PODIATRIC MEDICAL BOARD OF CALIFORNIA

SUNSET REVIEW REPORT 2025

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STATE OF CALIFORNIA

GAVIN NEWSOM
Governor

TOMIQUIA MOSS
Secretary
Business, Consumer Services and Housing Agency

KIMBERLY KIRCHMEYER
Director
California Department of Consumer Affairs

PODIATRIC MEDICAL BOARD

CAROLYN MCALOON, DPM
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Podiatric Medical Board of California

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Executive Officer
Podiatric Medical Board of California

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PODIATRIC MEDICAL BOARD OF CALIFORNIA
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of December 31, 2024

Section 1 – Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.[1] Describe the occupations/professions that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

<u>The History of the Podiatric Medical Board of California</u>

The Podiatric Medical Board of California (PMBC or Board) is a licensing board under the Department of Consumer Affairs (DCA) responsible for licensing, regulation, and discipline of the practice of podiatric medicine in California. Many of the same statutes applicable to the Medical Board of California (MBC) also apply to PMBC. For example, Business and Professions Code, section 2222 indicates that PMBC may enforce and administer Business and Professions Code, Division 2, Chapter 5, Article 12, relating to MBC's enforcement provisions, as to doctors of podiatric medicine. Similarly, the Board may order the denial of an application for, or the suspension of, or the revocation of, or the imposition of probationary conditions upon, a certificate to practice podiatric medicine for any of the causes set forth in Business and Professions Code, Division 2, Chapter 5, Article 12. (Bus. & Prof. Code, § 2497.) Every applicant for a certificate to practice podiatric medicine must also comply with the provisions of Business and Professions Code, Division 2, Chapter 5, Article 4. (Bus. & Prof. Code, § 2479.) In addition, many provisions applicable to MBC are also expressly applicable to doctors of podiatric medicine. (*See, e.g.*, Bus. & Prof. Code, § 2041 (incorporating doctors of podiatric medicine in the definition of "licensee").)

The Medical Board of California has been directly involved in the evolution of podiatric regulation in California since 1926 when the license was titled "Doctor of Surgical Chiropody." In 1957, the Legislature authorized the creation of the Chiropody Examining Committee under the jurisdiction of the Medical Board, which was composed of five licensed podiatrists and one member of the public. The Committee was responsible for receiving and approving applications; preparing and conducting examinations; and recommending persons for licensure. In 1983, the educational advancements in podiatry assumed that those graduating from a recognized podiatric medical school were prepared and experienced to perform surgery below the ankle. In 1986, the Committee's name was changed to the California Board of Podiatric Medicine.

In 1998, the Legislature amended BPC 2462, which resulted in a change in PMBC's composition from five licensees and one public member to four licensees and three public members and continues to reflect the current composition of PMBC. Each member serves four-year terms with a maximum of two consecutive terms. The Governor appoints four professional members and one public member, while the Senate Rules Committee and the Speaker of the Assembly each appoint one public member, for a total of seven members.

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[1] The term "board" in this document refers to a board, bureau, commission, committee, council, department, division, program, or agency, as applicable. Please change the term "board" throughout this document to appropriately refer to the entity being reviewed.

In 2017, pursuant to Senate Bill 798 (SB 798) (2017-2018, Hill), PMBC was removed from within the jurisdiction of MBC and PMBC was created as a separate entity. Section 2460(c) prohibits construing amendments made pursuant to SB 798 to change any rights or privileges held by podiatrists prior to enactment of the bill. Effective July 1, 2019, pursuant to Assembly Bill 2457 (AB 2457) (2017-2018, Irwin), the Board's name was changed from the California Board of Podiatric Medicine (BPM) to the Podiatric Medical Board of California (PMBC) to achieve consistency with the other two medical boards in California – the Medical Board of California and the Osteopathic Medical Board of California (OMBC).

PMBC continues to work closely with MBC and is bound by a shared services agreement whereby MBC performs specified duties related to the licensing and enforcement of DPMs. This includes processing fictitious name permits, complaint intake and initial review, and various tasks related to finalizing disciplinary actions.

<u>The Function of the Podiatric Medical Board of California</u>

PMBC is responsible for the licensing, regulation, and discipline of the practice of podiatric medicine in California. (BPC 2460.) Public protection is PMBC's highest priority in exercising these functions. (BPC 2460.1.) As stated in PMBC's most recent Strategic Plan (2019-2022), PMBC's mission is to protect and educate consumers of California through licensing, enforcement, and regulation of doctors of podiatric medicine. PMBC's vision is that all California licensed podiatric medical doctors will provide safe and competent foot and ankle care. PMBC's stated values are consumer protection, effectiveness, fairness, professionalism, service, and transparency.

PMBC's licensing, regulatory, and disciplinary enforcement functions advance public protection through the following:

- Requiring candidates for licensure to possess a Certificate of Podiatric Medical Education, consisting of a minimum of 4,000 hours of academic instruction from a Board-approved school (BPC 2483).

- Requiring applicants to pass Parts I, II, and III of the national board examinations for assessing a candidate's knowledge, competency, and skills (BPC 2486 and 2488).

- Requiring a Podiatric Resident's License for all participants of California-based podiatric graduate medical education residency programs (BPC 2475).

- Requiring applicants to complete two years of graduate medical education residency for licensure as a doctor of podiatric medicine rather than one year as is standard for physicians and surgeons (BPC 2484).

- Annual review of California-based podiatric graduate medical education residency programs (BPC 2475.3).

- Requiring primary source verification of all licensing credentials before issuing certificates to practice podiatric medicine (BPC 2486 and 2488).

- Requiring licensed DPMs to complete 50 hours of approved continuing medical education every two years for license renewal (16 CCR 1399.669).

Profession Licensed and Regulated

PMBC currently licenses approximately 2,000 podiatric practitioners statewide. PMBC issues three types of certificates related to podiatric medicine: doctor of podiatric medicine (DPM), limited/resident certificate, and a fictitious name permit.

The scope of practice for DPMs is defined in BPC 2472. Section 2472(b) states that, "'podiatric medicine' means the diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot." This means that DPMs are licensed to diagnose and treat conditions affecting the foot, ankle and related structures including the tendons that insert into the foot and to diagnose and provide medical treatment of the muscles and tendons of the leg through all nonsurgical means and modalities.

Section 2472 authorizes DPMs to do the following:

- Perform surgical treatment of the ankle and tendons at the level of the ankle, in certain locations, such as a licensed general acute care hospital.

- Perform services under the direct supervision of a physician and surgeon, as an assistant at surgery, in surgical procedures that are otherwise beyond the scope of practice of a doctor of podiatric medicine; and

- Perform a partial amputation of the foot no further proximal than the Chopart's joint.

In addition, in 2017, SB 798 expanded DPMs' scope of practice to allow those with training or experience in wound care to treat ulcers below the tibial tubercle. (BPC 2472(f)).

As indicated above, DPMs perform surgeries within their scope of practice. They routinely perform basic and complex reconstructive surgeries of the ankle and tendons at the level of the ankle; repair fractures and treat injuries; perform amputations and may assist medical doctors (MDs) and doctors of osteopathic medicine (DOs) in any type of surgery upon the human body, including non-podiatric surgical specialties outside the usual scope of practice authorized by BPC 2472. DPMs are also highly specialized in such areas as sports medicine, biomechanics, and the care and management of the diabetic foot and lower limb.

1. Describe the make-up and functions of each of the board's committees (cf., Section 11, Attachment B).

The PMBC has the following five standing committees: (1) Executive Management, (2) Enforcement, (3) Licensing, (4) Legislative, and (5) Public Education/Outreach. The committees are composed of two board members and are advisory in nature. The committees serve as a means to address succession planning by assigning new members to committees chaired by more senior members who can share their knowledge and expertise about PMBC. They research, discuss policy, and report information during public board meetings. The make-up and function of each of PMBC's committees is as follows:

Executive Management Committee
The Executive Management Committee is made up of the Board's president and vice-president. The Committee provides guidance to administrative staff for the budgeting and organizational components of the Board and is responsible for directing the fulfillment of recommendations made by the Board's other committees.

Enforcement Committee
The Enforcement Committee is responsible for the development and review of Board-adopted policies, positions, and disciplinary guidelines. Although the Enforcement Committee does not review individual enforcement cases, it is responsible for policy development of the enforcement program for consideration by the Board.

Licensing Committee
The Licensing Committee is responsible for the initial review and development of regulations regarding educational and professional requirements for licensure and continuing education programs. The committee monitors various education criteria and requirements for licensure, taking into consideration new developments in technology, podiatric medicine, and current activity in the health care industry.

Legislative Committee
The Legislative Committee is responsible for monitoring and making recommendations to the Board on legislation impacting the Board's mandate. This committee may also recommend pursuit of specific legislation to advance the mandate of the Board or propose amendments or revisions to existing statutes for advancing the same.

Public Education/Outreach Committee
The Public Education/Outreach Committee is responsible for the development of consumer outreach projects, including the Board's newsletter, website, e-government initiatives, and outside organization presentations on public positions of the Board. In all instances, members must only present positions of the Board and members do not express or opine on matters unless explicitly discussed and decided upon by the Board.

Table 1a. Attendance

Carolyn McAloon
First Appointment: 12/7/18

Meeting Type	Meeting Date	Meeting Location	Attended
In Person	3/06/20	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present
Webex	6/05/20	SOLID Webex	Present
Webex	9/18/20	SOLID Webex	Present
Webex	12/11/20	SOLID Webex	Present
Webex	3/12/21	SOLID Webex	Present
Webex	6/04/21	SOLID Webex	Present
Webex	9/17/21	SOLID Webex	Present
Webex	12/10/21	SOLID Webex	Present
Webex	3/17/22	SOLID Webex	Present
In Person	6/16/22	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present
Webex	10/20/22	SOLID Webex	Present
Webex	2/23/23	SOLID Webex	Present
Webex	6/01/23	SOLID Webex	Present
Webex	10/19/23	SOLID Webex	Present
In Person	2/23/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present
In Person	6/07/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present

In Person	10/11/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present

Daniel Lee **First Appointment: 7/25/20**			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended**
In Person	3/06/20	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	N/A
Webex	6/05/20	SOLID Webex	N/A
Webex	9/18/20	SOLID Webex	Present
Webex	12/11/20	SOLID Webex	Absent
Webex	3/12/21	SOLID Webex	Present
Webex	6/04/21	SOLID Webex	Present
Webex	9/17/21	SOLID Webex	Present
Webex	12/10/21	SOLID Webex	Present
Webex	3/17/22	SOLID Webex	Absent
In Person	6/16/22	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present
Webex	10/20/22	SOLID Webex	Present
Webex	2/23/23	SOLID Webex	Present
Webex	6/01/23	SOLID Webex	Present
Webex	10/19/23	SOLID Webex	Present
In Person	2/23/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present
In Person	6/07/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present
In Person	10/11/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present

Samantha Chang **First Appointment: 11/15/22**			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended**
In Person	3/06/20	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	N/A
Webex	6/05/20	SOLID Webex	N/A
Webex	9/18/20	SOLID Webex	N/A
Webex	12/11/20	SOLID Webex	N/A
Webex	3/12/21	SOLID Webex	N/A
Webex	6/04/21	SOLID Webex	N/A
Webex	9/17/21	SOLID Webex	N/A
Webex	12/10/21	SOLID Webex	N/A
Webex	3/17/22	SOLID Webex	N/A
In Person	6/16/22	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	N/A
Webex	10/20/22	SOLID Webex	N/A
Webex	2/23/23	SOLID Webex	Present
Webex	6/01/23	SOLID Webex	Absent
Webex	10/19/23	SOLID Webex	Absent
In Person	2/23/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Absent
In Person	6/07/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present
In Person	10/11/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Absent

Darlene Elliot **First Appointment: 1/27/26**			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended**
In Person	3/06/20	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present
Webex	6/05/20	SOLID Webex	Present
Webex	9/18/20	SOLID Webex	Present
Webex	12/11/20	SOLID Webex	Present
Webex	3/12/21	SOLID Webex	Absent
Webex	6/04/21	SOLID Webex	Present
Webex	9/17/21	SOLID Webex	Present
Webex	12/10/21	SOLID Webex	Present
Webex	3/17/22	SOLID Webex	Absent

In Person	6/16/22	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Absent
Webex	10/20/22	SOLID Webex	Present
Webex	2/23/23	SOLID Webex	Present
Webex	6/01/23	SOLID Webex	Present
Webex	10/19/23	SOLID Webex	Present
In Person	2/23/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present
In Person	6/07/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present
In Person	10/11/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present

Devon Glazer
First Appointment: 7/24/23

Meeting Type	Meeting Date	Meeting Location	Attended
In Person	3/06/20	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	N/A
Webex	6/05/20	SOLID Webex	N/A
Webex	9/18/20	SOLID Webex	N/A
Webex	12/11/20	SOLID Webex	N/A
Webex	3/12/21	SOLID Webex	N/A
Webex	6/04/21	SOLID Webex	N/A
Webex	9/17/21	SOLID Webex	N/A
Webex	12/10/21	SOLID Webex	N/A
Webex	3/17/22	SOLID Webex	N/A
In Person	6/16/22	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	N/A
Webex	10/20/22	SOLID Webex	N/A
Webex	2/23/23	SOLID Webex	N/A
Webex	6/01/23	SOLID Webex	N/A
Webex	10/19/23	SOLID Webex	Absent
In Person	2/23/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present
In Person	6/07/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present
In Person	10/11/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present

Sumer Patel
First Appointment: 7/5/23

Meeting Type	Meeting Date	Meeting Location	Attended
In Person	3/06/20	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	N/A
Webex	6/05/20	SOLID Webex	N/A
Webex	9/18/20	SOLID Webex	N/A
Webex	12/11/20	SOLID Webex	N/A
Webex	3/12/21	SOLID Webex	N/A
Webex	6/04/21	SOLID Webex	N/A
Webex	9/17/21	SOLID Webex	N/A
Webex	12/10/21	SOLID Webex	N/A
Webex	3/17/22	SOLID Webex	N/A
In Person	6/16/22	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	N/A
Webex	10/20/22	SOLID Webex	N/A
Webex	2/23/23	SOLID Webex	N/A
Webex	6/01/23	SOLID Webex	N/A
Webex	10/19/23	SOLID Webex	Present
In Person	2/23/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present
In Person	6/07/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Absent
In Person	10/11/24	2005 Evergreen Street, Hearing Room, Sacramento, CA 95815	Present

Table 1b. Board/Committee Member Roster					
Member Name (Include any vacancies and a brief member biography)	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type (public or professional)
Carolyn McAloon, DPM President	12/07/18	1/20/21	6/01/24	Governor	Professional
Daniel Lee, DPM, PhD Vice President	7/25/20	None	6/01/24	Governor	Professional
Samantha Chang	11/15/22	None	6/01/26	Speaker of the Assembly	Public
Darlene Elliot	1/27/16	9/10/19 & 8/21/23	6/01/26	Senate	Public
Devon Glazer, DPM	7/24/23	None	6/01/25	Governor	Professional
Sumer Patel, DPM	7/05/23	None	6/01/26	Governor	Professional

2. **In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?**

   PMBC has been able to hold all its scheduled meetings within this review cycle.

3. **Describe any major changes to the board since the last Sunset Review, including, but not limited to:**

   - **Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)**

     Currently PMBC is not going through reorganization, relocation, or any change in leadership, and is on target with the PMBC Strategic Plan for 2023-2027. PMBC updated its Strategic Plan of June 2023 to include DEI in its values.

   - **All legislation sponsored by the board and affecting the board since the last sunset review.**

     <u>AB 826 (Chen) Doctors of Podiatric Medicine: Renewals: Enrolled 9.7.23.</u>
     The Podiatric Medical Board voted on 3.12.21 to delete Business and Professions Code 2486(a- h) and to allow DPMs to renew their license by completing 50 CMEs, remaining free from disciplinary actions, and paying fees. AB 826 was passed to eliminate outdated renewal requirements that were self-imposed over 25 years ago and that could have been challenged as a restraint of trade. PMBC was the sponsor of this bill.

     <u>AB 834 (Irwin): Doctors of Podiatric Medicine: Partnerships: Enrolled 9.8.23.</u>
     The California Podiatric Medical Association sponsored a bill that eliminates the requirement that DPMs could not hold a majority interest in certain partnerships. AB 834 was signed into law in September 2023.

     <u>AB 1704 (Chen) Limited podiatric radiography permits. Enrolled September 2, 2022.</u>
     AB 1704 permits the Department of Public Health (DPH) to issue to a person a limited permit in podiatric radiography which includes the foot, ankle, tibia and fibula. The person must complete a course in radiation safety and technology and DPMs holding a current and valid

radiography supervisor and operator permit may provide the course as required by DPH. This bill creates a pathway for individuals already working in a podiatric office to take a comprehensive course and exam that will provide them with the skills and training necessary to safely perform X-rays with specialized podiatric X-ray equipment specific to the foot and ankle and under supervision of a podiatrist.

AB 356, (Chen), Fluoroscopy: temporary permit. Approved by the Governor, 10.4.21.
This legislation provided for a temporary permit available to qualified individuals to operate or supervise a fluoroscopy x-ray machine.

AB 526, (Wood), Dentists and podiatrists: clinical laboratories and vaccines. Approved by the Governor, 10.8.21.
This bill allows a DPM, who complies with specified requirements, to independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the United States Food and Drug Administration for persons 3 years of age or older, as specified. The bill authorizes the board to adopt regulations to implement these provisions, as provided. The bill would count vaccine training provided through the federal Centers for Disease Control and Prevention toward the fulfillment a DPM's continuing education requirements.

AB 3330: Department of Consumer Affairs: boards: licensees: regulatory fees. Chaptered by Secretary of State – Chapter 359, Statutes of 2020.
This bill contained statutory provisions related to consumer protections and related regulatory fees necessary to implement the Budget Act of 2020 for various boards within the Department of Consumer Affairs (DCA). This bill increases the fee charged to licensees authorized to utilize the state's prescription drug monitoring program (PDMP), Controlled Substance Utilization Review and Evaluation System (CURES) and increases licensing and regulatory fees for the Podiatric Medical Board. AB 3330 increased the biennial renewal fee for a podiatric medical license from $1,100 to $1,318.

SB 806 (Roth) Healing Arts (2020-2021) Approved by the Governor, 10.7.21.
This bill is the sunset review vehicle for PMBC, authored by the Chair of the Senate Committee on Business, Professions, and Economic Development. The bill establishes PMBC and extends the repeal date from January 1, 2022, to January 1, 2026, see Business and Professions Code (BPC), section 2460.

This bill enacts technical changes, statutory improvements, and policy reforms in response to issues raised during PMBC's Sunset Review Process. This legislation is of particular interest to PMBC in that it changed the offenses for which a doctor of podiatric medicine must provide their patients with information about their probation status.

- **All regulation changes approved by the board since the last sunset review. Include the status of each regulatory change approved by the board.**

AB 2138: The suspension and revocation of certificate to practice.
Regulation Status Update: Discussion of Regulations: Title 16, Div. 13.9, Sec. 1399.659, Suspension, Revocation of Certificate to Practice. Amendments to Title 16, Professional and Vocational Regulations, Division 13. 9, Section 1399.659: Effective date 8.25.2021. The Board amended its regulations to establish substantial relationship criteria and rehabilitation criteria for crimes, professional misconduct, or acts considered substantially related to the qualifications, functions, or duties of a certificate holder.

4. **Describe any major studies conducted by the board (cf. Section 11, Attachment C).**

   Since the last Sunset, the Board has produced multiple major reports including Annual Reports, Strategic Plan, and newsletters.

5. **List the status of all national associations to which the board belongs.**

   The Federation of Podiatric Medical Boards (FPMB) is the only national organization to which PMBC holds a membership.

   - **Does the board's membership include voting privileges?**

     As a fee-paying member of the Federation of Podiatric Medical Boards, PMBC has voting privileges.

   - **List committees, workshops, working groups, task forces, etc., on which the board participates.**

     PMBC assists in working groups by FPMB invitation and on an as needed basis.

