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Board of Podiatric Medicine

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<https://mn.gov/boards/podiatic-medicine/>

AT A GLANCE

Credentialing Services

- 550 Licensees - 272 Doctors of Podiatric Medicine (DPM), 80 Orthotists, 27 Prosthetists, 100 Prosthetist Orthotists, 42 Pedorthists, 18 Fitters, 11 Assistants
- 146 DPM License Renewals (92% completed online)
- 13 Temporary Permits
- 51 New Applicants (88% completed online)
17 DPM Applications, 8 Orthotists, 2 Prosthetists, 17 Prosthetist Orthotists
1 Pedorthists, 5 Fitters, 1 Assistant
- 2,360 License Verifications (99% completed online)

Professional Development/Continuing Education

- 5,697 Continuing Medical Education (CME) hours reviewed
- Approved 6 CME Sponsorships
- Conducted 17 DPM Interviews
- Administered 17 Jurisprudence Exams

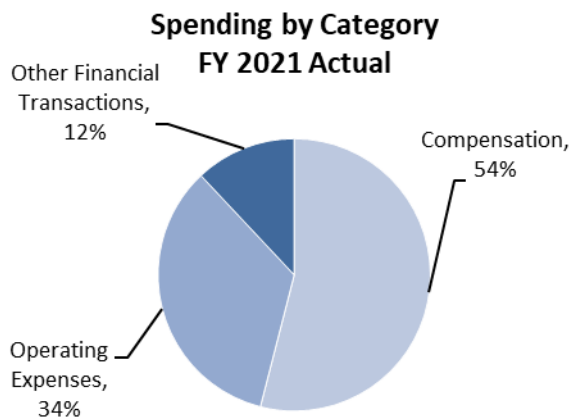
PURPOSE

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 assistants, and investigating complaints relating to their competency or behavior.

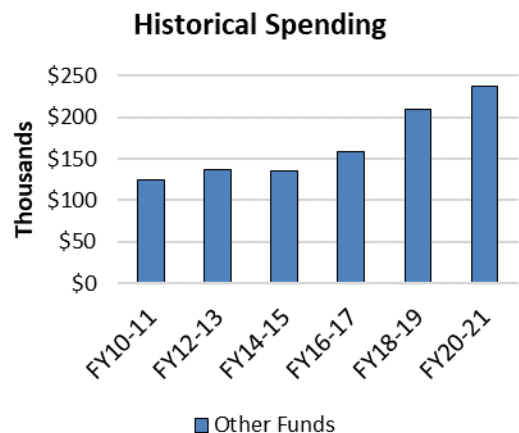
The Board accomplishes its mission by:

- 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.
- 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 (inter-board), Health Professionals Services Program (inter-board), Prescription Monitoring Program (Pharmacy Board), Office of the Attorney General for legal services, and the Criminal Background Check Program (inter-board).

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.
- 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	267	272	2019 2021
Quality	Number of new license applications	51	60	2019 2021
Quantity/Quality	Percent and number of license verifications made online	1,092/98%	2,360/99%	2019 2021
Quantity	Number of complaints received/investigated	11	10	2019 2021

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Licenses granted within 2 days upon receipt of all documentation	100%	100%	2019 2021

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 FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25

Expenditures by Fund

1201 - Health Related Boards	106	129	118	310	214	214
2000 - Restrict Misc Special Revenue	1	1	2	2	1	1
Total	107	130	120	312	215	215
Biennial Change				194		(2)
Biennial % Change				82		(0)

Expenditures by Program

Podiatry Board	107	130	120	312	215	215
Total	107	130	120	312	215	215

Expenditures by Category

Compensation	67	71	82	136	100	105
Operating Expenses	41	45	38	171	110	105
Other Financial Transaction		15		5	5	5
Total	107	130	120	312	215	215

Full-Time Equivalents

	0.66	0.60	0.59	0.85	0.75	0.75
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(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
1201 - Health Related Boards						
Balance Forward In		99		96		
Direct Appropriation	204	199	214	214	214	214
Cancellations	5	169				
Balance Forward Out	93		96			
Expenditures	106	129	118	310	214	214
Biennial Change in Expenditures				193		0
Biennial % Change in Expenditures				82		0
Full-Time Equivalents	0.66	0.60	0.59	0.85	0.75	0.75

2000 - Restrict Misc Special Revenue

Balance Forward In	0	1	1	1		
Receipts	1	1	2	1	1	1
Balance Forward Out	1	1	1			
Expenditures	1	1	2	2	1	1
Biennial Change in Expenditures				1		(2)
Biennial % Change in Expenditures				48		(45)

(Dollars in Thousands)

	FY23	FY24	FY25	Biennium 2024-25
Direct				
Fund: 1201 - Health Related Boards				
FY2023 Appropriations	214	214	214	428
Forecast Base	214	214	214	428
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	2	1	1	2
Forecast Base	2	1	1	2
Revenue Change Summary				
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	1	1	1	2
Non-Dedicated				
Fund: 1201 - Health Related Boards				
Forecast Revenues	155	289	155	444