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mn.gov/boards/podiatric-medicine/

AT A GLANCE

FY19

Credentialing Services

- 574 Licensees - 267 Doctors of Podiatric Medicine (DPM), 88 Orthotists, 28 Prosthetists, 87 Prosthetist Orthotists, 49 Pedorthists, 28 Fitters, 14 Assistants
- 101 DPM License Renewals/72 % completed online
- 13 Temporary Permits
- 51 New Applicants/69% completed online
 - 19 DPM Applications, 4 Orthotists, 1 Prosthetist, 13 Prosthetist Orthotist
 - 3 Pedorthists, 8 Fitters, 3 Assistants,
- 1,092 License Verifications/98% completed online

Professional Development/Continuing Education

- 4,040 Continuing Medical Education (CME) hours reviewed
- Approved 6 CME Sponsorships
- Conducted 13 DPM Interviews
- Administered 13 Jurisprudence Exams

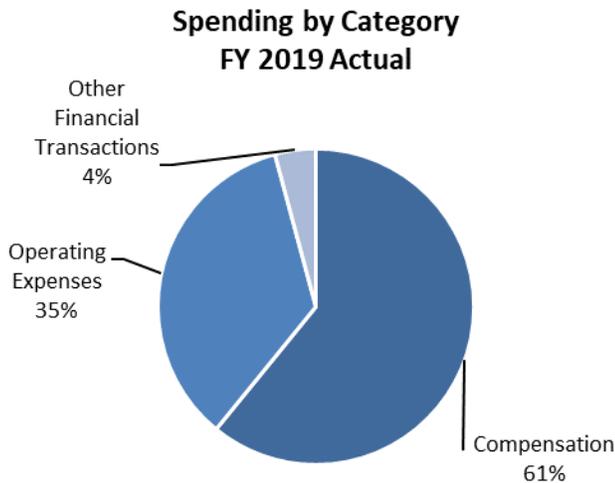
PURPOSE

The Minnesota Board of Podiatric Medicine was established in 1916. The Board mission is to protect the public by extending the privilege to practice to qualified doctors of podiatric medicine (DPM), orthotists, prosthetists, prosthetist orthotists, pedorthists, fitters and assistance and investigating complaints relating to their competency or behavior.

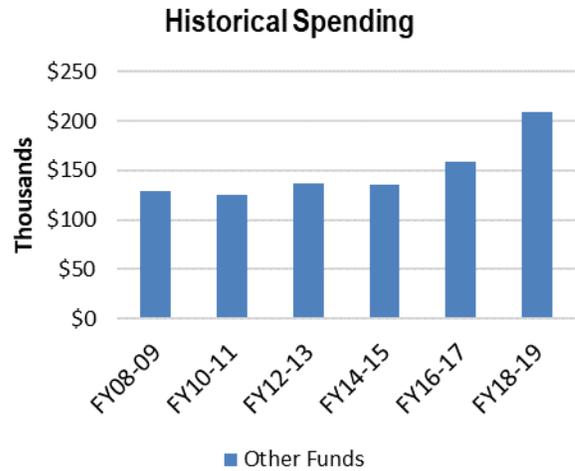
The Board accomplishes its mission by:

- 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 formal action to suspend or revoke the licenses of DPM who fail to meet standards;
- Setting and administering educational requirements and examination standards for licensure; and providing information and education about licensure requirements and standards of practice to the public and other interested audiences.

BUDGET



Source: Budget Planning & Analysis System (BPAS)



Source: Consolidated Fund Statement

The Board is funded by licensure fees and receives no general fund dollars. Minnesota Statutes section 214.06, subdivision 1(a) compels the Board to collect fees in the amount enough to cover direct and indirect expenditures. Funds are deposited as non-dedicated revenue into the state government special revenue fund. From this fund, the Board receives a direct appropriation to pay for agency expenses such as salaries, rent, costs associated with disciplinary/contested cases and operating expenditures. It also pays statewide indirect costs through an open appropriation.

In addition to Board operations, licensure fees fund activities that support multiple boards and/or other agencies. Some of these are: the Administrative Services Unit (interboard), Health Professionals Services Program (interboard), Prescription Monitoring Program (Pharmacy Board), Office of the Attorney General for legal services, and the Criminal Background Check Program (interboard).

STRATEGIES

The Board of Podiatric Medicine is guided by these 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 applicants who meet set standards of education, examination, supervised practice, continuing education, and ethical practice. The number of licensed DPMs in Minnesota has increased 8% over the past two years. This reflects the growing need for their services and 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.

The Board's administrative strategies are advanced through responsive, efficient, and cost-effective services that include a commitment to technology upgrades, helping to achieve this goal. The Automated Licensing

Information Management System (ALIMS) offers online applications, renewals and verifications and receives them in real time, creating significant efficiencies.

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) more frequently.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Number of DPM licensees	247	267	2017 2019
Quality	Number of new license applications	15	51	2017 2019
Quantity/Quality	Percent and number of license verifications made online	957/97%	1092/98%	2017 2019
Quantity	Number of complaints received/investigated	11	11	2017 2019
Quality	Licenses granted within 2 days upon receipt of all documentation	100%	100%	2017 2019

The statutory authority for the Minnesota Board of Podiatric Medicine is located in Chapter 153.01 – 153.26, 153B <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.

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23

Expenditures by Fund

1201 - Health Related Boards	103	95	106	292	199	199
2000 - Restrict Misc Special Revenue	9	2	1	2	2	2
Total	113	97	107	294	201	201
Biennial Change				192		1
Biennial % Change				92		0

Expenditures by Program

Podiatry Board	113	97	107	294	201	201
Total	113	97	107	294	201	201

Expenditures by Category

Compensation	62	59	67	109	110	112
Operating Expenses	50	34	41	185	91	89
Other Financial Transaction		4				
Total	113	97	107	294	201	201

Full-Time Equivalents

	0.52	0.52	0.66	1.00	1.00	1.00
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(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
1201 - Health Related Boards						
Balance Forward In		96		93		
Direct Appropriation	199	199	204	199	199	199
Cancellations		200	5			
Balance Forward Out	96		93			
Expenditures	103	95	106	292	199	199
Biennial Change in Expenditures				200		0
Biennial % Change in Expenditures				101		(0)
Full-Time Equivalents	0.52	0.52	0.66	1.00	1.00	1.00

2000 - Restrict Misc Special Revenue

Balance Forward In		0	0	1	1	1
Receipts	10	1	1	2	2	2
Balance Forward Out	0	0	1	1	1	1
Expenditures	9	2	1	2	2	2
Biennial Change in Expenditures				(8)		1
Biennial % Change in Expenditures				(71)		29

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
Direct				
Fund: 1201 - Health Related Boards				
FY2021 Appropriations	199	199	199	398
Forecast Base	199	199	199	398
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	2	2	2	4
Forecast Base	2	2	2	4
Revenue Change Summary				
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	2	2	2	4
Non-Dedicated				
Fund: 1201 - Health Related Boards				
Forecast Revenues	139	290	139	429