   - **How many meetings did board representative(s) attend? When and where?**

     The Executive Officer and Board Members have virtually attended several meetings of the Federation of Podiatric Medical Boards. These meeting dates include September 2020, June 2022, July 2023, and January 2024.

   - **If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?**

     PMBC is not directly involved in the development, scoring, analysis, and administration of the national examinations; however, PMBC is compliant with BPC 139. National Board of Podiatric Medical Examiners (NBPME) conducts two separate practice analysis studies, one for Parts I and II, and a second for Part III. The studies are completed at five-year intervals. Doctors of Podiatric Medicine are surveyed on the knowledge and skills necessary for practice. That information is used to develop the content to be tested and the percentage of questions in each content area. Practice analysis studies were most recently conducted in 2021 for Part I, Part II, and Part III.

Section 2 –
Fiscal and Staff

Fiscal Issues

6. **Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.**

   The Board's fund is not continuously appropriated.

7. **Using *Table 2. Fund Condition*, describe the board's current reserve level, spending, and if a statutory reserve level exists.**

   Please refer to Table 2 below for Fund Condition projections. As of Fiscal Year (FY) 2023-24, the Board has 2.8 months in reserve. Although expenditures are not currently exceeding revenues, there is an eventual structural imbalance of the Board's fund.

Table 2. Fund Condition						(list dollars in thousands)
(Dollars in Thousands)	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25**	FY 2025-26**
Beginning Balance[1]	$572	$481	$516	$381	$416	$114
Revenues and Transfers	$1,292	*$1,424	$1,455	$1,491	$1,463	$1,463
Total Resources	$1,864	$1,905	$1,971	$1,872	$1,879	$1,573
Budget Authority	$1,510	$1,579	$1,613	$1,617	$1,661	$1,712
Expenditures[2]	$1,383	$1,388	$1,587	$1,456	$1,769	$1,806
Loans to General Fund	$0	$0	$0	$0	$0	$0
Accrued Interest, Loans to General Fund	$0	$0	$0	$0	$0	$0
Loans Repaid From General Fund	$0	$0	$0	$0	$0	$0
Fund Balance	$481	$517	$384	$416	$110	-$223
Months in Reserve	4.2	3.9	3.2	2.8	0.7	-1.5

1 Actuals include prior year adjustments.
2 Expenditures include reimbursements and direct draws to the fund.
*Includes EO transfer to GF (AB 84)
**Estimate

8. **Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.**

   The Board is currently projected to become insolvent in FY 2025-26 and the proposed fee amount of $1,850 is required to 1) fund the Board's operations, and 2) keep the Board solvent in the near future. (Attachment E).

9. **Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?**

   There have been no loans to the PMBC.

10. **Using *Table 3, Expenditures by Program Component,* describe the amounts and percentages of expenditures by program component. Provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.**

Table 3. Expenditures by Program Component (list dollars in thousands)								
	FY 2020-21		FY 2021-22		FY 2022-23		FY 2023-24*	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	$85	$549	$99	$433	$105	$576	$109	$450
Examination	$-	$16	$-	$5	$-	$5	$-	$60
Licensing	$85	$7	$99	$6	$105	$14	$109	-$6
Administration[1]	$372	$21	$432	$20	$450	$47	$465	-$19
DCA Pro Rata	$-	$158	$-	$173	$-	$153	$-	$160
Diversion (if applicable)	$-	$-	$-	$-	$-	$-	$-	$-
TOTALS	$542	$751	$630	$637	$660	$795	$683	$645

[1] Administration includes costs for executive staff, board, administrative support, and fiscal services.

11. **Describe the amount the board has spent on business modernization, including contributions to the BreEZe program, which should be described separately.**

    The Board has not spent a significant amount on business modernization during this Sunset cycle. The Board contributes to BreEZe through DCA pro rata charges.

12. Describe license renewal cycles and the history of fee changes over the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citations) for each fee charged by the Board.

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2020-21 Revenue	FY 2021-22 Revenue	FY 2022-23 Revenue	FY 2023-24 Revenue	% of Total Revenue
Delinq Ren Pod Corp	$150	$150	$2	$1	$2	$2	0.1%
Penalty Fee Podiatry	VARIABLE	VARIABLE	$2	$3	$7	$7	0.3%
Limited Lic Podiatry	$100	$100	$4	$5	$5	$5	0.3%
Duplicate Cert	$100	$100	$1	$2	$2	$2	0.1%
Letter Of Good Standing	$100	$100	$5	$5	$5	$4	0.3%
Citation Podiatry	VARIABLE	VARIABLE	$4	$1	$3	$1	0.2%
App Fee Podiatry	$100	$100	$10	$11	$11	$10	0.7%
Fict Name Permit	$70	$70	$2	$1	$2	$2	0.1%
National Board Cert	$100	$100	$10	$10	$10	$9	0.7%
Initial Lic Podiatry	$800	$800	$77	$78	$80	$75	5.4%
Misc Revenue	VARIABLE	VARIABLE	$2	$11	$14	$0	0.5%
Investment Income - Surplus Money Investments	VARIABLE	VARIABLE	$4	$4	$18	$29	1.0%
Renewal Fict Name	$50	$50	$6	$5	$6	$5	0.4%
Renewal Podiatry	$1,318	$1,318	$1,163	$1,323	$1,290	$1,340	89.8%
Total Revenue			$1,292	$1,460	$1,455	$1,491	$5,698

13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

The Board has not had any Budget Change Proposals (BCPs) during this Sunset cycle.

Staffing Issues

14. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

There have been no vacancies, reclassifications, or staff turnover. The Executive Officer has worked with the Board to have a succession plan in place.

15. Describe the board's staff development efforts and total spent annually on staff development (cf., Section 11, Attachment D).

Currently, all staff is compliant with the State of California mandated training and development requirements. Staff continues to cross train each other on office and program procedures and specifics.

Section 3 –
Licensing Program

16. What are the board's performance targets/expectations for its licensing[2] program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

PMBC satisfies the performance measures as required. PMBC's performance measure is to issue certificates to practice podiatric medicine within 45 days of having received the application fees. PMBC issues licenses upon receipt of all required documents and fees which takes one to two weeks. However, under certain circumstances, the lack of primary source documentation from the applicant, educational institutions, or credentialing organizations delays the process. The Licensing Coordinator provides guidance to applicants and correspondence throughout the application process.

17. Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

Processing times have remained consistent throughout the years with a slight increase in the average time to process applications since the PMBC's last Sunset Review. (See Tables 7a and 7b). There has not been a backlog of pending applications and there has not been a growth rate that would exceed completed applications. Any applications that are pending are either awaiting primary source documentation from the applicant, educational institutions, or credentialing organizations. PMBC's performance in processing applications, except where delays are caused by the applicant or third-parties, has consistently been within DCA's stated measures.

18. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

The PMBC has not denied any licenses or registrations over the past four years based on criminal history.

Table 6. Licensee Population

		FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Doctor of Podiatric Medicine	Active[3]	2198	2210	2241	2247
	Out of State	237	243	252	242
	Out of Country	3	3	2	2
	Delinquent/Expired	340	329	271	257
	Retired Status *if applicable*	84	59	63	72
	Inactive	15	13	15	15

[2] The term "license" in this document includes a license, certificate, permit or registration.

[3] Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

	Other[4]	n/a	n/a	n/a	n/a
Resident	Active	130	128	130	131
	Out of State	0	0	0	0
	Out of Country	0	0	0	0
	Delinquent/Expired	0	0	0	0
	Retired Status *if applicable*	0	0	0	0
	Inactive	0	0	0	0
	Other	n/a	n/a	n/a	n/a
Fictitious Name Permit	Active	302	284	256	258
	Out of State	0	0	0	0
	Out of Country	0	0	0	0
	Delinquent/Expired	147	173	196	198
	Retired Status *if applicable*	n/a	n/a	n/a	n/a
	Inactive	n/a	n/a	n/a	n/a
	Other	n/a	n/a	n/a	n/a

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.

Table 7a. Licensing Data by Type

		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2021/22	Permanent	104	91	91	91	1	90	1	53	54
	Resident	51	48	48	48	0	48	n/a	53	53
	Renewed	1,005								
FY 2022/23	Permanent	106	92	92	92	0	92	n/a	57	57
	Resident	49	49	49	49	0	49	n/a	46	46
	Renewed	1.054								
FY 2023/24	Permanent	97	95	95	95	0	95	n/a	57	57
	Resident	49	44	44	44	0	44	n/a	51	51
	Renewed	1,067								

* Optional. List if tracked by the board.

Table 7b. License Denial

	FY 2021/22	FY 2022/23	FY 2023/24
License Applications Denied (no hearing requested)	0	0	0
SOIs Filed	0	0	0
Average Days to File SOI (from request for hearing to SOI filed)	N/A	N/A	N/A
SOIs Declined	0	0	0
SOIs Withdrawn	0	0	0
SOIs Dismissed (license granted)	0	0	0
License Issued with Probation / Probationary License Issued	0	0	0
Average Days to Complete (from SOI filing to outcome)	N/A	N/A	N/A

[4] Other is defined as a status type that does not allow practice in California, other than retired or inactive.

19. How does the board verify information provided by the applicant?

PMBC requires applicant information to be supplied directly from original sources per BPC 2483, 2486, and 2488. This requirement ensures qualification and credential authenticity and accuracy.

- **What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?**

  PMBC requires that a criminal record clearance be obtained through both the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). Applicants must request to have the national disciplinary databank report be sent directly from the Federation of Podiatric Medical Boards (FPMB) to the PMBC. The report discloses information regarding any existing malpractice suits filed or other adverse action taken against the applicant by a licensing entity in another state. Applicants currently or previously licensed in another state or states are required to have each respective state licensing agency submit a license verification containing current status and any existing disciplinary actions or investigations directly to PMBC. In the past four fiscal years, PMBC has denied zero (0) applicants for failure to disclose information or criminal history information on the application.

- **Does the board fingerprint all applicants?**

  Yes. All applicants for licensure are fingerprinted pursuant to BPC section 144.

- **Have all current licensees been fingerprinted? If not, explain.**

  Yes. All current and existing licensees have been fingerprinted.

- **Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?**

  Yes. The Federation of Podiatric Medical Boards (FPMB) is a national organization that maintains a database of disciplinary information regarding doctors of podiatric medicine in the United States, among other things. The FPMB receives disciplinary information from member licensing boards. The PMBC submits disciplinary actions regarding its licensees to the FPMB within 30 days of the disciplinary action effective date. As part of the application for licensure with PMBC, the applicant must arrange to have the national disciplinary databank report regarding the applicant sent directly to PMBC for review by PMBC prior to issuance of a license. PMBC reviews these reports for information regarding existing malpractice suits filed or adverse actions taken against the applicant by a licensing entity in another state in determining the applicant's qualification for licensure in California. In regard to renewals, licensees are required to disclose any criminal convictions suffered in any state and disciplinary action taken by any government agency or other disciplinary body on their biennial renewal form signed under penalty of perjury.

- **Does the board require primary source documentation?**

  Yes. PMBC requires complete primary source verification for all applicant documentation. (BPC 2484, 2486 and 2488.)

20. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

PMBC's credentialing provision, BPC 2488, requires out-of-state applicants to have:

- graduated from an approved school or college of podiatric medicine accredited by the Council on Podiatric Medical Education (CPME);
- passed either Part III of the examination administered by the National Board of Podiatric Medical Examiners or an examination recognized as equivalent by the board within the last 10 years; and
- satisfactorily completed one year of post-graduate medical education as opposed to two Out- of-country applicants must have satisfactorily completed at least two years of postgraduate podiatric medical and podiatric surgical training in a general acute care hospital approved by the Council on Podiatric Medical Education (CPME). (BPC 2484.) Currently, all schools approved by the CPME are in the United States; therefore, there is no process for out-of-country applicants to obtain licensure.

21. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

BPC 2483 outlines the PMBC's medical curriculum requirements and requires PMBC to adopt standards by regulation for determining equivalent training. Section 1399.666 of PMBC's regulations provides that equivalent training is that obtained through educational programs that meet the criteria and guidelines established by the Council on Podiatric Medical Education (CPME) and accredited by CPME, as long as the training meets the requirements in the Code and the PMBC's regulations.

PMBC is not currently aware of any existing military medical schools that offer a podiatric medical curriculum or equivalent medical training leading to a doctor of podiatric medicine (DPM) degree. However, if a military educational program meets PMBC's requirements, that education would be considered. This is also true of post-graduate podiatric medical education training, which necessarily includes military podiatric residencies such as those offered by the Department of Veteran's Affairs. The residencies offered by the Department of Veteran's Affairs are CPME-accredited.

PMBC Table 7c. Department of Veteran Affairs Medical Residents	
Academic Fiscal Year	Residents offering VA residents for licensure
20/21	12
21/22	10
22/23	7
23/24	8

- **Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?**

  Yes. PMBC inquires in every application if the applicant is serving in or has previously served in the military. All information is contained within the BreEZe system and is trackable.

- **How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?**

  To date, PMBC has not had any applicants offer military training or experience to meet licensing or credentialing requirements for a certificate to practice podiatric medicine in California. However, if one considers post-graduate medical education obtained in a U.S. Department of Veterans Affairs podiatric medical residency program as a classification of military related education, PMBC has had a total of 37 applicants offer such education for meeting licensure requirements, all of which were accepted. An annual summary for the last four fiscal years is provided in the PMBC table 7c above.

- **What regulatory changes has the board made to bring it into conformance with BPC § 35?**

  PMBC has reviewed BPC 35 and has not identified any equivalent military experience that meets the requirements for licensure. Therefore, no rules or regulations are being proposed at this time.

- **How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?**

  PMBC has waived fees for four licensees who are active-duty members of the armed forces or national guard. This has not had a significant impact on PMBC's revenues.

- **How many applications has the board expedited pursuant to BPC § 115.5?**

  PMBC has expedited zero applications relating to an active-duty applicant who met the requirements of BPC 115.5 during the last four fiscal years.

22. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

Yes. PMBC uses the BreEZe system, which is configured to electronically send No Longer Interested notifications to DOJ for licensees with canceled, surrendered, revoked, or deceased status. There is no backlog to report or address.

Examinations

23. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

With the passage of Senate Bill 1955 (SB 1955, Figueroa) in 2002, American Podiatric Medical Licensing Examination (APMLE) Part III replaced the California specific examination as a means for determining entry level competence of knowledge and clinical skills evaluating, diagnosing, and treating patients consistent with sound medical practice and consumer protection. PMBC's oral clinical examination that had previously been used was therefore discontinued and is no longer required for state licensure as recommended by the Joint Committee in 2002.

The examinations required for licensure include Parts I, II and III of the APMLE, which is a national examination administered by the National Board of Podiatric Medical Examiners (NBPME), (BPC

2486(b)). In the alternative, an applicant may instead pass a written examination that is recognized by the PMBC to be the equivalent in content to the AMPLE. (BPC 2486(b), 2492(b)).

Applicants must sit for and pass APMLE Parts I and II while attending podiatric medical school to qualify for a Resident's License and participate in California based post-graduate medical training (BPC 2475.1). The NBPME has added an additional component to the Part II exam, the Part II Clinical Skills Patient Encounter (Part II CSPE). This exam assesses proficiency in podiatric clinical tasks needed to enter residency. Only those persons in the class of 2015, excluding the class of 2016, and continuing with the class of 2017, are required to pass both the Part II written and the Part II CSPE. As of March 2022, the CSPE exam is currently suspended. The effect of the suspension is that there is no examination and no established passing score for the Class of 2021 or 2022, so a requirement to pass CSPE does not exist for these cohorts. Further, because CSPE is suspended in its current form, any candidates who had previously failed and were planning to retest cannot do so; therefore, such candidates should be considered as though they were exempt from taking the CSPE.

During post-graduate residency training an applicant must also sit and pass APMLE Part III, which is the clinical competence component of National Board examination, to satisfy the requirements for full licensure to practice podiatric medicine in California. Currently, the NBPME does not offer examinations in a language other than English.

24. What are pass rates for first time vs. retakes in the past 4 fiscal years? Are pass rates collected for examinations offered in a language other than English?

Referring to the data reflected in Table 8 below, first time examinee passage rates range from a low of 94% in FY 21/22 to a high of 100% in FY 20/21 for an average pass rate of 97% during the past four fiscal years. While not indicated in the accompanying table, FY 20/21 had one examinee retake the exam, with a 100% passage rate; FY 22/23 had four examinees retake the exam, with a 75% passage rate; and FY 23/24 had two examinees retake the exam, with a 100% passage rate. As the examination is only offered in English, no other pass rates are collected.

Table 8(a). Examination Data[5]				
California Examination (include multiple language) if any:				
	License Type	N/A	N/A	N/A
	Exam Title	PMBC Oral Clinical	PMBC Oral Clinical	PMBC Oral Clinical
FY 2020/21	Number of Candidates	Not Applicable to this program (PMBC Oral Clinical Exam discontinued in 2002)		
	Overall Pass %			
	Overall Fail %			
FY 2021/22	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
FY 2022/23	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
FY 2023/24	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
	Date of Last OA			
	Name of OA Developer			

Target OA Date	

Table 8(b). National Examination. Include multiple languages, if any.				
License Type		Resident	Resident	DPM
Exam Title		Part I	Part II	Part III
FY 2020/21	Number of Candidates	Examinations administered by the National Board of Podiatric Medical Examiners (NBPME)		52
	Overall Pass %			100%
	Overall Fail %			0%
FY 2021/22	Number of Candidates			50
	Overall Pass %			94%
	Overall Fail %			6%
FY 2022/23	Number of Candidates			65
	Overall Pass %			98%
	Overall Fail %			2%
FY 2023/24	Number of Candidates			61
	Overall Pass %			95%
	Overall Fail %			5%
Date of Last OA		2021	2021	2021
Name of OA Developer		NBPME		
Target OA Date		2026	2026	2026

[5] This table includes all exams for all license types as well as the pass/fail rate. Include as many examination types as necessary to cover all exams for all license types.

25. Is the board using computer-based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

PMBC does not administer its own examinations; however, the Parts I, II and III of the national examination administered by the NBPME are computer-based written tests except for Part II Clinical Skills Patient Encounter (CSPE). Part II CSPE assesses proficiency in podiatric clinical tasks needed to enter residency. Candidates are expected to perform a focused physical and comprehensive examination including podiatric and general medicine physical exam maneuvers appropriate for each patient presentation. Podiatric and general medical knowledge, verbal and written communication, and interpersonal skills are assessed.

Beginning with the Class of 2015, the APMLE consists of four components: Part I, Part II written, Part II CSPE and Part III. The Part I and Part II written exams are designed to assess whether a candidate possesses the knowledge required to practice as a minimally competent entry-level podiatric physician.

Part I is taken upon completion of the second year of podiatric medical school. It focuses on basic sciences. Part II is taken near the completion of the candidates final fourth year of study and covers general medicine. Part III is the licensing exam designed to determine whether a candidate's knowledge and clinical skills are adequate for safe unsupervised practice.

Test center locations for each examination are located nationwide near the nine schools of podiatric medicine. Exam takers may register online and check for exam center locations near

them. Testing for Parts I and III are offered twice a year and Part II written is offered three times a year. As previously mentioned, the Part II CSPE exam is currently suspended.

26. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

There are no existing statues that hinder the efficient and effective processing of applications at this time.

27. When did the Board last conduct an occupational analysis that validated the requirement for a California-specific examination? When does the Board plan to revisit this issue? Has the Board identified any reason to update, revise, or eliminate its current California-specific examination?

PMBC does not administer its own examinations therefore an occupational analysis has not been conducted. The last occupational analysis was conducted in 2021 through the National Board of Podiatric Medical Examiners.

School Approvals

28. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

PMBC approves schools of podiatric medicine. (BPC 2470, 2475, 2476, 2483, 2486 and 2488; 16 CCR 1399.662.) Colleges of podiatric medicine that are accredited by the national Council on Podiatric Medical Education (CPME) may be approved by the board; however, the board may disapprove any such college if it does not meet the requirements of BPC 2483 or any other BPC requirement, and any regulations adopted by the board, (16 CCR 1399.662(b)). BPPE does not approve medical or podiatric medical schools or colleges. Therefore, BPPE does not have a role in the podiatric school approval process.

29. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

There are nine CPME-accredited and board-approved podiatric medical schools and colleges in the United States. These schools are reviewed by CPME every eight years, or sooner, depending on the success of the institution in demonstrating continuing compliance with their educational program standards. CPME may institute focused evaluations and/or place accredited educational institutions on probationary status to address specific concerns. Pursuant to PMBC's regulation, section 1399.662(b), the board may disapprove any school notwithstanding CPME accreditation if the board determines that the school does not meet statutory or regulatory requirements in the board's practice act or the BPC.

There are two new podiatric medical schools that are in the pre-accreditation process. They were granted candidacy status in 2022 and are scheduled to be evaluated for accreditation in the near future.

30. What are the board's legal requirements regarding approval of international schools?

Pursuant to sections 1399.662 and 1399.666 of PMBC's regulations, podiatric medical schools and colleges are required to be accredited by CPME. There are currently no CPME-accredited teaching institutions located in other countries.

Continuing Education/Competency Requirements

31. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

Continuing Education			
Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
Doctor of Podiatric Medicine	2 years	50	5%

- **How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?**

  PMBC verifies CE by licensee self-reporting through submission of a signed declaration of compliance to PMBC under penalty of perjury during each two-year renewal period for every licensee. PMBC has not worked with DCA to receive primary source verification of CEs through the cloud. However, licensees can upload CME documents through their breeze account.

- **Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.**

  Yes. Per 16 CCR sections 1399.669 and 1399.676, PMBC may audit a random sample of its licensees having reported compliance with the CE, once each year. Licensees selected for audit are required to submit evidence satisfactory to PMBC of their compliance. Those selected for audit shall not be audited more than once every two years.

- **What are consequences for failing a CE audit?**

  Any doctor of podiatric medicine found out of compliance with PMBC's mandated CE requirement will be ineligible for renewal of his or her license to practice podiatric medicine, unless PMBC, in its discretion, grants a permanent or temporary waiver of the requirements under 16 CCR 1399.678. Any licensee granted a temporary waiver may not be granted another temporary waiver at the next license renewal. Non-compliant licensees granted a waiver will be required to satisfy the identified deficiencies in addition to demonstrating compliance with the hours required for the next renewal period. Those failing to demonstrate compliance prior to the next biennial renewal will not be permitted to practice until such time as all required hours of CE are met.

- **How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?**

  PMBC has conducted two CE audits in the past four fiscal years. During the COVID pandemic, DCA issued waivers for CE completion and therefore, audits weren't conducted 2020-2021. Seven licensees have failed for a less than eight percent failure rate.

- **What is the board's course approval policy?**

  PMBC's policy on CE course approval is contained in CCR sections 1399.670 and 1399.671. Only scientific courses directly related to patient care under the following categories are approved:

  - Courses approved by the California Podiatric Medical Association or the American Podiatric Medical Association and their affiliates.

  - Courses certified for Category 1 credit by the American Medical Association, the California Medical Association, or their affiliates.

  - Courses certified for Category 1 credit by the American Osteopathic Association or the California Osteopathic Association, or their affiliates.

  - Courses offered by approved colleges or schools of podiatric medicine, medicine, and osteopathic medicine.

  - Courses approved by a government agency.

  - Completion of a podiatric residency program or clinical fellowship in a hospital approved by the board under section 1399.667 are credited for 50 hours of approved CE.

  - Courses approved by the board pursuant to the requirements set forth in CCR section 1399.671, described in more detail below.

- **Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?**

  In addition to PMBC, the following institutions are recognized by PMBC as authorized CE course provider approvers, (CCR sections 1399.670 and 1399.671).

  - The California Podiatric Medical Association
  - The American Podiatric Medical Association
  - The American Medical Association; or affiliates
  - The California Medical Association; or affiliates
  - The American Osteopathic Association; or affiliates
  - The California Osteopathic Association; or affiliates
  - Approved Colleges or Schools of Podiatric Medicine
  - Approved Medical Schools or Colleges
  - Approved Colleges or Schools of Osteopathic Medicine
  - Government agencies
  - Podiatric residency programs or clinical fellowships

  PMBC also approves CE providers under the application review process outlined in Podiatric Medicine Regulation 1399.671. The review process requires only those individuals, organizations or institutions not recognized by PMBC as approved course providers to submit documents and other evidence, including but not limited to, catalogues, course descriptions, curricula plans and bulletins to the board for verification of compliance with board mandated course requirement criteria. Courses are approved on an hour-for-hour basis and the criteria for course approval are:

- A faculty appointment in a public university, state college or private post-secondary educational institution approved by section 94310 of the California Education Code. The appointment may be in disciplines other than medicine but directly related to the practice of podiatric medicine or medicine. Resumes of all faculty members must be kept on file.

- A clearly stated rationale of necessity for the course and how the need was determined.

- A clear statement of the course content and how it satisfies the identified need for the course.

- A clearly articulated list of educational objectives that may be realistically achieved within the framework of the course.

- Description of the planned methods of teaching instruction for course delivery (lecture, seminar, etc.).

The course organizer must maintain a record of attendance for each participant. PMBC regulation section 1399.671 provides guidance for approval of additional programs. If an application for CE course approval is received, then PMBC reviews and votes on approval at one of its board meetings.

- **How many applications for CE providers and CE courses were received? How many were approved?**

  Since the last Sunset Review, PMBC has not received any applications for approval of CE providers or CE courses.

- **Does the board audit CE providers? If so, describe the board's policy and process.**

  While PMBC does not actively audit CE providers, it is PMBC's policy under CCR section 1399.674 to withdraw the approval of any individual, organization, institution, or other CE provider for failure to comply with PMBC course criteria requirements. Any provider whose approval is withdrawn by the board may appeal the withdrawal to the board, PMBC in its discretion, may consider the appeal with or without a hearing.

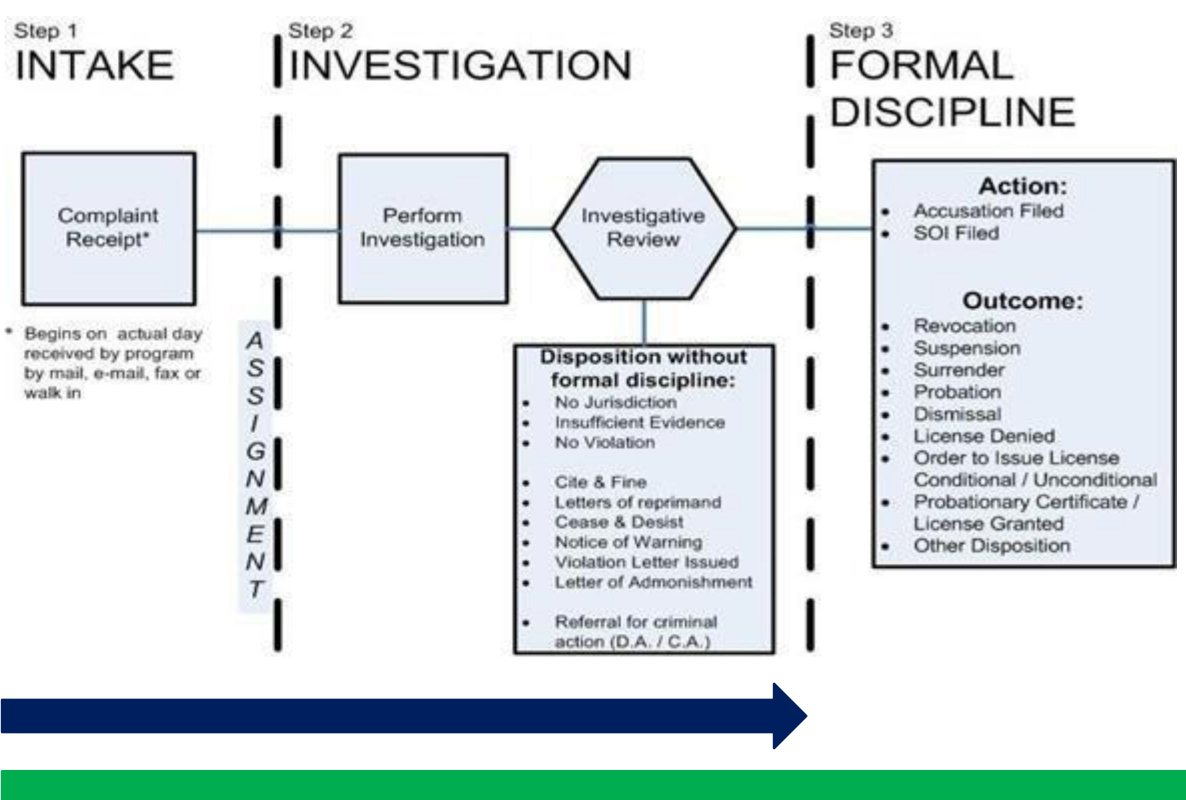
- **Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance-based assessments of the licensee's continuing competence.**

  PMBC recently reviewed its continuing education (CE) requirements and sponsored AB 826 (Chen) Podiatric Medicine; continuing education, 2023. Which became effective January 1, 2024. This statute modernized its CE requirements and allowed the Board to align with other medical boards in California and other podiatric medical boards in the United States.

32. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

Section 2319 BPC states that the Board must set a performance target not exceeding six months for the completion of an investigation beginning from the time of receipt of a complaint. Complex medical or fraud issues or complex business or financial arrangement should be no more than one year to investigate.

In an effort to demonstrate efficient and effective use of limited resources, DCA and its stakeholders set out to develop and implement an easy to understand and transparent system of performance targets and expectations for all boards including PMBC on or about FY 09/10. Specific areas of performance measurement included:



- Time to complete the complaint intake process (Measure 2)
- Time to complete the complaint investigation process (Measure 3)
- Time to complete the complaint enforcement process from beginning to end (Measure 4)

The following performance targets have been established. The target metrics for PMBC are as follows:

- 10 days for Measure 2
- 125 days for Measure 3
- 540 days for Measure 4

BreEZe reporting configurations for the last three fiscal years yield the following performance figures:

- PMBC achieves an average 8 day cycle for Measure 2
- PMBC achieves an average 167 day cycle for Measure 3
- PMBC achieves an average 1,171 day cycle for Measure 4

Board staff is aware that performance measures 3 and 4 have not met the DCA targets set. Board staff regularly communicate with Division of Investigations and the Attorney General's Office on case status and timelines, but many factors are outside of the control of Board staff. PMBC staff are using all available resources to monitor and attempt to keep timeframes as close as possible to the targets.

33. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

The board's enforcement statistics for the last three fiscal years average 141 complaints per year.

As may be noted from Table 9 below, the greatest source of complaints are received from the public with approximately 74% of total complaints fielded from consumers.

Case aging data (Table 10), shows that PMBC has closed 75% of all investigations in 180 days or less in the last four fiscal years. This is comparable to the 74% of cases closed in this timeframe as reported in 2020. This period also saw 19% of cases closed between 181 days and two years with the remaining 6% of cases taking longer than two years to complete. These lengthier cases are primarily field investigations often sent to the Attorney General's Office for disciplinary action.

Based on complaint intake averages, approximately 10 actions are initiated per year by the Attorney General which equates to 4.5% of the total complaint volume received. Of cases resulting in disciplinary action, the board enforcement statistics reflect an average 1,171 day cycle for case completion.

Of cases referred to the Attorney General in the last four fiscal years, 11% closed in two years or less. 75% closed between two and four years, and the remaining 14% of cases took over four years to close.

The overall average discipline completion time of 1,171 days shows cases are taking an average of 91 days longer to complete since reported in the 2020 Sunset Review which is not a significant change. Pandemic conditions may have created a minor slowdown in case completion times.

Due to the Board's small size and limited budget, we must rely primarily on the much larger MBC (who handles our intake and desk investigations) and the DOI (who handles our field investigations) to address workload and staffing concerns.

Table 9. Enforcement Statistics			
	FY 2021/22	FY 2022/23	FY 2023/24
COMPLAINTS			
Intake			
Received	139	129	136
Closed without Referral for Investigation	0	0	0
Referred to INV	136	125	137
Pending (close of FY)	3	7	6
Conviction / Arrest			
CONV Received	5	5	8
CONV Closed Without Referral for Investigation	0	0	0
CONV Referred to INV	5	5	8
CONV Pending (close of FY)	0	0	0
Source of Complaint[6]			
Public	106	103	103
Licensee/Professional Groups	5	4	6
Governmental Agencies	8	7	9
Internal	2	11	5
Other	0	0	0
Anonymous	23	9	21
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	7	7	10
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	n/a	n/a	n/a
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)	7	7	10
INVESTIGATION			
Desk Investigations			
Opened	142	130	145
Closed	136	110	162
Average days to close (from assignment to investigation closure)	56	56	74
Pending (close of FY)	23	46	30
Non-Sworn Investigation			
Opened	0	0	23
Closed	0	0	8
Average days to close (from assignment to investigation closure)	n/a	n/a	446
Pending (close of FY)	0	0	0
Sworn Investigation			
Opened	25	11	12
Closed	42	28	6
Average days to close (from assignment to investigation closure)	453	334	507
Pending (close of FY)	20	8	11

[6] Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.

All investigations[7]			
Opened	141	130	145
Closed	148	108	140
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	145	173	126
Average days for investigation closures (from start investigation to investigation closure)	204	172	115
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)	814	455	655
Average days from receipt of complaint to investigation closure	151	198	126
Pending (close of FY)	49	77	83
CITATION AND FINE			
Citations Issued	0	2	3
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	n/a	7	669
Amount of Fines Assessed	0	5000	7500
Amount of Fines Reduced, Withdrawn, Dismissed	0	3000	0
Amount Collected	0	1000	5000
CRIMINAL ACTION			
Referred for Criminal Prosecution	5	5	8
ACCUSATION			
Accusations Filed	5	9	6
Accusations Declined	1	0	0
Accusations Withdrawn	0	0	0
Accusations Dismissed	1	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	117	112	69
INTERIM ACTION			
ISO & TRO Issued	0	1	0
PC 23 Orders Issued	0	0	0
Other Suspension/Restriction Orders Issued	0	0	0
Referred for Diversion	n/a	n/a	n/a
Petition to Compel Examination Ordered	0	0	0
DISCIPLINE			
AG Cases Initiated (cases referred to the AG in that year)	12	14	4
AG Cases Pending Pre-Accusation (close of FY)	6	8	5
AG Cases Pending Post-Accusation (close of FY)	6	7	9
DISCIPLINARY OUTCOMES			
Revocation	0	1	0
Surrender	1	4	1
Suspension only	0	0	0
Probation with Suspension	0	0	0
Probation only	4	2	2
Public Reprimand / Public Reproval / Public Letter of Reprimand	2	0	2
Other	0	0	0
DISCIPLINARY ACTIONS			
Proposed Decision	2	3	1
Default Decision	0	0	0
Stipulations	5	4	4

[7] The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	384	513	351
Average Days from Closure of Investigation to Imposing Formal Discipline	492	624	433
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	1216	1238	1014
PROBATION			
Probations Completed	3	1	1
Probationers Pending (close of FY)	10	8	8
Probationers Tolled *	7	7	7
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	1	1	0
SUBSEQUENT DISCIPLINE[8]			
Probations Revoked	0	0	0
Probationers License Surrendered	0	1	1
Additional Probation Only	0	0	0
Suspension Only Added	0	0	0
Other Conditions Added Only	0	0	0
Other Probation Outcome	0	0	0
SUBSTANCE ABUSING LICENSEES **			
Probationers Subject to Drug Testing	1	2	2
Drug Tests Ordered	5	54	92
Positive Drug Tests	0	0	0
PETITIONS			
Petition for Termination or Modification Granted	0	0	0
Petition for Termination or Modification Denied	0	0	0
Petition for Reinstatement Granted	0	0	0
Petition for Reinstatement Denied	0	1	1
DIVERSION **			
New Participants	n/a	n/a	n/a
Successful Completions	n/a	n/a	n/a
Participants (close of FY)	n/a	n/a	n/a
Terminations	n/a	n/a	n/a
Terminations for Public Threat	n/a	n/a	n/a
Drug Tests Ordered	n/a	n/a	n/a
Positive Drug Tests	n/a	n/a	n/a

[8] Do not include these numbers in the Disciplinary Outcomes section above.

Table 10. Enforcement Aging						
	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	Cases Closed	Average %
Investigations (Average %)						
Closed Within:						
90 Days	83	87	62	90	322	59%
91 - 180 Days	16	22	21	27	86	16%
181 - 1 Year	24	5	5	11	45	8%
1 - 2 Years	15	20	13	10	58	11%
2 - 3 Years	8	14	7	2	31	6%
Over 3 Years	0	0	0	0	0	0%
Total Investigation Cases Closed	146	148	108	140	542	100%
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	0	0	0	0	0	0%
1 - 2 Years	1	0	1	1	3	11%
2 - 3 Years	4	3	2	1	10	36%
3 - 4 Years	2	3	3	3	11	39%
Over 4 Years	2	1	1	0	4	14%
Total Attorney General Cases Closed	9	7	7	5	28	100%

34. What do overall statistics show as to increases or decreases in disciplinary action since last review?

The total number of cases closed with the Attorney General in the last four fiscal years represents a 15% decrease in the total number of cases closed over the last review. The last four years saw 28 case closures as opposed to 33 cases closed as reported in the 2020 Sunset Review.

35. How are cases prioritized? What is the board's compliant prioritization policy?

In order to ensure that physicians representing the greatest threat of harm to the public are handled expeditiously, the Legislature has explicitly provided the prioritization schedule for all medical complaints. The governing statute is found under section 2220.05 B&P.
PMBC utilizes the larger MBC for complaint intake, desk investigation and disciplinary action processing by way of an annual Shared Services contract. This has proven to be the most efficient and cost-effective process for regulating the board's licensee population of approximately 2,000 doctors of podiatric medicine. PMBC medical cases are prioritized identically to MBC cases and managed through its Central Complaint Unit ("CCU") in the same manner.

Accordingly, cases involving gross negligence, incompetence and repeated negligent acts involving death or serious bodily injury are identified as holding the highest priority as mandated by statute. Cases involving physician drug and alcohol use, sexual misconduct with patients, repeated acts of excessive prescribing with or without examination and excessive furnishing or administering of controlled substances are also defined as priorities.

36. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

Yes. There are mandatory reporting requirements statutorily imposed on several entities to alert PMBC to possible disciplinary matters for action and investigation. As with complaint prioritization protocols discussed immediately above, mandatory disclosure reports are received and handled through the MBC CCU. Codified in section 800 et. seq. of Article 11 of the Business and Professions Code, the mandatory reporting requirements are fully applicable to California DPMs and include the following below listed disclosure reports:

Section 801.01 B&P

Requires settlement agreements exceeding $30,000 and arbitration awards or civil judgments of any amount to be reported within 30 days by insurer, employer or self-insured public agency acting as the insurer to a doctor of podiatric medicine. There are no problems with receiving the report known to exist and those received are within required timeframes.

Section 802.1 B&P

Requires a doctor of podiatric medicine to report criminal charges within 30 days upon indictment of a felony or conviction of any felony or misdemeanor including a plea of no contest. There are no problems with receiving the report known to exist. Reporting compliance is confirmed through independent verification received separately from Department of Justice subsequent arrest notifications.

Section 802.5 B&P

Requires a coroner to submit pathologist findings indicating that a patient death may be related to gross negligence by a doctor of podiatric medicine.

Sections 803 and 803.5 B&P

Requires a clerk of the court that renders a criminal judgment or finding of liability for a doctor of podiatric medicine based on negligence or errors and/or omissions resulting in death or personal injury to report to the board within 10 days.

Section 805 B&P

Requires a Chief of Staff, Chief Executive Officer, Medical Director or Administrator of a health care facility or clinic to report a denial or revocation of a doctor of podiatric medicine's health facility privileges within 15 days of effective date of action taken.

