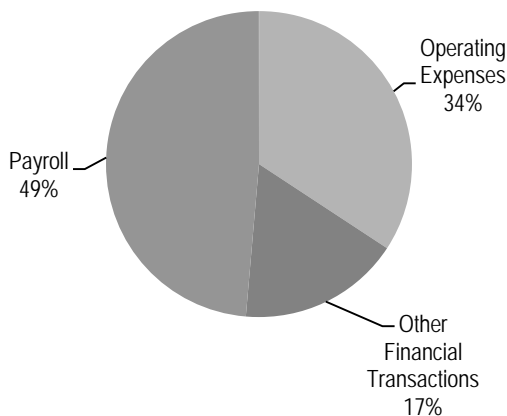
The Minnesota Board of Podiatric Medicine was established in 1916 and is mandated by M.S. §153.01 - §153.26 and Minnesota Rules 6900. The Board mission is to protect the public by extending the privilege to practice to qualified doctors of podiatric medicine (DPM) and investigating complaints relating to their competency or behavior. These activities contribute to the statewide outcomes that people in **Minnesota are safe, have optimal health, and have access to efficient and accountable government services.**

The Board accomplishes its mission by:

- Responding to public and agency inquiries, complaints and reports regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners;
- Reviewing allegations of statute and rule violations, holding disciplinary conferences with licensees, and taking legal action to suspend or revoke the licenses of podiatrists who fail to meet standards;
- Setting and administering educational requirements and examination standards for DPM licensure; and
- Providing information and education about licensure requirements and standards of practice to the public and other interested audiences.

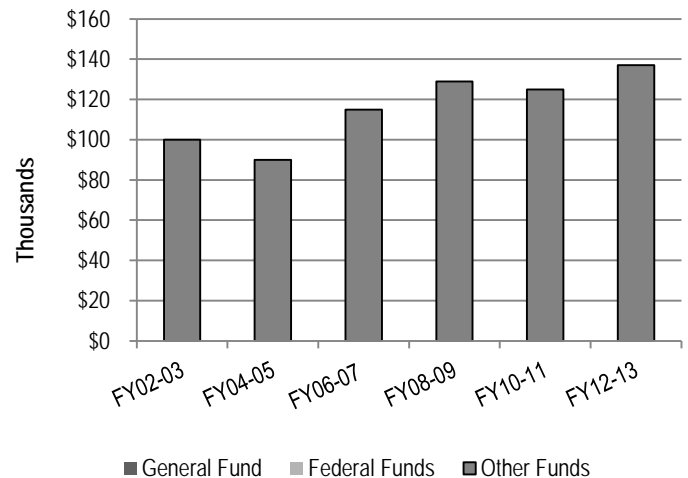
**BUDGET**

**Spending by Category  
FY 13 Actual**



Source: SWIFT

**Historical Spending**



Source: Consolidated Fund Statement

The Minnesota Board of Podiatric Medicine has a total annual budget of \$106,000. The Board is entirely fee funded, receiving no General Fund dollars. Fees are deposited in a non-dedicated special revenue fund and authority is then granted by the Minnesota Legislature to pay operating costs.

## STRATEGIES

The Board of Podiatric Medicine is guided by the principles:

- Responsibility for public protection will be fulfilled with respect for due process and adherence to laws and rules;
- Customer services will be delivered in a respectful, responsive, timely, communicative, and nondiscriminatory manner;
- Government services will be accessible, purposeful, responsible, and secure; and
- Business functions will be delivered with efficiency, accountability and a willingness to collaborate.

The Board's licensure strategies are accomplished through licensure of DPM who meet set standards of education, examination, supervised practice, continuing education, and ethical practice. The number of licensed DPM in Minnesota has increased 26% in the past ten years, from 180 to 227. In FY13 the Board licensed 18 new DPM. This reflects the growing need for their services. The demand is expected to continue with an aging population.

The Board's Complaint Resolution Committee (CRC) is authorized by Minnesota Statutes, Chapter 214 to receive, investigate and resolve complaints regarding conduct or standard of care. Eight complaints were received and investigated in FY13, resulting in one license being revoked.

The Board recently updated its enabling statutes to conform with best practices in the profession. Prior to this date, Minnesota was on the low end of continuing medical education (CME) requirements compared to other states. Therefore the Board increased the required number of CME's for license from 30 to 40 hours. The Board also strengthened licensure requirements to include successful completion of a residency, reflecting the fact that only three-year residency programs are now being approved by the national accrediting entity.

The Board's administrative strategies are advanced through responsive, efficient, and cost-effective services that have absorbed increases in license renewals, temporary permits and license verifications without increases in staffing. One strategy is technology upgrades. Online services were first implemented in 2004. The utilization rate of online services for license verifications has steadily increased from 52% in 2006 to 90% in 2010 to 96% in FY13.

