

**Minnesota Board of Podiatric Medicine
Biennial Report
July 1, 1998 to June 30, 2000**

Costs to prepare this report include several hours of the Executive Director's time and the Board's share of Administrative Service Unit staff time in the preparation of the summary data.

I. General Information

A. Board Mission and Major Functions

Board of Podiatric Medicine Mission

The mission of the Board of Podiatric Medicine is to promote the public's interest in quality podiatric health care from competent podiatric health professionals by ensuring that podiatrists' qualifications meet the specifications established by the board.

Board of Podiatric Medicine functions

Setting and administering educational requirements and examination standards for licensure as a podiatrist:

- Reviewing podiatric functions and required knowledge, skills and abilities to aid in determining what requirements to set for initial and continuing licensure
- Setting licensure requirements through the rules process
- Developing and administering the state examination to determine candidate knowledge of Minnesota statutes and rules governing podiatric medicine
- Reviewing continuing education programs submitted by sponsors or individuals to determine if they meet requirements
- Reviewing individual applicant/licensee documentation of completion of requirements for initial and continuing licensure

Responding to public and agency inquiries, complaints and reports regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners

- Accepting complaints and reports from the public and health care providers and regulators
- Deciding whether a complaint or inquiry is jurisdictional and if so whether and what type of action to pursue to resolve the matter
- Referring inquiries and complaints to other investigative, regulatory or assisting agencies
- Responding to complainants and agency reports by informing the complainants/ agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports.

- Setting standards of conduct and a basis for disciplinary action through the rules process
- Seeking information directly from the licensee and securing investigation and fact finding information from other agencies in response to complaints or inquiries
- Holding conferences with licensees to identify their role and responsibility in a matter under investigation
- Providing applicants and licensees education to improve practice and prevent recurrence of problems
- Obtaining voluntary agreement to disciplinary action or pursuing disciplinary action through a due process, contested case hearing and potential court action

Providing information and education about licensure requirements and procedures and standards of practice to the public and other interested audiences

- Providing information to the community concerning requirements for podiatric licensure
- Providing information about careers in podiatric medicine and licensure requirements to prospective applicants for licensure
- Providing information to licensees to prevent inappropriate practice and to improve practice toward the end of quality podiatric health care
- Providing the public information about whether persons are licensed with the board and whether they have had disciplinary action taken against their licenses
- Providing information to legislative committees on statute changes and biennial budget
- Providing information and discussing legislation with the association representative
- Providing information to the Executive Director's forum and Council of Board Presidents' Meeting

B. Major activities during the biennium

The board accomplished the following major activities during the biennium:

- Revision of the board statutes to delete obsolete provisions and clarify others
- Revision of board rules to delete obsolete provisions, clarify items that had proven difficult to administer, accept continuing education approval by a national council and make modifications to the fee structure to ensure that costs of board operations fall as closely as possible on those who receive the services.
- Prepared new Rule Books with revisions
- Updated Jurisprudence Quiz to reflect changes in statutes and rules
- Designed new corporate renewal certificates
- Designed computer generated renewal certificates which allowed purchasing of certificates to be delayed to another fiscal year
- Computerized printing of original licenses
- Computer system upgraded for mandatory reporting of disciplinary action required by the Healthcare Integrity and Protection Data Bank (HIPDP)

- Agreed to a shift from manual to computer-based testing for the national examination for licensure, ensuring easier, faster access to exams for applicants and improving the security of the examination process. The first national testing will begin in December of 2000
- Participation in planning for a pilot project with other health licensing boards for a network administrator to furnish services to Boards

C. Emerging issues regarding regulation of doctors of podiatric medicine

Costs of disciplinary action, including services from the Attorney General Office and Health Professional Services Program, cannot be predicted. Increases in other indirect costs are also increasing.

State requirements such as an Information Technology request for a Strategic Information Resource Plan require additional staff time and training costs. This board has difficulty providing staff to complete a project such as this and does not have the funds available to pay for these requests.