Section 805.01 B&P

Requires a Chief of Staff, Chief Executive Officer, Medical Director or Administrator of a health care facility or clinic to report any decision or recommendation for disciplinary action against a doctor of podiatric medicine within 15 days of decision.

Section 2240 B&P

Requires a physician who performs a medical procedure or any person acting under physician supervision or orders that results in a patient death in an outpatient surgery setting to report to the board within 15 days. Collectively, all mandatory reports are received directly by the Medical Board Central Complaint Unit.

- **What is the dollar threshold for settlement reports received by the board?**

  Pursuant to Business and Professions Code section 801.01, a settlement over $30,000 or arbitration award of any amount or a civil judgment of any amount are to be reported to the Board.

- **What is the average dollar amount of settlements reported to the board?**

  The average amount of malpractice settlements for Fiscal Years 21/22 through 23/24 is $340,548.

37. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

The following actions may be taken on a license as part of a Stipulated Decision or Settlement, formally negotiated and settled prior to hearing:

Revoked: The right to practice is ended due to disciplinary action. The license is invalidated, voided, annulled, or rescinded.

Surrender: To resolve a disciplinary action, the licensee has given up their license – subject to acceptance by the Board.

Suspension from practice: The licensee is prohibited from practicing for a specific period of time.

Revoked, stayed, probation with terms and conditions: "Stayed' means the revocation is postponed. Professional practice may continue so long as the licensee complies with specified probationary terms and conditions. Some probations may also include a period of suspension. Violation of any term of probation may result in the revocation that was postponed.

Probationary license: A conditional license issued to an applicant with probationary terms and conditions. This is done when cause exists to deny the license application, but limitations can be put in place to protect the public.

Public Letter of Reprimand: A lesser form of discipline that can be negotiated after or in lieu of the filing of formal charges. The reprimand may include educational and clinical training requirements.

- **What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?**

  No cases settled prior to the filing of an accusation, and no cases went to hearing that did not have an accusation filed.

- **What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?**

  21 cases entered stipulated settlement agreements and 7 cases went to hearing.

- **What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?**

  Of the 28 disciplinary cases that either settled or went to hearing, 75% were able to reach a settlement agreement prior to hearing.

38. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

Yes. The applicable statutes of limitation are found under section 2230.5 B&P. Accordingly, with certain limited exceptions, accusations filed pursuant to Government Code section 11503 must be brought against a licensee within seven (7) years after occurrence of the act or omission serving as the basis for disciplinary action or else within three (3) years after discovery of the act or omission by the board, whichever occurs first. Actions involving sexual misconduct extend the time period for filing an accusation from seven (7) to ten (10) years and both 7 year and 10-year statutes of limitation just discussed are tolled until the age of majority is reached in cases involving a minor. The statute of limitations is tolled during any period if material evidence necessary for prosecuting or determining whether a disciplinary action would be appropriate if unavailable to the board due to an ongoing criminal investigation. Procurement of a license by fraud or misrepresentation and intentional concealment of unprofessional conduct based on incompetence, gross or repeated negligence are not subject to the statute of limitations.

A situation regarding a licensee with multiple investigations resulted in one investigation that was unable to be pursued due to statute of limitations. However, the other investigations moved forward resulting in an accusation and settlement is expected shortly.

39. Describe the board's efforts to address unlicensed activity and the underground economy.

Of the complaints received over the past 4 fiscal years, 23 were designated as unlicensed practice. Of the 23 cases, 16 were closed as no violation, insufficient evidence, no jurisdiction or redundant complains already being addressed. Two citations were issued, one to a resident who did not obtain all credentials for a license but was participating in the residency program. The other was issued for use of fluoroscopy equipment without the required permit. Compliance was obtained in both instances. Two of these complaints are currently under field investigation. The final three complaints were closed without discipline after compliance was obtained for advertising discrepancies and finalizing a Fictitious Name Permit application.

Cite and Fine

40. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the $5,000 statutory limit?

The board's statutory citation and fine authority contained under section 125.9 B&P and codified in regulatory sections 1399.696 and 1399.697 of PMBC's Podiatric Medicine Regulations has historically been employed both as an educational and compliance measure. Over the years, while recognized as an effective tool for demonstrating the board's willingness and ability to

enforce the law, the system for issuance of citations has not traditionally been utilized to the extent of needless penalization of licensees for technical statutory violations such as address change oversights.
The board issued 9 citations during fiscal years 20/21, 21/22, 22/23, and 23/24 for various minor violations of the law. Compliance was easily obtained in the majority of those cases resulting in reduced fine amounts or the withdrawal of the citation.

41. How is cite and fine used? What types of violations are the basis for citation and fine?

The board's citation and fine authority is generally directed toward addressing conduct or omissions identified in the course of investigations that do not necessarily support formal disciplinary action. Some of the most common violations are unprofessional conduct, CME audit failure, failure to maintain adequate and accurate medical records; and failure to comply with records request. The board also uses citation and fine authority as an effective tool for gaining compliance with some probationary terms, including when a probationer is behind in cost recovery or probation monitoring costs. Through the citation and fine process, it is expected that compliance may be achieved for minor violations without resort to more costly administrative actions.

42. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

In the last 4 fiscal years the Board has held a total of 4 informal office conferences, none of which resulted in an appeal. The board does not employ the Disciplinary Review Committee mechanism for resolution of administrative citations.

43. What are the five most common violations for which citations are issued?

A total of 9 citations were issued over the last four fiscal years. Some citations have multiple code or regulation violations. The most common violations are as follows:

Number of Citations	Violation
5	B&P 2234 – Unprofessional Conduct
2	CCR 1399.676 – CME Audit Failure
2	B&P 2266 – Failure to Maintain Adequate Records
2	2225.5 – Failure to Comply with Records Request
1	B&P 2264 - Aiding Unlicensed Practice, B&P 2271 – False or Misleading Advertising, CCR 1399.696(e) – Violation of condition or term of probation

44. What is average fine pre- and post- appeal?

The average fine amount for all citations issued prior to appeal is $2,500. PMBC has not had any citations that resulted in an appeal. However, following the informal conference process, the average fine amount for all citations is reduced to $1,750.00.

45. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

Pursuant to the authority granted for the issuance of citations and assessment of fines under section 125.9 B&P the board may add fine amounts owed to the fee for licensure renewal if fines remain uncollected. The board is additionally authorized to pursue formal disciplinary action for failure to remit fine payments within 30 days of assessment in cases where a citation is not contested. The board rarely has need to employ FTB intercepts. There are currently two outstanding cases that may result in future collection through this process.

Cost Recovery and Restitution

46. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

PMBC has statutory authority for the recovery of costs in administrative disciplinary cases under section 2497.5 B&P. Cost recovery is included as a standard condition in the board's "Manual of Disciplinary Guidelines and Model Disciplinary Orders." The recovery of actual and reasonable costs is sought through stipulated settlement agreements by board staff and the Attorney General. There have been no changes to this process since the last review.

47. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

The board has ordered a total of $421,000 in total cost recovery stemming from 28 disciplinary cases involving final board Decisions and Orders or Stipulated Agreements in the last four fiscal years. Of this amount, the board has collected $362,000 during the same period reflecting an 86% recovery rate.

The board generally does not collect outstanding cost recovery on licenses surrendered or revoked while on probation. If the licensee chooses to Petition to Reinstate their license in the future, those costs are expected prior to being granted a restored license.

The board has had a small number of licensees owing cost recovery die prior to full collection of costs. We may also be unable to collect costs from licensee's who return to their country of origin or move out of the country.

48. Are there cases for which the board does not seek cost recovery? Why?

Cost recovery is usually not ordered/collected from cases involving revocation or surrender, unless the individual wants to one day return to practice through the Petition to Reinstate process. Any unpaid costs of the disciplinary case that caused the revocation or surrender of a license are required to be paid prior to returning to active status as written into the Order.

49. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

The Franchise Tax Board (FTB) intercept program generally remains unnecessary for cost recovery collection. Since the last review there have been no referrals by this board to the FTB. Regarding cases that have been referred in the past, two remain uncollected to date.

Table 11. Cost Recovery[9]				(list dollars in thousands)
	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Total Enforcement Expenditures	634	532	681	559
Potential Cases for Recovery *	9	7	7	5
Cases Recovery Ordered	5	6	2	4
Amount of Cost Recovery Ordered	59	96	73	193
Amount Collected	67	85	85	125

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

50. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

Restitution is incorporated as a component of probation in administrative disciplinary proceedings against licensees involving economic exploitation or in cases of Medi-Cal or insurance fraud. An ALJ can order restitution for the amount that was fraudulently obtained. Failure to pay the ordered restitution is a violation of probation. Since the last review, no restitution has been ordered in any disciplinary cases.

Table 12. Restitution				(list dollars in thousands)
	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Amount Ordered	$0	$0	$0	$0
Amount Collected	$0	$0	$0	$0

[9] Cost recovery may include information from prior fiscal years.

Section 5 – Public Information Policies

51. How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

PMBC strives to utilize this effective tool to inform the public of all relative activities. PMBC's meeting agendas are posted on the PMBC website at least 10 days prior to the board meeting date. PMBC also links the board meeting materials to the agenda prior to the meeting, including the draft minutes from the previous meeting, usually 5-7 days prior to the meeting. The agendas are archived on the PMBC website and they remain posted indefinitely. Final meeting minutes are posted once approved and remain available online indefinitely.

52. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long to webcast meetings remain available online?

All PMBC's meetings have been webcast and are available online indefinitely. PMBC plans on webcasting all its future meetings.

53. Does the board establish an annual meeting calendar, and post it on the board's web site?

Yes, the PMBC establishes an annual meeting calendar and publishes it on its website.

54. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with BPC § 27 if applicable?

PMBC's complaint disclosure policy, CCR 1399.704, is consistent with DCA's policy. Through a shared services contract with the Medical Board of CA, all accusations filed, and disciplinary actions taken are posted on our website in a manner consistent with DCA's policy.

55. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

PMBC provides the name, license type, primary status, school name, graduation year, and the address of record for each of its licensees. It also provides public records of disciplinary actions, felony convictions, malpractice judgments and settlements, probationary hospital disciplinary actions, administrative citations issued, administrative actions taken by other state or federal government, and arbitration awards.

56. What methods are used by the board to provide consumer outreach and education?

PMBC provides outreach to licensees, stakeholders, and members of the public through its website, newsletter, LISTSERV, and social media. Current relevant information is provided on the website that includes notices to licensees, changes in laws or regulations, and public announcements. PMBC has received positive feedback regarding these outreach efforts.

Section 6 –
Online Practice Issues

57. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

Although PMBC has received inquiries from licensees regarding this issue, PMBC has not received any complaints. PMBC has no plans to address this issue through regulations at this time. DPMs are authorized to perform such medical treatment pursuant to BPC 2290.5 and PMBC is prepared to respond should any issues arise in the future.

Section 7 –
Workforce Development and Job Creation

58. What actions has the Board taken in the terms of workforce development?

PMBC has historically worked closely with the podiatric medical community to build strong relationships and gain knowledge of professional trends. The Board invites podiatric medical students and residents to submit articles to the PMBC Newsletter to share their experiences. In addition, the Board processes license applications proficiently to ensure licensees can contribute to the work force as soon as possible.

59. Describe any assessment the board has conducted on the impact of licensing delays.

Licensing delays have not been an issue, so an assessment has not been necessary.

60. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

PMBC works with deans, faculty, and administrators to assure that California's requirements for licensure as a doctor of podiatric medicine are easily accessible and understood by applicants. The website provides an abundance of detailed information available to all applicants and school administrators that regularly interact with PMBC's licensing program.

There are 20 podiatric residency programs in California. Staff is in regular contact with the directors of these programs so that applicants are aware of the current licensing requirements and processes.

61. Describe any barriers to licensure and/or employment the board believes exist.

We are not aware of any barriers.

62. Provide any workforce development data collected by the board, such as:

a. **Workforce shortages** –
b. **Successful training programs** –

In relation to workforce data, PMBC collects data and sends to HCAI to study workforce issues relative to DPMs. Although the number of licensees has remained consistent, PMBC is aware considerable rates of retirement are anticipated for DPMs in California. However, employment opportunities for DPMs remains robust.

Health Workforce Research Data Center Annual Report to the Legislature January 2024 https://hcai.ca.gov/wp-content/uploads/2024/04/Health-Workforce-Research-Data-Center-Annual-Report-to-the-Legislature-January-2024.pdf.

U.S. Bureau of Labor Statistics Occupational Employment and Wages, May 2023 https://www.bls.gov/oes/current/oes291081.htm.

63. What efforts or initiatives has the board undertaken that would help reduce or eliminate inequities experienced by licensees or applicants from vulnerable communities, including low- and moderate-income communities, communities of color, and other marginalized communities, or that would seek to protect those communities from harm by licensees?

When the Governor's office indicated that DCA Boards need to focus on DEI, PMBC updated it's PMBC Strategic Plan 2023-2027 to include the values of DEI. At October's 2024 Board Meeting, PMBC met to brainstorm, discuss, and plan DEI goals in a working session, open to the public, with full participation from board members, staff, and stakeholders. The Strategic Plan 2023-2027 is now being updated to implement the goals discussed.

Section 8 – Current Issues

64. Describe how the board is participating in development of online application and payment capability and any other secondary IT issues affecting the board.

- **Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?**

  PMBC is using BreEZe for all licensing and most enforcement activities. PMBC was part of Release 1. The majority of BreEZe technical issues have been resolved since implementation. Change requests to BreEZe may take several months to complete once submitted due to the IT review and testing processes. PMBC assigns a priority to each change requested so that the highest priority changes are completed first. The status of change requests is not impacting PMBC's ability to complete all necessary functions.

- **If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? What is the board's understanding of Release 3 boards? Is the board currently using a bridge or workaround system?**

  PMBC uses BreEZe for all licensing and most enforcement activities and is committed to using this system as robustly as possible.

Section 9 –
Board Action and Response to Prior Sunset Issues

Include the following:

- Background information concerning the issue as it pertains to the board.
- Short discussion of recommendations made by the Committees during prior sunset review.
- What action the board took in response to the recommendation or findings made under prior sunset review.
- Any recommendations the board has for dealing with the issue, if appropriate.

ADMINISTRATIVE AND BUDGET ISSUES

Issue # 1: (ADMINISTRATIVE COSTS.) Programs within DCA like PMBC are charged for administrative services the DCA provides. PMBC's administrative expenditures continue to skyrocket, and it is unclear what exact services PMBC receives for the large amount of money paid. What is the impact of Pro Rata on PMBC's fund condition?

Background: DCA's brochure Who We Are and What We Do states that boards operate independently and only rely on DCA for administrative support. DCA is 99% funded by a portion of the licensing fees paid by California's state-regulated professionals in the form of "pro rata." Pro rata funds DCA's two divisions, the Consumer and Client Services Division (CCSD) and the DOI. CCSD contains the Administrative and Information Services Division (the Executive Office, Legislation, Budgets, Human Resources, Business Services Office, Fiscal Operations, Office of Information Services, Equal Employment Office, Legal, Internal Audits, and SOLID training services), the Communications Division (Public Affairs, Publications Design and Editing, and Digital Print Services), and the Division of Program and Policy Review (Policy Review Committee, Office of Professional Examination Services, and Consumer Information Center). The DOI provides law enforcement investigative services for the boards, bureaus, programs, committees, and commissions within DCA. All DOI peace officers are authorized to conduct criminal and administrative investigations, obtain and execute search warrants, and make arrests anywhere in California. PMBC's cases are handled by DOI's Health Quality Investigation Unit (HQIU). HQIU has faced significantly high vacancy rates and challenges related to the Vertical Enforcement and Prosecution model in which the investigator and OAG attorney work together on a case from the outset, rather than OAG waiting for referral of a case following an investigation.

Pro rata is apportioned primarily based on the number of authorized staff at each board, regardless of how much of DCA's services the boards say they use. DCA charges boards based on actual use for some services, such as the Office of Information Services, the Consumer Information Center, the Office of Professional Examination Services, and DOI. Based on DCA's own figures, actual pro rata costs for every board have increased an average of 112% since FY 2012-2013.

PMBC DCA
Departmental Expense
Summary

FY's 2015-16 through
2018-19

	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19		
DCA Departmental Services	Actual Expenditures (FM 13)	Actual Expenditures (FM 13)	Actual Expenditures (PRELIM 12)	Year End Projections	4 Year Averag	% Subtotal
OIS Pro Rata	$66,551	$74,214	$65,785	$88,917	$73,867	39.9%
Administration	63,933	64,748	57,394	75,167	65,310	35.3%
Shared Services	35,990	44,640	39,570	28,417	37,154	20.1%
DOI Pro Rata	1,966	1,840	2,191	1,833	1,958	1.1%
Communication	4,000	7,704	6,829	3,667	5,550	3.0%
Division of	0	654	580	3,667	1,225	0.7%
Total DCA	$172,440	$193,800	$172,349	$201,667	$185,064	100.0%

Source: PMBC FI$Cal reports

PMBC is authorized for a total of 5.2 positions yet over half of PMBC's total expenditures are for administration, including pro rata paid to DCA. As discussed below, PMBC is facing a structural deficit, despite receiving additional fee authority two years ago, and despite the fact that the program employs efficiencies such as its shared services agreement with MBC. While the cost of doing business has increased across the board, it would be helpful for the Committees to understand what centralized services, if any, PMBC utilizes, at what rates, and how those factor into the substantially high costs the PMBC is paying.

Staff Recommendation: PMBC should provide a breakdown of services received from DCA and how those impact programmatic efficiencies.

PMBC Response: According to DCA Budgets, based on 2018-19 data, approximately 15% of the Board's annual budget is dedicated to departmental services (not including MBC shared services). The Board relies on the Department for administrative oversight and support providing services for numerous statewide processes including:

- Human Resources
- Contracts and Procurement
- Budgets and Accounting
- Information Technology
- Legal Services

The Board does not have any dedicated personnel, or the institutional knowledge, to facilitate these mandated statewide processes and relies on DCA to do so. Without DCA personnel, the Board would require multiple additional positions to facilitate these statewide functions which will be more costly. Additionally, while the average growth in Departmental costs for DCA Board's since 2012-13 was 112%, it included a significant budget increase related to direct billed services specific to the Medical Board of California. When this cost is removed, the actual average growth in Departmental costs was approximately 57% during that same span. The main contributing factors to the growth in Departmental costs is the various employee compensation and retirement rate increases that have

impacted state workforce costs over the last several years, as well as the implementation of a new IT system (BreEZe).

Issue # 2: (SHARED SERVICES.) PMBC continues to utilize services provided by MBC, likely enhancing cost savings. How much does PMBC currently pay for MBC enforcement services and what efficiencies in the PMBC's enforcement process are achieved through this continued collaboration?

Background: MBC provides certain services to other entities at the DCA that were formerly committees under MBC, including PMBC and the Physician Assistant Board, smaller programs that do not have near the infrastructure and administrative wherewithal that a large board like MBC does, in order to assist these boards in efficiently conducting their business. Through shared services agreements, MBC solely performs administrative functions for independent boards like PMBC. In essence, MBC is contracted to do certain work and MBC in turn charges PMBC for the time MBC staff work on behalf of PMBC for tasks like processing complaints and handling other disciplinary functions.

It would be helpful for the Committees to understand the cost for this work and the enhanced productivity for PMBC's small staff that this arrangement results in.

Staff Recommendation: PMBC should update the Committees on its shared services agreement with MBC and provide information about the role PMBC staff may play in prioritizing cases, continued costs for MBC work on PMBC's behalf, how the Boards collaborate on certain activities, and what cost savings PMBC achieves through the agreement.