The Board is comprised of seven volunteer members appointed by the Governor - five DPM and two public members who receive a per diem and mileage reimbursement for meetings. The full Board meets quarterly and the Complaint Review Committee (CRC) meets approximately 6-10 times each year. Board meetings focus on results driven accountability with other stakeholders in attendance. Board discussion leads to action steps and directives to staff which are reflected in board meeting minutes. Board minutes are posted on the website.

## RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Number of licensees	180	227	SFY04 SFY13
Quality	Number of new license applications	11	18	SFY12 SFY13
Quantity/Quality	Number (percent) of license verifications made online	696 (90%)	822 (96%)	SFY10 SFY13
Quantity	Number of complaints received	12	8	SFY12 SFY13
Quality	Average number of days for applicants to be granted their initial license upon fulfilling all requirements	Not Determined	2 Days	SFY13

The statutory authority for the Minnesota Board of Podiatric Medicine is located in Chapter 153.01 – 153.26:

<https://www.revisor.mn.gov/statutes/?id=153.01>

The rules are located in MN Rules Chapter 6900. <https://www.revisor.mn.gov/rules/?id=6900>

Additional statutes pertaining to all health licensing boards are found in Chapters 13, 16, and 214.

**Expenditures By Fund**

	Actual		Actual FY14	Estimate FY15	Forecast Base		Governor's Recommendation	
	FY12	FY13			FY16	FY17	FY16	FY17
1201 - Health Related Boards	58	79	61	102	83	83	84	85
<b>Total</b>	<b>58</b>	<b>79</b>	<b>61</b>	<b>102</b>	<b>83</b>	<b>83</b>	<b>84</b>	<b>85</b>
<i>Biennial Change</i>				26		3		6
<i>Biennial % Change</i>				19		2		4
<i>Governor's Change from Base</i>								3
<i>Governor's % Change from Base</i>								2

**Expenditures by Program**

Program: Podiatry Board of	58	79	61	102	83	83	84	85
<b>Total</b>	<b>58</b>	<b>79</b>	<b>61</b>	<b>102</b>	<b>83</b>	<b>83</b>	<b>84</b>	<b>85</b>

**Expenditures by Category**

Compensation	46	44	47	53	57	57	57	57
Operating Expenses	11	24	14	49	26	26	27	28
Other Financial Transactions		10						
<b>Total</b>	<b>58</b>	<b>79</b>	<b>61</b>	<b>102</b>	<b>83</b>	<b>83</b>	<b>84</b>	<b>85</b>

**Full-Time Equivalent**

	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
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(Dollars in Thousands)

**1201 - Health Related Boards**

	Actual		Actual FY 14	Estimate FY15	Forecast Base		Governor's Recommendation	
	FY12	FY 13			FY16	FY17	FY16	FY17
Balance Forward In		19		15				
Direct Appropriation	75	85	76	87	77	77	78	79
Open Appropriation	1	2	0	0	6	6	6	6
Cancellations		26						
<b>Expenditures</b>	<b>58</b>	<b>79</b>	<b>61</b>	<b>102</b>	<b>83</b>	<b>83</b>	<b>84</b>	<b>85</b>
Balance Forward Out	19		15					
<i>Biennial Change in Expenditures</i>				26		3		6
<i>Biennial % Change in Expenditures</i>				19		2		4
<i>Gov's Exp Change from Base</i>								3
<i>Gov's Exp % Change from Base</i>								2
FTEs	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5

**Podiatric Medicine, Board of**

**FY16-17 Biennial Budget Change Item**

**Change Item Title: Operating Adjustment**

<b>Fiscal Impact (\$000s)</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Health Related Boards Fund				
Expenditures	1	2	2	2
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	1	2	2	2
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Recommendation:**

The Governor recommends additional funding for compensation related costs associated with the delivery of agency services. This amount represents an annual increase of 1.8% for General Fund compensation costs.

**Rationale/Background:**

Each year, compensation costs rise due to labor contract settlements, and changes in employer-paid contributions for insurance, FICA, Medicare, retirement, and other factors. Absorbing this increase in compensation costs within existing agency base appropriations results in reduced staffing and/or reduced non-compensation spending.

**Proposal:**

The Governor recommends increasing agencies' general fund budgets for employee wage and benefit costs by 1.8% per year for FY 2016-17. Agencies were instructed to include a 1.8% increase to total compensation each year in their base budgets, based upon the compound annual compensation spending rate increase per FTE over the last ten years for executive branch employees. This recommendation is intended to allow agencies to maintain their current level of agency operations.

For non-General Fund direct appropriated funds, the Governor's budget recommendations also include an adjustment of 1.8% per year, where the amount can be supported by the source of revenue.

**Results:**

This proposal is intended to allow agencies to continue to provide current levels of service and information to the public.

**Statutory Change(s):**

N.A.