Although the number of licensed podiatrists is increasing, any increase in costs affect fees for services quickly and may cause the board to raise fees.

II. Board's Members, Staff, and Budget

A. Board composition

Statute requires the board to have seven members, five resident podiatrists and two public members. The names of persons holding the seats as of June 30, 2000 are as indicated below.

The Governor appointed the following for staggered four year terms:

Eugene Dela Cruz, Northfield – Podiatrist
 Kim Fjelstad, Burnsville – Podiatrist
 David W. Pederson, Worthington – Podiatrist
 Stephen H. Powless, Minneapolis – Podiatrist
 Judith Sperling, Golden Valley – Podiatrist
 Jane P. Jones, White Bear Lake, Public Member
 Roderic Marschke, Little Canada – Public Member

B. Employees

The board has one half-time equivalent position. The position is filled by a half-time Executive Director.

C. Receipts and disbursements and major fees assessed by the board

Item	FY 1999	FY 2000
Receipts	\$43,691	\$70,265
Disbursements	\$58,211	\$62,181

Fee	Amount
Application	\$600
Biennial Renewal	\$600
Temporary Permit	\$250

Note: Receipts include national examination fees which were collected and paid out to the National Board of Podiatric Medical Examiners. FY 1999 pass through fees for the exams were \$2800; FY 2000 pass through fees were \$4200.

III. Licensing and Registration

A. Persons licensed as of June 30, 2000

155 persons licensed as podiatrists of June 30, 2000.

B. New licenses issued during biennium

FY	By Exam & Education	By Reciprocity
1999	11	(Exam Required)
2000	12	(Exam Required)

IV. Complaints

A. Complaints Received

Item	FY 1999	FY 2000
1. Complaints Received	12	7
2. Complaints Per 1,000 Regulated Persons	85	45
3. Complaints By Type of Complaint		
a. Failure to Satisfy Req. for License	1	
b. Obtaining License by Fraud		
c. Felony Conviction		
d. Revocation, suspension in another state	1	
e. False Advertising		1
f. Violating Bd. Rule or narcotics law		
g. Unethical Conduct	2	1
h. Failure to supervise preceptor or res.		
i. Aiding unlicensed person		1
j. Court adjudication		
k. Unprofessional Conduct	5	3
l. Inability to Practice		
m. Revealing Privileged Communication		
n. Improper Management of Records		1
o. Fee Reduction for Referrals		
p. Fraudulent Billing inc. Medicare	2	
q. Addiction to drug or intoxicant	1	
r. Prescribing other than authorized		
s. Sexual conduct		
t. Failure to Report		
u. Providing False Information		

B. Open Complaints on June 30

Item	FY 1999	FY 2000
1. Complaints Open	2	3
2. Open Less Than 3 Months	1	2
3. Open 3 to 6 Months	1	0
4. Open 6 to 12 Months	0	1
5. Open More Than 1 Year (explain)	0	0

C. Closed Complaints on June 30

Item	FY 1999	FY 2000
1. Number Closed	6	7
2. Disposition by Type		
A. Revocation		
B. Voluntary Surrender		
C. Suspension	1	
D. Restricted, Limited, Or Conditional License	1	2
E. Civil Penalties		
F. Reprimand		
G. Agreement for Corrective Action		1
H. Referral to HPSP		
I. Dismissal or closure	4	4
3. Cases Closed That Were Open For More Than One Year (explain)	0	0

V. Trend Data as of June 30

Year	A. Persons Licensed	B. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2000	155	7	45	3
1999	142	12	85	2
1998	142	7	49	3
1997	146	7	48	Unavail
1996	137	9	66	Unavail
1995	131	13	99	Unavail
1994	128	13	101	Unavail
1993	122	18	148	Unavail
1992	122	Unavailable	Unavailable	Unavail
1991	NA	Unavailable	Unavailable	Unavail