PMBC Response: PMBC utilizes the shared services offered by MBC that is able to provide certain services for PMBC at a significant cost savings. PMBCs Enforcement Coordinator handles enforcement activities which include the PMBCs Citation and Fine Program, Probation Program, Consultant and Expert Program, and Coordinates with the DOI and the AG throughout the investigatory and disciplinary process and completes all enforcement reports required by the Board, DCA and the Legislature. This position also coordinates regularly with MBC staff on functions related to complaint intake, initial case review and disciplinary processing of documents. This allows for a better flow and efficiency as they have staff dedicated entirely to these functions. The cost varies from year to year based on the number of complaints and disciplinary actions processed but averages around $40,000 the last four years. If PMBC were to take on the additional workload provided by MBC, it would cost four to five times what is paid through the shared services agreement, as it would require the hiring of additional staff.

ISSUE # 3: (FUND CONDITION AND FEES.) PMBC is projected to have a negative reserve shortly and is once again requesting increased fees. What alternatives and efficiencies in PMBC operations or consolidated services have been evaluated? Are additional fees the only option?

Background: PMBC reports that its current fee structure is not adequate to sustain PMBC and ensure that the Board's fund is solvent. PMBC is requesting a renewal fee increase to address a negative fund condition, projected to occur in a matter of months.

In 2017, the Legislature passed SB 547 (Hill, Chapter 429, Statutes of 2017) which increased certain PMBC fees (delinquency fees, duplicate receipt of renewal fees, letter of good standing, approval for a CE course, issuing a resident's license, etc.). During the Board's 2016 sunset review, it was reported that fees had been to their statutory maximum for over 20 years, not taking into account inflation and other cost factors. At the time the PMBC reported that fees needed to be adjusted
dating back to 2001 in order to sustain a long-term positive fund balance. While the Board received a statutory increase to its renewal fees in 2004, the DCA's Budget Office had also recommended that the schedule of service fees be adjusted to appropriately recover actual and reasonable costs for services provided which was never done prior to SB 547.

In 2018, the Legislature passed SB 1480 (Hill, Chapter 571, Statutes of 2018) which deleted a fee for an obsolete oral examination fee and temporarily increased renewal fees. The biennial license renewal fee was increased by $200 to $1,100 until December 31, 2020.

In May 2019, PMBC undertook a fee audit, contracting with Monetary Resources Group (MRG) to analyze licensing and enforcement performance, and revenue and expense trends, including the effects of recent fee increases; analyze the Board's fee structure to determine if fee levels are properly aligned and sufficient for the recovery of the actual cost of conducting its program; project revenues and associated costs for the next five years to determine if the fee structure is sufficient and sustainable to maintain an acceptable reserve for economic uncertainties and; establish a justifiable cost basis to assess services the Board provides when a separate fee is not provided for an unscheduled service.

The MRG report highlighted potential growth in the profession, noting that "the future is bright for podiatric medicine practitioners according to the American Association of Colleges of Podiatric Medicine (AACPM) and the US Department Labor Statistic's Occupational Outlook Handbook…The Bureau of Labor Statistics projects a 6% increase in podiatric physician positions from 2018 to 2028." The report also provided a comparison of annual wages across a sampling of states:
States with the Greatest Employment Opportunities for Podiatrist

State	Employment	Employment per thousand jobs	Hourly mean wage	Annual mean wage
New York	1,140	0.12	$75.46	$156,960
Florida	860	0.10	$65.47	$136,170
California	780	0.05	$58.05	$120,750
Pennsylvania	600	0.10	$65.76	$136,780
Illinois	570	0.09	$86.67	$180,270

Source: US Dept. of Labor Bureau of Labor Statistics, May 2018

The MRG report found that approximately half of PMBC's expenses are beyond its control and the PMBC's reserve balance is rapidly declining. The report provided two scenarios for fees, based on information MRG received from DCA Budget staff that indicated a goal of PMBC having a 12-month reserve. MRG suggested that at a minimum, the PMBC should make the $200 temporary renewal fee authorized by SB 1480 permanent, plus an additional $42 for each renewal, resulting in a $1,142 license renewal fee in order to provide near-term solvency. MRG also suggested an alternative, that all licensees pay $1,318 – initially and at the time of renewal. This amount reflects making the current temporary $200 fee increase permanent for renewals, plus an additional $218, and a $269 increase

on initial licensees, up from $1,049. MRG also advised that PMBC should charge for unscheduled services like providing duplicate copies of receipts, etc., based on a rate of $127 per hour which absorbs the full cost of PMBC work.

The Committees need to understand what alternatives DCA, the Department of Finance, PMBC, and others have considered to ensure robust regulation of DPMs. Is it sustainable for PMBC to regulate such a small licensing population given the increased costs of doing so? What options have been discussed beyond fee increases, if any?

Staff Recommendation: PMBC should advise the Committees of discussions that have occurred to ensure efficient regulation of DPMs, beyond just renewal fee increases. The Committees should evaluate all options for PMBC effective functions and may wish to propose statutory changes based on additional information and discussions.

PMBC Response: PMBC has not had a renewal increase since 2004, at which time the fee was raised $100. Through many efforts of our Executive staff, PMBC has little backlog and has handled all of its duties within this tight financial situation, however, after over 15 years, PMBC requested an emergency $200 biennial renewal fee increase which will end on 12/31/2020. After conducting a fee study, PMBC is proposing to make the $200 permanent and add an additional $218 for each licensee which results in an licensing fee of approximately $650 annually. PMBC is making this request based on the data and analysis presented in the attached fee audit, as well as accommodating for years of inflation without additional compensation. PMBC is willing to evaluate effective functions for cost reduction and enter into discussions with DCA and other boards to achieve cost savings. We recently increased our unscheduled fees to the maximum allowed as indicated in the Sunset Report.

ISSUE # 4: (INDEPENDENT CONTRACTORS.) Does the new test for determining employment status, as prescribed in the court decision Dynamex Operations West Inc. v. Superior Court, have any unresolved implications for licensees working in the PA profession as independent contractors?

Background: In the spring of 2018, the California Supreme Court issued a decision in Dynamex Operations West, Inc. v. Superior Court (4 Cal.5th 903) that significantly confounded prior assumptions about whether a worker is legally an employee or an independent contractor. In a case involving the classification of delivery drivers, the California Supreme Court adopted a new test for determining if a worker is an independent contractor, which is comprised of three necessary elements:

A. That the worker is free from the control and direction of the hirer in connection with the performance of the work, both under the contract for the performance of such work and in fact;

B. That the worker performs work that is outside the usual course of the hiring entity's business; and

C. That the worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed for the hiring entity.

Commonly referred to as the "ABC test," the implications of the Dynamex decision are potentially wide-reaching into numerous fields and industries utilizing workers previously believed to be

independent contractors. Occupations regulated by entities under the Department of Consumer Affairs have been no exception to this unresolved question of which workers should now be afforded employee status under the law. In the wake of Dynamex, the new ABC test must be applied and interpreted for licensed professionals and those they work with to determine the rights and obligations of employees.

In 2019, the enactment of Assembly Bill 5 (Gonzalez, Chapter 296, Statutes of 2019) effectively codified the Dynamex decision's ABC test while providing for clarifications and carve-outs for certain professions. Specifically, physicians and surgeons, dentists, podiatrists, psychologists, and veterinarians were among those professions that were allowed to continue operating under the previous framework for independent contractors. However, pharmacists were not included in the bill, and some have suggested that they should be afforded an exemption to prevent unnecessary disruption to the pharmacy profession.

Staff Recommendation: The Board should inform the committees of any discussions it has had about the Dynamex decision and AB 5, and whether there is potential to impact the current landscape of the pharmacy profession unless an exemption is enacted.

PMBC Response: Doctors of Podiatric Medicine are exempt from the requirements in AB 5. Additionally, PMBC has no commentary, feedback, or issues regarding the Dynamex decision and AB 5 as it pertains to PMBC and/or the pharmacy profession.

LICENSING ISSUES

ISSUE # 5: (AB 2138.) What is the status of PMBC's implementation of Assembly Bill 2138 (Chiu/Low) and are any statutory changes needed to enable the Board to better carry out the intent of the Fair Chance Licensing Act?

Background: In 2018, Assembly Bill 2138 (Chiu/Low, Chapter 995, Statutes of 2018) was signed into law, making substantial reforms to the license application process for individuals with criminal records. Under AB 2138, an application may only be denied on the basis of prior misconduct if the applicant was formally convicted of a substantially related crime or was subject to formal discipline by a licensing board. Further, prior conviction and discipline histories are ineligible for disqualification of applications after seven years, with the exception of serious and registerable felonies, as well as financial crimes for certain boards. Among other provisions, the bill additionally requires each board to report data on license denials, publish its criteria on determining if a prior offense is substantially related to licensure, and provide denied applicants with information about how to appeal the decision and how to request a copy of their conviction history. These provisions are scheduled to go into effect on July 1, 2020.

Because AB 2138 significantly modifies current practice for boards in their review of applications for licensure, it was presumed that its implementation will require changes to current regulations for every board impacted by the bill. It is also likely that the Board may identify potential changes to the law that it believes may be advisable to better enable it to protect consumers from license applicants who pose a substantial risk to the public.

Staff Recommendation: PMBC should provide an update on its implementation of the Fair Chance Licensing Act, as well as relay any recommendations it has for statutory changes.

PMBC Response: Status of AB 2138 Regulations, The PMBC is well on its way to adopting its regulations by the July 1, 2020 deadline. The PMBC noticed its proposed regulations on November 22, 2019, and held a public hearing on January 15, 2020. PMBC did not receive any public comment either verbally or in writing. Presently, the PMBC is working on some edits to the proposed text and will issue a 15-day notice of modified text to allow for public comment. After addressing any public comment received during the 15-day comment period, Staff will take steps to finalize the rulemaking package and submit it to the Office of Administrative Law (OAL). After OAL has reviewed and approved the regulatory package, it will be filed with the Secretary of State to become effective on July 1, 2020. As to having any recommended statutory revisions to the laws revised by AB 2138, the PBMC does not have any recommended statutory revisions at this time.

ENFORCEMENT ISSUES

ISSUE # 6: (PROBATION NOTIFICATION.) Pursuant to legislation passed in 2018 (SB 1448, Hill, Chapter 570, Statutes of 2018), DPMs are required to provide notice to patients of probationary status. What notification should DPMs have to provide patients?

Background: Healing arts boards within the DCA that license health professionals have the authority to set their own priorities and policies and take disciplinary action against their licensees. A determination of probation is a step in a lengthy disciplinary process, conducted in accordance with the Administrative Procedures Act, and offering due process for accused licensees. Licensees may be placed on probation following the Attorney General's filing of an accusation for a variety of reasons such as gross negligence/incompetence (a common reason for probation), substance abuse, inappropriate prescribing, sexual misconduct, conviction of a felony or other miscellaneous violations. Boards utilize disciplinary guidelines which are regulations that allow boards to establish consistency in disciplinary penalties for similar offenses on a statewide basis and create uniform guidelines for violations of a particular practice act. Guidelines are used by ALJs, attorneys, licensees and others involved in a regulatory program's disciplinary process.

When a licensee is placed on probation, generally they continue to practice and interact with patients, often under restricted conditions. As such, increasing the ability of patients and the public to obtain information about health care professionals they interact with has also been the subject of various Legislative and regulatory actions. The PMBC posts information regarding probation on its website and includes final enforcement actions and a summary of the violations leading to those actions, which may include probation on the DPM's online profile.

As of July 1, 2019, DPMs are required to provide a patient or the patient's guardian or healthcare surrogate with a disclosure prior to the patient's first visit if the licensee is on probation that contains the licensee's probationary status, the length of the probation and the end date, all practice restrictions placed on the DPM by PMBC, the board's phone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the PMBC's online license information site. For each DPM practicing under probationary terms, PMBC is required to include:

- causes alleged in the operative accusation for probation imposed pursuant to a stipulated settlement, along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt for probation imposed pursuant to a stipulated settlement;

- causes for probation stated in the final probationary order for probation imposed by the board's adjudicated decision;

- causes by which the probationary license was imposed for a licensee granted a probationary license;

- length of the probation and an end date and;

- practice restrictions placed on the DPM.

Physicians and surgeons licensed by MBC and the Osteopathic Medical Board of California have to comply with probation notification requirements under more narrow circumstances, only if there is a final adjudication by MBC or OMBC following an administrative hearing, or the physician and surgeon stipulates in a settlement to any of the following:

- The commission of any act of sexual abuse, misconduct or relations with a patient or client;

- Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely;

- Criminal conviction involving harm to patient safety or health;

- Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

Patients may be especially deserving of greater access to information about health care licensees on probation given the potential for future disciplinary action. A 2008 California Research Bureau (CRB) study reported that physicians who have received serious sanctions in the past are far more likely to receive additional sanctions in the future. According to the CRB report, "These findings strongly imply that disciplinary histories provide patients with important information about the likely qualities of different physicians." The CRB cited research that examined physician discipline data provided by Federation of State Medical Boards.

PMBC requested in its sunset report to the Legislature that DPMs also be limited to the narrow conditions for probation notification that physicians and surgeons have to abide by. It would be helpful for the Committees to receive more information justifying this change and an explanation as to why patients of all DPMs on probation should not be notified, given the small number of DPMs on probation and the seriousness that probationary status carries in protecting patients.

Staff Recommendation: PMBC should explain the impacts of transparency and patient disclosure efforts like probation notification.

PMBC Response: The mission of PMBC is to protect and educate the consumers of California through licensing, enforcement, and regulation of Doctors of Podiatric Medicine and the PMBC values

transparency. In order to provide public awareness and consumer protection, PMBC posts all disciplinary actions taken against its licensees on BreEZe and its website for consumer review. PMBC actively pursues revocation or elevated discipline for licensees relating to the more serious charges such as sexual abuse, drug or alcohol abuse, criminal convictions directly involving harm to the patient and inappropriate prescribing. DPMs are surgeons and work in the same setting as MDs and DOs. Unlike other licensees subject to probation disclosure requirements: Chiropractors, Acupuncturists, and Naturopathic Doctors, DPMs are the only other health care professional that performs surgery and are, Medical Chiefs of Staff working side by side with MDs and DOs in operation rooms, acute care hospitals, clinics and private settings. From a patient's point of view, there is no difference between the DPM, MD or DO that provides foot and ankle care. These three specialties need to be treated equally as they provide the same foot and ankle treatment modalities. Also, due to this discrepancy between licensed professionals who provide the same foot and ankle care, DPMs have been trending toward non settlement and are taking their cases to hearing which lengthens the disciplinary process and significantly increases costs. As a result, PMBC is requesting an amendment to include PMBC licensees in BPC 2228.1 and remove BPC 2228.5.

ISSUE # 7: (HQIU and OAG.) PMBC cases that are more serious and that warrant formal disciplinary action are investigated by a unit within the DCA's Division of Investigation and prosecuted by Deputy Attorneys General within a unit at the Attorney General's Office that both handle cases for other health boards. Costs to PMBC for each are high, and timeframes are lengthy for cases to be resolved. What is the status of enforcement efforts and work by HQIU and OAG?

Background: HQIU has been the source of particular Legislative focus over the past number of years. Following the 2004 release of a statutorily mandated report by an independent monitor, MBC implemented vertical enforcement (VE), requiring Deputy Attorneys General from OAG, to be involved in MBC's investigation activities as well as its prosecution activities. Despite VE and other enhancements, enforcement activities were still called into question during sunset reviews of health licensing boards. SB 304 (Lieu, Chapter 515, Statutes of 2013) required MBC to transfer its investigators, investigators who also work on PMBC's cases, to DCA's DOI, establishing the framework for the current HQIU. HQIU has faced significantly high vacancy rates and challenges, many of which were related to the formerly statutorily-required VE and challenges in coordination between HQIU investigators and DAGs in the OAG Health Quality Enforcement Section.

While PMBC cases were not mandated to be handled according to VE provisions, PMBC staff opted for all DPM enforcement cases to follow the VE model, likely leading to lengthy timeframes and significantly enhanced cost to PMBC for both HQIU and OAG charges. In July 2019, OAG hourly rates increased, specifically, attorney services went from $170 to $220 per hour, a 30% increase, and paralegal services went from $120 to $205, a 71% increase.

It would be helpful for the Committees to better understand the impact of HQIU challenges, delays in enforcement, and increased OAG costs are having on PMBC's enforcement program and enforcement costs. Has anything changed at HQIU that positively impacts PMBC investigations and enforcement? Are enforcement costs still related to the former VE program since PMBC was selecting to have cases handled like MBC cases which were required to follow VE? What is the correlation to PMBC's fund situation and increased OAG prosecution costs?

Staff Recommendation: PMBC should update the Committees on enforcement efforts conducted by HQIU and OAG, including trends, costs, timeframes, and efficiency efforts.

PMBC Response: Since the last Sunset, it appears to PMBC that the ability of the HQIU to respond to our cases has greatly improved. It is our understanding that HQIU is now adequately staffed. In the short term, this has caused increased costs to the PMBC as there are more cases being worked on; however, we expect the costs to stabilize over time. Since cases are now completing at a greater rate, more cases are being sent to the AG office which is increasing costs. In addition, the AG recently increased their rates by 30%. To note, vertical enforcement was already eliminated prior to this rate increase and did not impact our increase in enforcement costs. Since cases are now completing at a greater rate,

TECHNICAL CHANGES

ISSUE # 8: (TECHNICAL CHANGES MAY IMPROVE EFFECTIVENESS OF THE LAWS GOVERNING THE PRACTICE OF PODIATRIC MEDICINE AND PMBC OPERATIONS.)

There are amendments that are technical in nature but may improve PMBC operations.

Background: In certain instances, technical clarifications may improve PMBC operations and application of the statutes governing the PMBC's work.

Staff Recommendation: The Committees may wish to amend the Act to include technical clarifications.

PMBC Response: PMBC requests that our fee section under BPC 2499.5 delete the word "wall" from subdivision (f) delete the duplicate renewal receipt from subdivision (g); and delete the endorsement fee from subdivision (h) as they're duplicative and not utilized by the board.

CONTINUED REGULATION OF THE PROFESSION BY THE CURRENT PROFESSION BY THE PODIATRIC MEDICAL BOARD OF CALIFORNIA

ISSUE # 9: (CONTINUED REGULATION BY THE PMBC.) Should the licensing and regulation of DPMs be continued and be regulated by the current PMBC?

Background: Regulating DPMs is in the interest of California patients. The issues surrounding the PMBC's current fiscal challenges certainly warrants an evaluation of all available options to ensure an efficient regulatory structure for the profession, balancing public protection with increases in the number of podiatrists in this state.

Staff Recommendation: The regulation of DPMs should be continued, to be reviewed again on a future date to be determined.

PMBC Response: PMBC has continued to fulfill its mission to protect the public and regulate doctors of podiatric medicine in California. PMBC respectfully requests that PMBC be allowed to fulfill its mission until the next Sunset Review.

Section 10 –
New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

- **Issues raised under prior Sunset Review that have not been addressed.**

  PMBC has addressed the issues that were indicated in the last Sunset Review.

- **New issues identified by the board in this report.**

  The Board is currently projected to become insolvent in FY 2025-26 and the proposed fee amount of $1,850 is required to 1) fund the Board's operations, and 2) keep the Board solvent in the near future.

- **New issues not previously discussed in this report.**

  None.
  ,
- **New issues raised by the Committees.**

  None.

Section 11 – Attachments

Please provide the following attachments:

A. Board's Administrative Manual.

B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).

C. Major reports to include Strategic Plan, Annual Reports, and Newsletters. (cf., Section 1, Question 4).

D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

E. PMBC: Sustainable Fund Condition Options (cf., Section 2, Question 8).

INDEX OF ATTACHMENTS

Attachment A
Podiatric Medical Board of California's Administrative Manual

Attachment B
Podiatric Medical Board of California Organizational Chart

Attachment C
Major reports to include Strategic Plan, Annual Reports, and Newsletters

Attachment D
Podiatric Medical Board of California's Year-end Organization Charts for last four fiscal years

Attachment E
Podiatric Medical Board of California's Sustainable Fund Condition Options

Podiatric Medical Board of California
Board Administrative Manual

Approved by:
Podiatric Medical Board of California
on September 13, 2019

Podiatric Medical Board of California

Hallmarks of Board Member Commitment and Responsibility

This document serves to remind members of the solemn duties and responsibilities which all members of the Podiatric Medical Board of California willingly undertake in selfless sacrifice to their fellow citizens and residents of the State of California in the conduct of the people's business;

We recognize the important responsibility we undertake in serving as a member of the Podiatric Medical Board of California and esteem to carry out in a trustworthy and diligent manner all the duties and obligations inherent in our responsibilities as Board Members in service of the people's business.

Board Member Role

The role as a member of the Podiatric Medical Board of California is to contribute to the development of the Board's mission and vision, and to participate in governing the implementation of the mission and realization of the vision.

The role as a member is to fulfill the functions of the office of Board Member as recorded in the

Board Member Duties

The duties of a member of the Podiatric Medical Board of California are to carry out the following responsibilities with integrity, high moral and ethical conduct, and strong commitment.

1. To establish as a high priority my attendance at all meetings of the Board, and of committees and task forces to which I have been appointed.

2. To come prepared to contribute to the discussion of issues and business to be addressed at scheduled Board and Committee meetings, having read the agenda and all background support material provided to me in advance of each meeting.

3. To represent the Podiatric Medical Board of California in a positive and professional manner at all times and in all places.

4. To refrain from moving out of the domain of governance into the domain of management.

5. To understand the Podiatric Medical Board of California's funding sources and eligible uses, funding and budgeting cycles, and financial and performance reporting systems.
6. To avoid conflicts of interest between my position as a Board Member and my personal and professional interests. When a conflict of interest presents itself, I will abide by the provisions of Podiatric Medical Board of California's laws.
7. To maintain strict confidentiality of all business discussed in closed session, disclosing to others only information which is public.
8. To support in a positive manner all actions taken by the Board even when I am in a minority position on such actions.
9. To agree to serve on those Committees and/or Task Forces to which I am appointed to ensure fiduciary stability of the Corporation, to assure program quality, and to participate in the accomplishment of all goals and objectives of the strategic plan.
10. To attend and participate in the Board's strategic planning and strategic governance skills training workshops. If I am a new Member of the Board, I agree to attend all orientation sessions for new Board Members.

10 Principles for Highly Effective Board Members

1. Protection of the public shall be the highest priority for DCA board members in exercising the board's licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.
2. We are responsible for developing and setting policy and procedures as a State licensing and law enforcement agency.
3. Consumers expect that licensees will be qualified to perform at an entry level of competence. They expect a fair method of settling disputes that may arise between a licensed practitioner or business and a consumer.
4. A person who wishes to earn a living in an occupation should not be kept out unreasonably. That person should have easy access to all information about entering the profession, including testing and having licensure information transferred to or from another state.
5. Board actions often affect competition within an industry. Public authority should enhance competition whenever possible, and avoid favoring one industry segment over others. Licensees have a right to expect good administrative practices and the elimination of unnecessary and burdensome requirements.

6. We have a responsibility to other board members to listen to them and to consider their views and contributions, to help determine good policy and helpful procedures, to contribute to fair determination of problems, and to help the board operate most effectively and efficiently.

7. An effective board member:
   - is able to work with a group to make decisions
   - understands and follows democratic processes
   - is willing to devote time and effort to the work of the board
   - works to find alternative solutions to problems whenever necessary
   - has good communication skills
   - recognizes that the goal of the board is the service and protection of the public
   - is aware that authority is granted by the law to the board as a whole, not to any member individually, and can only be used by vote of the majority of board members
   - avoids becoming involved in the daily functions of staff
   - delays making judgments until adequate evidence is in and has been fully discussed

8. Public members are not expected to be, indeed are not supposed to be, technically expert or experienced in the licensed occupation. They provide a unique public perspective on licensing and enforcement.

9. An effective board member does not disclose details of board activity unless and until they become part of the public record. The investigation procedure, which includes informal hearings or conferences, may not be part of the public record. Any disclosure of such information should be made only after consultation with legal counsel.

10. Effective board members remember that they are seen as representatives of the board and the Department when they appear at industry or professional gatherings and must not appear to speak for the board or the Department unless specifically authorized by the board or the Department to do so.

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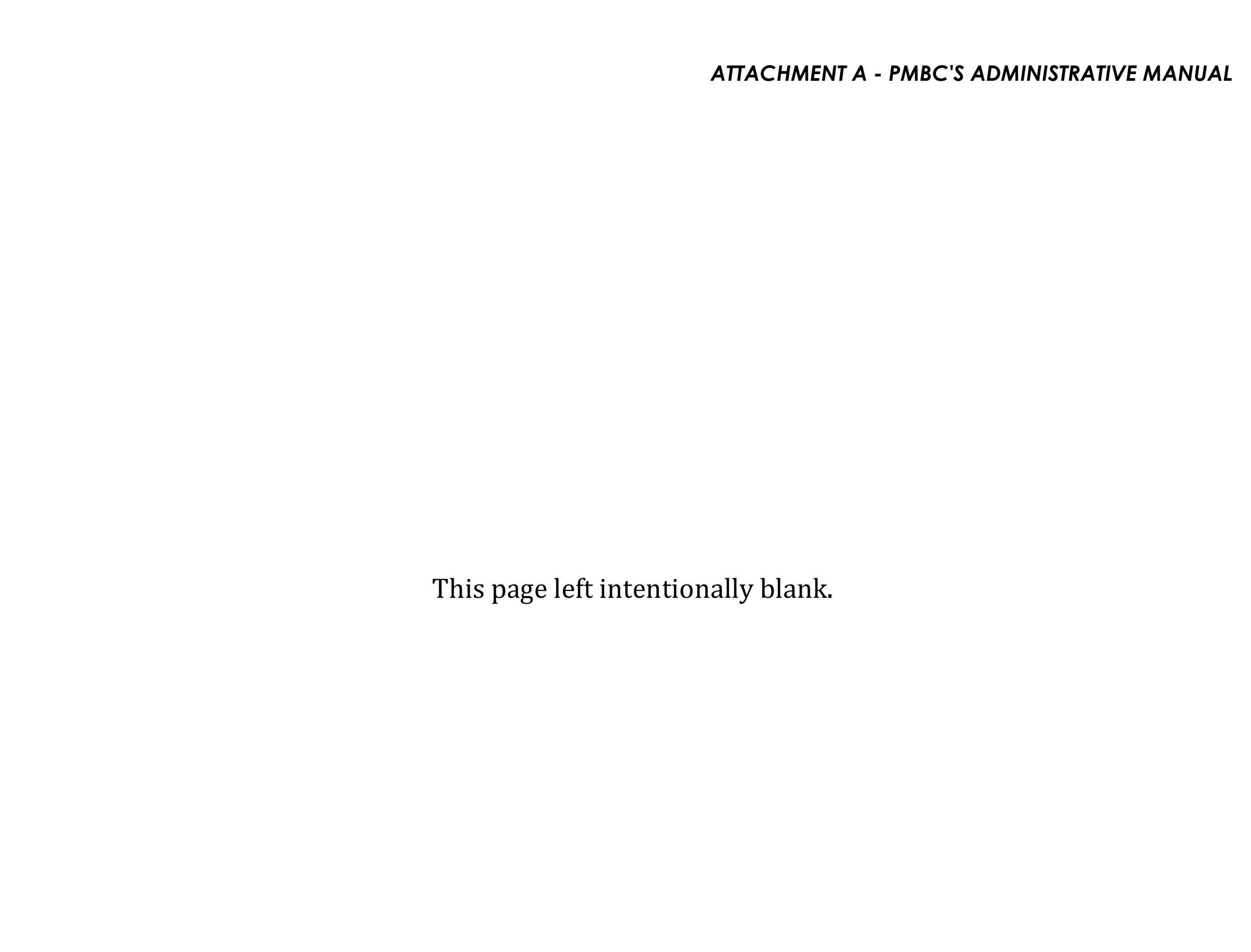

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Chapter 1. Introduction

The California Legislature has established 25 California Department of Consumer Affairs (DCA) regulatory boards and other additional programs and committees to protect public health and safety through licensing and oversight of various professions.

Collectively, board members are the leaders of the state's licensing agencies. Board members make important decisions on agency policies in addition to disciplinary actions to be taken against professionals who violate state consumer protection laws. In an effort to protect the public, members also approve regulations and help guide licensing, enforcement, public education and consumer protection activities.

Some board members are licensed professionals themselves, while many others are public members. The governor appoints many board members, but the Legislature makes appointments as well.

Each health care licensing board is created though legislative passage of an enabling statute signed by the Governor. This statute often not only sets forth the agency's mission but also the boundaries of permissible practice for licensees. California law is explicit in its licensing and regulatory mandates that the primary overriding responsibility for all health care boards is to protect the public; not protection of an industry or a profession.

Boards are solemnly charged with preventing harm to patients and ascribed with regulating the profession they are charged with overseeing in order to protect Californians from unqualified, impaired, dishonest or otherwise incompetent providers. These objectives are achieved through the joint efforts of board staff—who execute board directives—and the politically appointed members of the board—who make policy—through execution of various functions including:

- Establishment and enforcement of licensure requirements;
- Promulgation of regulations interpreting scope of practice laws by which licensees are expected to follow and abide;
- Investigation of possible violations of quality and community standards of care in addition to other statutory or regulatory requirements;
- Disciplinary and enforcement decisions to revoke, suspend or restrict a license found to have violated the medical practice act or other laws; and
- Activities intended to educate and protect the public through information sharing, public outreach and engagement.

Overview

The Podiatric Medical Board of California (the Board or PMBC) has historical roots that can be traced back to as early as 1957 with state licensure of Doctors of Podiatric Medicine (DPMs) being separately handled by a legislatively created podiatric examining committee under the auspices of the California Board of Medical Examiners. To this day, functioning semi-autonomously as one of 36 regulatory entities under the aegis of the Department of Consumer Affairs, the Board continues to inter-dependently carry out its primary mission of public protection through its close association with the Medical Board of California.

The Board is composed of seven members serving four-year terms with no more than a maximum of two consecutive terms permitted. The Board is overseen by a majority of professional members. Five appointments are made by the Governor who appoints four professional and one public member. The Senate Rules Committee and the Assembly Speaker each appoint one of the two remaining public members of the body, respectively.

Existing solely to serve to the public, the Board's mission is accomplished through exclusive reliance on fees set by state statute and collected from licensees and applicants. As public servants attending to the people's business and serving Californians as non-salaried guardians of the public health, welfare and safety, members are remunerated $100 per day for each day actually spent in the discharge of official duties and are reimbursed for travel and other expenses necessarily incurred in the performance of official duties.

The Board is under the organizational umbrella of the Department of Consumer Affairs (Department) which is part of the Executive Branch of California State Government, and ensures that the public's health, safety, and welfare are protected while ensuring fair trade within the marketplace.

The Board Administrative Manual has been created to provide a solid reference framework for carrying out the public protection mission of the Board by fostering enhanced knowledge, stability and continuity within the body. As a ready reference of applicable law, regulations, Department of Consumer Affairs and Board policies, the manual will assist to guide the actions of members of the Board toward greater policy-making efficiency and effectiveness.

Board Mission & Vision (Board Strategic Plan adopted March 6, 2015)
It is the mission of the Podiatric Medical Board of California to protect and educate consumers of California through enforcement of the Medical Practice Act as it pertains to Doctors of Podiatric Medicine. It is the Board's vision that all licensed California Doctors of Podiatric Medicine will provide safe and competent foot and ankle care for the benefit of the citizens and residents of the State.

Executive Office and Staff

The Board appoints the executive officer (EO) to serve as its executive, administrative and operational officer, as well as its official custodian of records. By regulation, the Board delegates to the EO to act on its behalf in all enforcement issues and to investigate and

evaluate all applicants recommended for licensure prior to the issuance of a license. Other staff members are civil service employees who operate under the direction of the EO.

The Board's executive office is located at 2005 Evergreen Street, Suite 1300, Sacramento, California 95815. Telephone: (916) 263-2647, fax: (916) 263-2651. The Board's web address is: http://www.pmbc.ca.gov/

Executive Officer (Board Policy adopted Dec. 6, 1991)

The chief executive officer reports and is accountable to the full Board. He/she accepts responsibility for the success or failure of all Board operations. The Executive Officer's specific contributions include the following:

- Lead staff planning to achieve Board goals and ensure that implementation adheres to Board policies, and is effective, prudent, ethical, and timely.
- Ensure that the Board is properly informed on the condition of the agency and major factors influencing it, without bogging it down in detailed staff work or with unorganized information.
- Annually evaluate the agency's performance.
- Manage allocated funds to ensure that there is adequate funding to achieve the Board's policies.
- Manage agency's enforcement program so as to ensure both (a) vigorous prosecution of Medical Practice Act violations and (b) fairness, due process, and proper administrative procedures as required under the Administrative Procedure Act.
- See that there is adequate, effective staffing. Motivate staff. Develop training, professional development, and career ladder opportunities. Build teamwork. Delegate responsibilities without abdicating accountability.
- Develop an office climate and organizational culture that attracts and keeps quality people.
- Provide for management succession.
- Develop annual goals and objectives and other appropriate staff policies.
- Serve as the agency's chief spokesperson and see that the Board is properly presented to its various publics.

Board General Rules of Conduct (Proposed Policy)

Collectively, the Board is responsible for good governance of the agency. Appointed as representatives of the public, the Board presses for realization of opportunities for service and fulfillment of its obligations to all constituencies. The Board meets its public protection responsibilities, guards against the taking of undue risks, determines priorities and generally directs organizational activity. While the Board delegates administrative responsibilities to its executive officer as head of the agency, the body remains involved through oversight and policy-making. As a judicial body, the Board serves as a jury and members must be careful to avoid conduct which threatens to jeopardize the impartial and independent role as a neutral arbiter of fact in civil administrative matters involving disciplinary proceedings against a license.

Ultimately members are accountable for the actions of the agency and are expected to fulfill their responsibilities in a manner that is both honorable and above reproach. Accordingly, Board members shall:

- Serve to uphold the principle that the Board's primary mission is to protect the public.
- Act fairly, objectively and remain impartial and unbiased in their role of protecting the public.
- Not use their positions on the Board for personal, familial or financial gain.
- Treat all applicants and licensees fairly and impartially.
- Maintain the confidentiality of Board documents and information.
- Avoid ex parte communications with licensees, attorneys and staff regarding disciplinary actions.
- Recognize the equal role and responsibilities of all members both public lay members and professional members alike.
- Commit the time to properly prepare for Board responsibilities.

Board Values (Board Strategic Plan adopted March 6, 2015)
In performing the people's business to serve Californians as servants protecting the public health welfare and safety, the members of the body are guided by the adopted values of the Board:

- Consumer Protection
- Transparency
- Professionalism

- Fairness
- Effectiveness
- Service

Board Members (Board policy adopted Dec. 6, 1991)
While the Board is responsible for good governance of the agency it is ultimately individual board members that are accountable for all agency actions in the end.

A Board member's specific contributions include the following:

- Articulate agency mission, values, and policies.
- Review and assure executive officer's performance in faithfully managing implementation of Board policies through achievement of staff goals and objectives.
- Ensure that staff implementation is prudent, ethical, effective, and timely.
- Assure that management succession is properly being provided.
- Punctuate ongoing review of executive officer performance with annual evaluation against written Board policies at a noticed public meeting.
- Ascertain that management effectively administers appropriate staff policies including a code of ethics and conflict of interest statements.
- Ensure staff compliance with all laws applicable to the Board.
- Maximize accountability to the public.

Chapter 2. Board Meeting Procedures

Purpose
Public agencies exist to conduct the "people's business." All board meetings are conducted in public under the provisions of the public meetings law, officially called the Bagley-Keene Open Meeting Act. Public agencies such as the Board have two duties under the Bagley-Keene Open Meeting Act:

- To give adequate notice of the meetings to be held; and
- to conduct its meetings in open session except where a closed session is specifically authorized.

Frequency of Meetings (Calif. Business and Professions Code §§ 101.7, 2467 and Board Policy)
For the purposes of transacting business, the Board may convene from time to time as it deems necessary but is required by statute to hold at least two meetings per year with a minimum of one meeting in Northern California, and one in Southern California per calendar year. The Board may seek an exemption from the Director of the Department of Consumer Affairs upon a showing of good cause that it is unable to meet at least two times in a calendar year.

- Through consensus vote the Board has established a policy for itself and each of its standing Committees to convene quarterly.
- Board Meetings shall be generally held on the first Friday in the third month of each quarter.
- Committee meetings shall convene on a Wednesday at least three weeks preceding the regularly scheduled meeting of the Board.
- The President may call a meeting of the Board or of any duly appointed committee including their specified time and place.
- Special meetings may be held by the Board as permitted by law and may also be called by the Director of the Department of Consumer Affairs as required.

Member Attendance at Board Meetings (Proposed Policy)
Board members shall attend each meeting of the Board. If a member is unable to attend then he or she must contact the Board President and the Executive Officer to advise of the inability to attend the meeting for a specific reason.

Public Attendance at Board Meetings (Government Code § 11120 et seq.)
As mentioned above, meetings of the Board are subject to all provision of the Bagley-Keene Open Meeting Act. The Open Meeting Act governs the meetings of all state regulatory boards and the meetings of the individual committees of those boards. The

specifies the notice and agenda requirements in addition to prohibiting discussion or action by members on matters not included in the agenda.

If the agenda contains matters which are appropriate for closed session, the agenda shall so state and cite the particular statutory section and subdivision providing authority for meeting in closed session.

Quorum (California Business and Professions Code § 2467)
Four members of the Board constitute a quorum for the purposes of transacting business. The concurrence of a majority of those members present and voting at a meeting is necessary to constitute an act, resolution, decision or measure of the Board.

Agenda Items (Proposed Policy)
Each Board member is encouraged to submit items for a Board meeting agenda to the Executive Officer at least 20 days prior to the meeting. Committee members are also encouraged to submit items for a Committee meeting agenda related to the jurisdiction of their respective committees at least 20 days in advance of the meeting. Suggestions for agenda items may also be raised at board and committee meetings during the agenda item designated for that purpose.

Notice of Meetings (Government Code § 11120 et seq.)
In according with the Bagley-Keene Open Meeting Act, meeting notices—including agendas for Board and/or Committee Meetings—shall be sent to persons on the Board's mailing list at least 10 calendar days in advance. The notice shall include a staff person's name, work address and telephone contact for providing further information if needed prior to the meeting.

Notice of Meetings Posted on Internet (Government Code § 11125 et seq.)
Notice shall be given and also made available on the internet at least 10 days in advance of the meeting and shall include a staff person's name, work address and telephone contact for providing further information if needed prior to the meeting.

Board Packets *(Proposed Policy)*
Board and Committee materials will be published in the most cost effective and environmentally conscious manner achievable and distributed to members in either electronic or hard copy format according to individual member preference 10 days before a scheduled meeting.

Record of Meetings (Government Code § 11123 and Proposed policy)
The minutes of Board meetings are a summary, not a transcript, of each Board meeting. They shall be prepared by Board staff and submitted for review and approval to the Board at the next regularly scheduled Board meeting. The minutes shall contain a record of how each member voted on item of business. When approved, the minutes shall serve as the official record of the meeting and shall be posted on the Internet.

Audio/Video Recording (Proposed policy)
Meetings may be audio and/or video recorded and/or broadcast live via the Internet as Board and DCA resources allow. Recordings may be disposed of upon an affirmative vote of the Board after the corresponding minutes of the meeting have been approved. Broadcasts of meetings may be available in perpetuity.

Meeting Rules (Proposed policy)
The Board will use Robert's Rules of Order as a guide to conduct meetings of the Board and Committees to the extent that they do not conflict with state law such as the Bagley-Keene Open Meetings Act, other statutory provisions or advisory opinions of the Attorney General.

Public Comment (Proposed policy)
Due to the important need of preserving neutrality and maintaining the fairness of the Board when performing its adjudicative functions, neither the Board nor any board member shall receive any information or communication from a member of the public regarding matters that are currently under or subject to investigation or that involve a pending civil administrative action or criminal proceeding.

1. If, during a Board meeting, a person attempts to provide the Board or member with information regarding matters that are currently under or subject to investigation or civil administrative action or criminal proceeding or on a matter subject to review by the Board, the person shall be advised that neither the Board nor its members individually may properly consider or hear such information and the person shall be instructed to refrain from making such comments. The Board or a board member may ask or direct staff to speak with the person directly outside the confines of the meeting room.

2. If, during a Board meeting, a person wishes to address the Board concerning alleged errors of procedure or protocol or staff misconduct involving matters that are currently under or subject to investigation or that involve a pending civil administrative action or criminal proceeding, the Board will address the matter as follows:

a. Where the allegation involves errors of procedure or protocol, the Board may designate either its Executive Officer or staff member to review whether the proper procedure or protocol was followed and to report back to the Board.

b. Where the allegation involves significant staff misconduct, the Board may designate one of its members to review the allegation and to report back to the Board.

3. Should a person wishing to provide information regarding matters that are currently under or subject to investigation or civil administrative action or criminal proceeding become disruptive at the Board meeting, the Board in its discretion may deny the person the right to address the Board and have the person removed.

Chapter 3. Travel and Salary Policies and Procedures

Travel Approval (Proposed policy)
Board members shall have the Board President approval for all travel except regularly scheduled Board and Committee meetings to which the Board member is assigned.

Travel Arrangements (Proposed policy)
Board members should coordinate with the Board's program support assistant for assistance with travel and lodging accommodations when necessary.

Out of State Travel
When approved, out-state-travel for Board members will be reimbursed for actual lodging expenses, supported by vouchers and will be reimbursed for meal and supplemental expenses. Out-of-state travel for all persons representing the state of California is controlled and must be approved by the Governor's Office.

Travel Claims
Rules governing reimbursement of travel expenses for Board members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. The Executive Officer's program support staff maintains these forms and completes them as needed. It is advisable for Board members to submit their travel expense forms immediately after returning from a trip and not later than two weeks following the trip.

For expenses to be reimbursed, Board members shall follow procedures contained in DCA Departmental Memoranda, which are periodically disseminated by the Director and provided to Board members.

Salary Per Diem (Business & Professions Code §§ 103, 2016 & 2469) (Proposed Policy)
While all members of the Board are expected to contribute to the functions of the Board and the work of each member is absolutely vital for advancing consumer protection for the benefit of all Californians, board members are not employees of the board or of the State of California. Board service is essentially public sector volunteerism and therefore no member receives salary or benefits for services rendered.

Notwithstanding, compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board members is provided as regulated by California Business and Professions Code section 103. Members desiring automatic deposits of all net reimbursements into a member designated financial institution may elect to participate in the Department's Direct Deposit Program.

Members may apply by completing the appropriate enrollment form and submitting the completed and signed document to the Board's program support assistant.

Section 103 provides in pertinent part for the payment of Board member salary per diem ***"for each day actually spent in the discharge of official duties,"*** and provides that Board members ***"shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties,"*** and ***"shall be subject to the availability of money."***

Accordingly, the following general policy guidelines shall be followed in the payment of salary per diem or reimbursement for travel.

1. No salary per diem or reimbursement for travel-related expenses shall be paid to Board members except for attendance at official Board or Committee meetings, unless a substantial official service is performed by the Board member.

2. The term "day actually spent in the discharge of official duties" shall mean:
    a. Such time as is expended from the commencement of a Board meeting to the conclusion of the meeting; or
    b. A cumulative of 8 hours of actual time spent performing Board-specific work authorized by the Board President including:
        i. Preparation time for Board and Committee meetings;
        ii. Review of materials and disciplinary matters such as mail votes as issued by Board staff; and
        iii. Training

3. Where it is necessary for a Board member to leave early from a meeting or in situations where a member arrives to a meeting late, the Board President shall determine if the member has provided a substantial service during the meeting and if so shall authorize payment of salary per diem and reimbursement for travel expenses. Committee service shall also be reimbursed equally as attendance of an official meeting of the Board.

4. Substantial service at a meeting of the Board shall mean that amount of time provided in the fulfillment of obligations, responsibilities, duties and requirements of attendance or participation such that any identified deficiency did not materially shortchange the objective, purpose or process that it would be unreasonable to deny remuneration for service rendered in spite of all the formal requirements of service not being met.

5. Attendance at gatherings, events, hearings, conferences or meetings other than official Board or Committee meetings in which a substantial official service is performed shall be approved in advance by the Board President according to availability of funds. The Executive Officer shall be notified of the event and approval shall be obtained from the Board President on the appropriate form and prior to the Board member's attendance.

6. Board members may be compensated for actual time spent performing Board-specific work authorized by the Board President subject to the availability of funds. This work includes preparation time for Board or Committee meetings. Board members cannot claim salary per diem for time spent traveling to and from Board or Committee meetings.

7. For the purposes of recording actual time spent performing official Board-specific work authorized by the Board President that is not considered attendance at an official meeting of the Board, members shall complete forms provided for accounting the actual amount of time spent performing official duties in 15 minute increments on a form authorized to account for time. Said time includes:

    a. Review of materials and disciplinary matters such as mail votes as issued by Board staff.

    b. Board work that is authorized and assigned by the Board President.

    c. Preparation time for Board and Committee meetings; and

    d. Training.

8. As required by Business & Professions Code section 103, if a member is a pubic officer or employee, the member may not receive per diem salary on any day when he or she also receives compensation from his or her regular public employment.

Chapter 4. Selection of Officers and Committees

Officers of the Board

The Board shall elect from its members a President and Vice-President to hold office at the pleasure of the Board for a two year term or until their successors are duly elected and qualified. The President and Vice-President shall serve as members of the Executive Committee.

President (Board Policy adopted Dec. 6, 1991) (Business & Professions Code § 2467)

The President is responsible for the effective functioning of the Board, the integrity of Board process, and assuring that the Board fulfills its responsibilities for governance. The President instills vision, values, and strategic thinking in Board policy making. She/he sets an example reflecting the Board's mission as a state regulatory enforcement agency. She/he optimizes the Board's relationship with its executive officer and the public.
The Board President's specific contributions include the following:

- Chair meetings to ensure fairness, public input, and due process.
- Appoint Board committees.
- Support the development and assist performance of Board colleagues.
- Obtain the best thinking and involvement of each Board member. Stimulate each one to give their best.
- Coordinate evaluation of the executive officer.
- Continually focus the Board's attention on policy making, governance, and monitoring of staff adherence to and implementation of written Board policies.
- Facilitate the Board's development and monitoring of sound policies that are sufficiently discussed and considered and that have majority Board support.
- Serve as a spokesperson.
- Be open and available to all, remaining careful to support and uphold proper management and administrative procedure.

The President may call meetings of the Board and any duly appointed Committee at a specified time and place.

Vice-President

The Vice-President of the Board is responsible for familiarity with the responsibilities of the President and shall be ready to preside when called upon. The Vice-President works in cooperation with the President to assist and/or to preside at meetings when the President is absent or if the office becomes vacant. The Vice- President shall also perform other such duties as may be called to fulfill from time to time at the request and discretion of the President.

Nomination of Officers

The Board President may appoint a Nominations Committee prior to the last meeting of the calendar year if desired to be composed of not more than two members and may consider appointing both a public and a professional member of the Board to the Committee. The two-member Nominations Committee is not subject to the Open Meetings Act and will be charged with recommending a slate of officers for the following year. The Committee's recommendation will be based on the qualifications, recommendations and interest expressed by Board members. A Nominations Committee member is not precluded from running for an officer position. If more than one Board member expresses interest in an officer position, the Nominations Committee will make a recommendation to the Board and others may be included on the ballot for a runoff if desired. The results of the Nominations Committee's findings and recommendations will be forwarded to the Board. Notwithstanding the Nominations Committee's recommendations, Board members may be nominated from the floor at the meeting of the Board.

Election of Officers

The Board shall elect the officers at the last meeting of the year for the following calendar year. Officers shall serve a term of one year, beginning January 1. All officers may be elected on one motion or ballot as a slate of officers unless more than one Board member is running per office. An officer may be re-elected and serve for more than one term.

Officer Vacancies

If an office becomes vacant during the year, an election shall be held at the next meeting. If the office of the President becomes vacant, the Vice-President shall assume the office of the President. Elected officer shall then serve the remainder of the term.

Committees & Committee Appointments

The Board President assigns individual Board members to committees or task forces to research issues, develop preliminary policy plans, and to provide the foundation information necessary to discuss issues during the public meetings of the full Board. Committees are generally composed of two Board Members each. The Board has five

standing Committees and they include: 1) the Executive Management Committee; 2) the Enforcement Committee; 3) the Licensing Committee; 4) the Legislative Committee; and 5) the Public Education/Outreach Committee. These committees also serve as a means to address succession planning as new members are often assigned to serve on committees that are chaired by more senior members who are able to share their knowledge and expertise. All committees shall be advisory in nature

As previously discussed under Board meeting procedures, meetings of the Board are subject to all provisions of the Bagley-Keene Open Meeting Act. In keeping with the Board's value of transparency, it is the policy of the Board to also apply all notice requirements of the Open Meeting Act to its two member committees and advisory bodies. Where a committee is comprised of three or more members however all notice requirements of the Open Meeting Act must be followed.

Executive Management Committee

Members of the Executive Committee include the Board's president and vice-president. As determined by the Board president, the committee may also include the ranking member of the Board or another member appointed by the Board president for a total of three members. Where the committee is comprised of three or more members all notice requirements of the Open Meeting Act shall be followed. When specifically authorized by a vote of the full board, the committee may in between board meetings be authorized to make interim decisions as directed, as long as notice requirements are met where necessary. The Committee also provides guidance to administrative staff for the budgeting and organizational components of the Board and is responsible for directing the fulfillment of recommendations made by legislative oversight committees.

Enforcement Committee

Members of the Enforcement Committee are responsible for the development and review of Board-adopted policies, positions and disciplinary guidelines. Although members of the Enforcement Committee do not review individual enforcement cases they are responsible for policy development of the enforcement program, pursuant to the provisions of the Administrative Procedure Act (APA).

Licensing Committee

Members of the Licensing Committee are responsible for the review and development of regulations regarding educational and professional ethics course requirements for initial licensure and continuing education programs. Essentially, they monitor various

criteria and requirements for licensure, taking into consideration new developments in technology, podiatric medicine and current activity in the health care industry.

Legislative Committee
Members of the Legislative Committee are responsible for monitoring and making recommendations to the Board with respect to legislation impacting the Board's mandate. They may also recommend pursuit of specific legislation to advance the mandate of the Board or propose amendments or revisions to existing statutes for advancing same.

Public Education/Outreach Committee
Members of the Public Education/Outreach Committee are responsible for the development of consumer outreach projects, including the Board's newsletter, web site, e-government initiatives and outside organization presentations on public positions of the Board. These members may act as good will ambassadors and represent the Board at the invitation of outside organizations and programs. In all instances, members must only present positions of the Board and members do not express or opine on matters unless explicitly discussed and decided upon by the Board.

Attendance at Committee Meetings
If a Board member wishes to attend a committee meeting of which he or she is not a member, the Board member shall obtain permission to attend from the Board President and shall notify the Committee Chair and staff. Board members who are not members of the Committee that is meeting cannot vote during the Committee meeting. If there is a quorum of the Board at a Committee Meeting, the Board members who are not members of the Committee must sit in the audience and cannot participate in Committee deliberations. Two consecutive absences or three absences within a 12-month period is cause for a discussion with the Board President regarding a Committee member's future obligations in serving on a Committee.

Participation at Committee Meetings
When a majority of the members of the Board are in attendance before a meeting of a standing Committee, members of the Board who are not members of the standing Committee may attend only as observers. Board members who are not members of a committee where a majority of the members of the Board are present, cannot ask questions, speak or sit at the dais with the members of the Committee at the meeting.

Chapter 5. Board Administration and Staff

Board Administration

Board members should be concerned primarily with the formulation of decisions enacting and affecting Board policies rather than decisions concerning the means or methods for carrying out a specific course of action. For members of the Podiatric Medical Board of California this specifically translates into policies geared toward maintaining and advancing protection of the public relating to the practice of podiatric medicine. No other interest ranks higher in priority and any matter inconsistent with protection of the public is strictly subordinate. Board members therefore are to advance policies to safeguard the public health, welfare and safety of Californians and not the agendas of any special interest group, personal or private agenda. To assist members in this important endeavor there are a number of critical principles that may be referenced as guideposts for carrying out their duties effectively:

- Members are responsible for developing and setting policy and procedures as a State regulatory enforcement agency.
- Consumers expect that licensees will be qualified to perform at an entry level of competence. They expect a fair method of settling disputes that may arise between a licensed practitioner or business and a consumer.
- Persons wishing to earn a living in an occupation should not be kept out unreasonably. They should have easy access to all information about entering the profession, including testing and/or transferring a license to or from another state.
- Board actions often affect competition within an industry. Public authority should enhance competition whenever possible, and avoid favoring one industry segment over others. Licensees have a right to expect good administrative practices and the elimination of unnecessary and burdensome requirements.
- Members have a responsibility to other board members to listen to them and to consider their views and contributions, to help determine good policy and helpful procedures, to contribute to fair determination of problems, and to help the board operate most effectively and efficiently.
- An effective board member:
    - is able to work with a group to make decisions
    - understands and follows democratic processes
    - is willing to devote time and effort to the work of the board
    - works to find alternative solutions to problems whenever
    - necessary able to communicate effectively
    - recognizes that the goal of the board is the service and protection of the public

  - is aware that authority is granted by the law to the board as a whole, not to any member individually, and can only be used by vote of the majority of board members
  - avoids becoming involved in the daily functions of staff
  - delays making judgments until adequate evidence is in and has been fully discussed
  - doesn't let personal feelings toward others affect decisions
- Public members are not expected to be, indeed are not supposed to be, technically expert or experienced in the licensed occupation. They provide a unique public perspective on licensing and enforcement.
- An effective board member does not disclose details of board activity unless and until they become part of the public record. The investigation procedure, which includes informal hearings or conferences, may not be part of the public record. Any disclosure of such information should be made only after consultation with legal counsel.
- Effective board members remember that they are seen as representatives of the board and the Department when they appear at industry or professional gatherings and must not appear to speak for the board or the Department unless specifically authorized by the board or the Department to do so.

Board Budget

The Board's mission is accomplished without reliance on taxpayer monies from the State's General Fund. Funding for the Board is driven primarily through license, renewal and service fees collected from licensees and applicants. The Legislature establishes the limits of what may be charged for licenses and services and the board may then set specifics through regulation.

Board budget reports shall be presented to the Executive Committee and to the Board at quarterly meetings and shall contain that information determined necessary for the effective oversight and monitoring. The Executive Officer or the Executive Officer's designee will attend and testify at legislative budget hearings and shall communicate all budget issues to the Administration and Legislature as required.

Strategic Planning

The Board shall have overall responsibility for the Board's Strategic Planning Process and shall adopt a Strategic Plan quadrennially. Update reports regarding progress on Board strategic goals and objectives will be made quarterly and may be heard in Executive Committee. The President will serve as the Board's strategic planning liaison with staff and may assist with monitoring and reporting of the strategic plan to the Board. The Board will conduct a quadrennial strategic planning session and may utilize a facilitator to conduct the planning process. The Board in its discretion may revise and amend the

adopted strategic plan if necessary at any time during the four year period from adoption.

Legislation

Recognizing that time constraints can often preclude Board action, the Board may delegate to the Executive Officer and/or the Chair of the Legislative Committee, through adoption of a Program Consensus Document or Policy Compendium that explicitly provides the issue areas that may be addressed or the authority to take action on legislation that would otherwise impact previously established Board policy or affect the Board's mandate to protect the health, welfare and safety of the public. Prior to taking a position on legislation or issues as specifically enumerated in a Policy Compendium, the Executive Officer will consult with the Board President. The Board shall be notified of such action as soon as is practicably possible.

Communication, Other Organizations & Individuals

All communication relating to any Board action or policy to any individual or organization, including but not limited to private medical associations, shall only be made by the President of the Board, his or her designee or the Executive Officer. The Board in its discretion may grant specific authority to any member from time to time as may be necessary in order to speak on behalf of the Board on Board business or other issues. Such authority granted by a vote of the full Board, shall be cautiously exercised and care taken to discuss only those final public positions taken by the Board as a body and shall not be the subject of personal member opinion or position. Any Board member who is contacted by any association should immediately inform the Board President or Executive Officer of the contact and said contact shall be reported at the next regularly scheduled meeting of the Board. All correspondence shall be issued on standard Board letterhead and will be created and disseminated by the Executive office.

Public or News Media Inquiries

All technical, licensing or disciplinary inquiries to a PMBC Board or Committee member from applicants, licensees or members of the public should be referred to the Executive office. Contact of a Board or Committee member by a member of the news media should be referred to the Executive Officer and/or the Chief of Public Affairs or Deputy Director of Communications for DCA.

Stationary

- **Business Cards**

  Business cards will be provided to each Board member with the Board's name, address, telephone and fax number and website. A Board member's business

address, telephone and fax number and e-mail may be listed on the card at the member's request.

- **Letterhead**
  Only correspondent that is transmitted directly by the PMBC office may be printed or written on PMBC letterhead stationery. Any correspondence from a Board or Committee member requiring the use of PMBC stationery or the PMBC logo should be transmitted to the PMBC office for finalization and distribution.

Executive Officer Evaluation (DCA Policy)
Board members shall evaluate the performance of the Executive Office on an annual basis.

Board Staff (DCA Reference Manual)
Employees of the Board with the exception of the Executive Officer are civil service employees. Their employment, pay, benefits, advancement, discipline, termination and conditions of employment are governed by the civil service laws, regulations and collective bargaining labor agreements. Because of this complexity, it is appropriate that the Board delegate all authority and responsibility for management of the civil service staff to the Executive Officer. Board members shall not intervene or become involved in specific day-to-day personnel transactions or matters.

Chapter 6. Other Policies and Procedures

Board Member Orientation (California Business and Professions Code § 453)
As discussed above, the work of the Board is vital to the continued health, well-being, safety and protection of the public. All members of the Board are expected to contribute to the consensus decision-making process of the body to help advance the Board's mission of public protection.

To ensure that Board Members are well-equipped with the knowledge and information necessary to carry out the responsibilities, obligations and functions of membership, each member shall attend and complete a training and orientation program offered by the Department of Consumer Affairs within one year of appointment and again after each successive reappointment.

Additionally, the new appointee will be required to attend a Meet & Greet with the Board President and Executive Officer for a personal introduction and overview of the Board mission, operations, and member duties and responsibilities.

Board Member Oath of Office (California Constitution & Business and Professions Code § 105)
State law requires members of boards in the Department of Consumer Affairs to take an oath of office as provided in the California Constitution and the Government Code. Any member not rendering an oath prior to service on a Board or committee will not be authorized to perform any official function.
The oath shall read in pertinent part:

"I, ________, do solemnly swear *(or affirm)* that I will support and defend the Constitution of United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter...."

Unless otherwise provided, the oath may be taken before any officer authorized to administer oaths including the Board's Executive Officer. The oath, certified by the officer administering the oath, must then be filed with the Secretary of State. Board members should contact the board's Executive Officer to arrange taking the oath of office.

Board Member Ethics Training (AB 2179)
As a result of passage of AB 2179 (1998 Chapter 364), state appointees and employees in exempt positions are required to receive an ethics orientation within the first six months of their appointment and every two years thereafter. The training includes important information on activities or actions that are inappropriate or illegal. For example, generally public officials—like members of consumer protection board—cannot take part in decisions that directly affect their own economic interests. Members are prohibited from misusing public funds, accepting free travel and accepting honoraria. In addition, there are limits on gifts that may be accepted.

To comply with the ethics training directive, Board or Committee members may take the interactive course provided by the Office of the Attorney General which can be found at:

http://oag.ca.gov/ethics

Once the training course is completed, a copy of the certificate of completion is to be sent to:

Department of Consumer Affairs
SOLID Training Solutions
1747 N. Market Blvd, Ste. 270
Sacramento, CA 95834

Board Member Disciplinary Actions (Proposed Policy)
A member may be censured by the Board if it is determined that the member has acted in an inappropriate manner. In accordance with the Bagley-Keene Open Meetings Act, the censure shall be conducted in open session.

Removal of Board Members (Business and Professions Code §§ 106 & 106.5)
The Governor has the power to remove from office at any time any member of any board appointed by him or her for continued neglect of duties required by law or for incompetence or unprofessional or dishonorable conduct. The Governor also may remove from office a Board member who directly or indirectly discloses examination questions to an applicant for examination for licensure.

Resignation of Board Members (Proposed policy)
In the event that it becomes necessary for a Board member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules or Speaker of the Assembly) with the effective date of the resignation as soon as is practicable after it is known that a member be unable to fulfill his or her responsibilities to the Board in the conduct of the people's business. A copy of this letter shall also be sent to the Director of the DCA, the

Board President and the Executive Officer.

Conflicts of Interest (Government Code § 87100 and Business and Professions Code § 2465)

No Board member may make, participate in making or in any way attempt to use his or her official position to influence a governmental decision in which he or she know or has reason to know that he or she has a financial interest. Any Board member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. Any Board member who feel he or she is entering into a situation where there is a potential for a conflict of interest should immediately consult the Executive Officer or Legal Counsel for the Board. At no time may a member of the Board either directly or indirectly own any interest in any college, school or other institution engaged in podiatric medical instruction, nor shall any member of the Board acquire any said interest while serving as a member of the Board.

Incompatible Activities (DCA Policy)

The following is a summary of the employment, activities or enterprises that may result in or create the appearance of being inconsistent, incompatible or in conflict with the duties of state officers:

- Using the prestige or influence of a state office or employment for the officer's or employee's private gain or advantage, or the private gain or advantage of another.
- Using state time, facilities, equipment or supplies for the officer's or employee's private gain or advantage, or the private gain or advantage of another.
- Using confidential information acquired by virtue of state employment for the officer's or employee's private gain or advantage, or the private gain or advantage of another.
- Receiving or accepting money or any other consideration from anyone other than the state for the performance of an act which the officer or employee would be required or expected to render in the regular course or hours of his or her state employment or as a part of his or her duties as a state officer or employee.
- Performance of an act other than in his or her capacity as a state officer or employee knowing that such an act may later be subject directly or indirectly to the control, inspection, review, audit or enforcement by such officer or employee of the agency by which he or she is employed. Notwithstanding, this would not preclude a

"professional" member of PMBC from performing normal function of her or her medical practice profession.

- Receiving or accepting directly or indirectly any gift, including money, any service, gratuity, favor, entertainment, hospitality, loan, or any other thing of value from anyone who is seeking to do business of any kind with the state or whose activities are regulated or controlled in any way by the state, under circumstances from which it reasonably could be inferred that the gift was intended to influence him or her in his or her official duties or was intended as a reward for any official action on his or her part.

The aforementioned limitations do not attempt to specify every possible limitation on employee or state officer activity that might be determined and prescribed under the authority of section 19990 of the Government Code. DCA's Incompatible Work Activities Policy Procedures handbook is included in Appendix A.

Contact with Applicants (Proposed policy)
Board members shall not intervene on behalf of any applicant for licensure for any reason. All contacts or inquiries shall be forwarded to the Executive Officer or Board staff.

Gifts from Applicants (Proposed Policy)
Gifts of any kind to Board members or staff from license applicants shall not be permitted.

Requests for Records Access (Proposed Policy)
No Board member may access the file or a licensee or applicant without the Executive Officer's knowledge and approval of the conditions of access. Records or copies of records shall not be removed from the PMBC's offices.

Ex Parte Communications (Government Code § 11430.10 et seq.)
The Government Code contains provisions prohibiting ex parte communications. An "ex parte" communication is a communication to the decision-maker made by one party to an enforcement action without the participation by the other party. While there are specific exceptions to the general prohibition, the key provision is found in subdivision (a) of section 11430.10 of the Government Code, which states:

> "While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication."

Board members are prohibited from ex parte communications with Board enforcement staff while a proceeding is pending. This included communications with the Executive Officer regarding proposed decisions.

Occasionally, an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Board members.

If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, he or she should reseal the documents and send them to the Enforcement Coordinator or to the Executive Officer.

If a Board member receives a telephone call from an applicant or licensee against who, an action is pending, he or she should immediately tell the person that discussion about the matter is not permitted; that the member will be required to recuse him or herself from any participation in the matter; and continued discussion is of no benefit to the applicant or licensee. The Board member should end the conversation in a firm and cordial manner.

If a Board member believes that he or she has received an unlawful ex parte communication, he or she should contact the Board's assigned legal counsel.

Sexual Harassment Prevention Training (Government Code § 12950.1)
Board members are required to undergo sexual harassment prevention training and education once every two years. Staff will coordinate the training with the Department of Consumer Affairs.

Defensive Driver Training (Government Code § 11290, 16378 & 16379)
Pursuant to state law, the State Administrative Manual requires that all State employees who frequently drive a vehicle on official State business successfully complete the DGS approved Defensive Driver Training (DDT) course at least once every four years. The Department of General Services (DGS), Office of Risk and Insurance Management (ORIM) requires all state departments to submit an Annual State Agency Defensive Driver Training Report for tracking and reporting purposes. Accordingly, Board members will complete the required driver training quadrennially. Staff will coordinate the training with the Department of General Services.

Statement of Economic Interests – Form 700 (Government Code §§ 81000-91014)
The Political Reform Act requires most state government officials and employees to publicly disclose their personal assets and income. They also must disqualify themselves from participating in decisions that may affect their personal economic interests. The Fair Political Practices Commission (FPPC) is the state agency responsible for issuing Form 700, Statement of Economic Interests and for interpreting the law's provisions.

Board members shall comply with filing requirements annually as required by statute and regulation. Staff will coordinate with DCA for distribution of required forms to members annually.

Chapter 7. Parliamentary Practice and Procedure

As previously indicated in Chapter 2, the Board uses Robert's Rules of Order as a guide for the conduct of its Board and Committee meetings to the extent that they do not conflict with state law such as the Bagley-Keene Open Meetings Act, other statutory provisions or advisory opinions of the Attorney General.

Rules of parliamentary practice are based on the regard for the rights of participating members or groups within the organization's total membership. This right to be heard is premised on the underlying value that each individual has the right to express his or her opinion to the extent that it can be tolerated in the interests of the whole.

The following chapter is an extremely brief summary of parliamentary practice and procedure and is designed to be a compact overview of reference for the conduct of the Board's deliberative assembly which should enable the body to both establish and empower effective leadership and retain that degree of control over Board business as it chooses to reserve to itself. Members are encouraged toward further individual study in the subject in addition to learning from each other for the benefit of the membership as a whole as it has been said by Gen. Robert himself that "[i]t is difficult to find another branch of knowledge where a small amount of study produces such great results in increased efficiency […]"

Calling a Meeting

When the meeting date and start time has arrived, the President will open the meeting. After beginning the meeting, it is determined whether a quorum is present by a calling of the roll.

If a quorum is determined not to be present, the President may wait until there is a quorum or if there is no prospect for a quorum to develop after a reasonable time period, the President may call the meeting to order and announce the lack of a quorum. Thereafter, the President may fix the time to adjourn, adjourn, recess or take measures to obtain a quorum. In a committee where a quorum has not been met, the Committee Chair may—in addition to the motions just discussed—may forward the business of the Committee to the full Board without recommendation.

The call to order may be followed by opening ceremonies or patriotic exercises. As a state Board mandated with protection of the health, welfare and safety of Californians, it would be wholly appropriate for the Board of Podiatric Medicine to take a moment to briefly reflect on valued precepts of consumer protection and the mission, vision, and values of the Board before the introduction of business.

Following the Call to Order

A Board or Committee may follow the order of business set in the agenda, or it may follow any particular order of business in the agenda at the discretion of the President or Chair presiding over the meeting. However, if agendas contain published estimations of time for the handling of business, then matters should be handled in the order indicated on the agenda in order to allow the public the opportunity to engage in the matter within the planned and estimated time frames.

Generally speaking, however, the following order has traditionally been regarded as the usual order of business: 1) Reading and approval of Minutes; 2) Reports of Officers and Committees; 3) Reports of Special Committees; 4) Special Orders or matters assigned special priority; 5) Unfinished Business; and finally 6) New Business. It is also important to note that the Board or Committee cannot discuss or take action on an item of business not on the agenda, except to decide whether to place the matter on the agenda of a future meeting.

Introduction of Business

Business is brought before the deliberative body through the motions of its individual members. A motion is a formal proposal in a meeting that the body undertake a specified action. The proposed action may be substantive in nature, may express a particular viewpoint, direct the Executive Officer to action or performance, or the like. A motion's most basic form is the main or principal motion which brings business before the body. It should be noted that a motion is for action and is not a suggestion for when carried or approved, presuming it is a valid motion and not null and void, it will be implemented.

Generally, four steps are required to bring a motion before the Board or Committee. First, a member must obtain the floor. That is, the member must be recognized by the President or Chair (presiding officer) as having the right to be heard. The presiding officer must then recognize any member seeking the floor. Second, the member makes the motion. Third, another member must second the motion. Finally, the presiding officer places the motion before the Board or Committee for deliberation. This is termed "stating the question." The action of stating the question by the presiding officer is critical so that all members are clear on exactly what is and what is not under discussion.

After the presiding officer has stated the question, the motion is pending and is on the floor open for debate. Motions or resolutions that are long or technically complex should be prepared in advance of the meeting and should be put in writing before it is

offered. This is ideally done by providing a copy of the motion to the presiding officer for placement on the agenda sufficiently in advance of the meeting in order for staff to appropriately prepare in addition to ensuring compliance with Open Meeting Act notice requirements.

It is the responsibility of the presiding officer to ensure that the motion is put in suitable form that preserves its substance to the satisfaction of its maker before the question is stated.

Modification of Motions

Until the presiding officer states the question, the maker of the motion has the right to modify his or her motion as he or she pleases or may withdraw the matter entirely. Accordingly, all principal motions may be modified. Similarly, all principal motions may also be divided so long as the component parts are not interdependent.

For example: A motion to hire a speedy yellow taxi can be divided into a motion to hire a taxi and a motion to choose the color. A motion to hire a slow limousine instead of a speedy taxi must be in the form of an amendment to the "taxi" motion.

Once on the floor and open for debate, however, the maker of the motion cannot modify the motion until prior to disposition of the motion by the deliberative body. For example, the motion to hire a speedy yellow taxi must be voted on and presuming a failure to carry, before a motion to hire a speedy red taxi can be moved; seconded; stated; and voted on.

Basic Motion Classifications

Apart from the Main or Principal motion briefly discussed above that is used to bring business before the Board on all subjects under its jurisdiction, there are various other secondary motions which may be introduced to dispatch the business of the Board.

Secondary motions may be viewed as sustaining devices used to preserve two underlying principles of parliamentary law:

- Only one question is to be considered before the body at a time; and
- Once a motion is stated before the body, it must either be adopted, rejected, or disposed of in some fashion before other business may be introduced

Accordingly, secondary motions are procedural in nature and applied to main or principal motions for purposes of disposition. They also help clarify their order of precedence. Descriptions of secondary motion are provided below for convenient reference.

1) Subsidiary Motions

2) Incidental Motions
3) Privileged Motions

Subsidiary Motions

Subsidiary motions are applied to main or principal motions for the purpose of treating or disposing of them. Types of subsidiary motions include:

1) Postpone (Indefinitely)
2) Postpone (to Certain Time)
3) Amend
4) Refer to Committee
5) Limit or Extend Limits of Debate
6) Previous Question
7) Lay on the Table

Incidental Motions

Incidental motions are motions that are said to arise out of the main motion being debated and are related to the matter in such a way that they must be decided before further business may proceed. They are often un-debatable. Types of incidental motions include:

1) Point of Order
2) Appeal
3) Objection to Consideration of the Question
4) Division of a Question
5) Withdrawal of Motion
6) Reading of Papers

Privileged Motions

Finally, unlike the above two classification discussed above, privileged motions are unrelated to pending business but rather deal with especially important matters that must be dealt with immediately without debate. Types of privileged motions include:

1) Call for Orders of the Day
2) Question of Privilege
3) Motion to Recess Motion
4) to Adjourn
5) Motion to Fix the Time to Adjourn

Order of Precedence

The order of precedence among motions has evolved over years of parliamentary practice and procedure but is directly related to the motion classifications briefly reviewed above.

the 7 subsidiary and 5 privileged motions possesses a rank and position of order which all motions below must yield and those above take precedence. Incidental motions, on the other hand, do not rank and cannot be assigned a position as they each have a relationship which can only be defined in relation to the rules governing individual motions. When in order, they take precedence over main motions and any other pending motions. A basic ordinal summary is provided purely as a guideline and listed below for convenient reference. Members are however encouraged toward further individual study in the subject.

Privileged Motions

Setting Adjournment Time

- Takes precedent over all other motions
- Not subject to debate when another motion is on the floor
- Debatable when presented as a principal motion with no other motion on the floor

Motion to Adjourn

- Takes precedent over all other motions except motion to set adjournment time
- Cannot be made when another member has the floor
- Can be made after a vote has been taken but before results announced
- Not subject to debate

Question of Privilege

- Takes precedent over all other motions except motion to adjourn and motion to set adjournment time
- Generally pertain to immediate member needs such as open/close windows, water, etc.
- Not to be confused with Privileged Motions as a whole

Orders of the Day

- Takes precedent over all other motions except the above listed motions
- Moved for reminding the body of the business which was scheduled to be discussed when meetings get of track or "out-of-order" motions or discussion has intervened
- Can be overridden by a majority vote in situations where pending motion before the body is felt to take precedence over orders

Incidental Motions

Motion to Appeal

- Takes precedent over the motion to which it refers
- Raises question concerning a point of order within a motion

- Decided by the presiding officer without debate
- Can only be made at the time of decision by presiding officer

Objection to Question Consideration

- Can only made when a matter is first introduced
- Cannot be debated or amended
- Commonly used to curtail unproductive or irrelevant discussion
- Cannot be used to close debate of relevant issues

Reading Papers

- Single use motion used for the reading of relevant papers requested for informational purposes
- Cannot be used as a delaying technique

Withdrawal of Motion

- Granted without debate if moved by maker of motion unless debate is called for

<u>Subsidiary Motions</u>

Motion to Table

- Takes precedent all other subsidiary motions
- Does not supersede Incidental or Privileged Motions
- Temporary postponement of further action on a pending motion

Move to the Previous Question

- Ends debate and calls for a vote on pending matter
- Cannot be amended
- Can be applied to Questions of Privilege or other Debatable Motions
- If approved, then the main motion in addition to subsidiary motions and amendments are voted on in reverse order of proposal

Move to Postpone (to Certain Time)

- Takes precedent over Motion to Postpone (Indefinitely), Motion to Refer to Committee, and Amendments but yields to all others
- Postpones all aspects of motions and debate until the specified time
- If several motions are postponed and their time for discussion has passed, then all motions are considered in the order postponed

Motion to Refer to Committee

- Takes precedent over Amendments and Motion to Postpone (Indefinitely) but yields to all motions above.

Amendments

- Takes precedent only over the motion to be amended
- May include various forms including:
  - To add certain words
  - To strike certain words
  - To strike certain words and insert other words
  - To substitute one resolution for another that is pending
  - To divide the question into two or more parts for separate votes
  - To Fill in the Blanks – (Member A says 5 days while Member B says 6 days) These are treated as separate amendments that are voted on independently

Indefinite Postponement

- Applies to Principal Motions or Questions of Privilege
- Used to remove from consideration a motion which may not have sufficient votes to kill

Committees

Traditional parliamentary law defines a committee as a body of one or more persons elected or appointed by the main assembly in order to consider, investigate or take action on a specific subject. Standing committees are created to perform a continuing function and to give a task more detailed attention than would be ordinarily possible by the larger assembly. Standing committees also exist perpetually during the existence of the main deliberative body.

Generally speaking a committee entity does not have delegated authority to act independently of the body and functions solely to thoroughly vet and explore a specific project or topic with the intent of submitting a fully informed finding and recommendation to the larger body. In some instances, a standing committee may be granted delegated authority to act independently based on specific instruction given by the body.

In either case, the committee system is a matter of efficiency where the great majority of preliminary work and preparation on a specific task or subject is accomplished. This is especially true for boards where a large volume of business must be completed where it is advisable to have all issues routed to committee before final action is taken on the matter by the Board. Alternately, it also serves as a mechanism to engage membership according to their respective specialties or interests.

The Podiatric Medical Board of California has five standing committees and each is constituted by name. As mentioned in Chapter 4, they are: 1) Executive Management; 2) Enforcement; 3) Licensing; 4) Legislative; and 5) Public Education/Outreach. Each committee, with the exception of Executive Management, is advisory in nature.

Presentation & Reception of Committee Reports/Recommendations

A report or recommendation of a committee is the official statement formally adopted by and submitted to the Board in the name of the committee advising the larger body of its decision on an issue or the information obtained.

Immediately, after receiving a committee recommendation/report, the Board will consider the action that is appropriate to be taken. A motion to adopt, accept or agree to a report (all terms interchangeable) accepts the report as presented. Reports/recommendations that contain strictly factual detail or that are placed on the consent calendar in the interest of time and efficiency and that contain relatively non-controversial matters are unproblematic. Conversely, members of the body may wish to discuss recommendations

In most circumstances, recommendations of committee are presented by a member of the committee by making an appropriate motion to implement the recommendation of the committee at the conclusion of his/her presentation on the matter. A second to the motion is not required in these circumstances as the motion is made on behalf of the committee. If for any reason, the recommendation is presented by a member who is not a member of the committee then the motion must be seconded.

Once the report or recommendation is received and the question to adopt, accept or agree has been stated by the presiding officer, the matter is open for debate and amendment and subject to any subsidiary motions that may be applied to it.

Debates & Decorum

After a motion has been made on an item of business, the floor is opened for debate. The member making the motion has the right of speaking first unless the motion is from a committee, then the committee chair is considered the maker of the motion. Each speaker must be recognized by the presiding officer and is given a time to present his or her views. If desired members may agree to set a time limits for the presentation of views if thought necessary. The maker of the motion calls for closure of debate only after all who wish to have been heard have spoken. Of course, a motion for the Previous Question closes the discussion. It is important to remember that it is the issues that are debated and not individual personalities. Further, improper or inappropriate language is never used.

Chapter 8. Board Functions and Responsibilities

Licensing Function

The broad scope of podiatric licensure requirements has been established by the Legislature. These statutory requirements are codified under Article 22 of the Medical Practice Act or what may be specifically termed as the Podiatric Medical Practice Act. As discussed above, the board may adopt additional detailed requirements for licensure under its regulatory authority. These licensing requirements are generally reflected in areas of education, experience and examination. The Podiatric Medical Board of California accomplishes its function objectives through the setting of standards and requirements in each area have included:

- Requiring candidates for licensure to possess two years of pre-professional postsecondary education and study in subjects of chemistry, biology or other biological science and physics or mathematics.

- Requiring candidates for licensure to possess a Certificate of Podiatric Medical Education, representing a minimum of 4,000 hours of academic instruction from a Board-approved school.

- Requiring applicants to pass Parts I, II, and III of the national board exam for assessing a candidate's knowledge, competency, and skills.

- Requiring applicants to complete two years of graduate medical education residency for licensure as a podiatric physician rather than just merely one year as is standard for other physicians.

- Performing an annual review of California-based podiatric graduate medical education residency programs.

- Requiring licensed Doctors of Podiatric Medicine (DPMs) to complete 50 hours of approved continuing medical education every two years.

- Requiring DPMs to demonstrate compliance with Board-mandated continuing competency requirements; the only health regulatory board in the country to implement such a program over and above continuing education alone.

These requirements are based on sound policy rationales designed to ensure that licensed podiatric physicians and surgeons are competent in their profession before they offer medical services to the public in order to prevent irreparable harm that may often occur if not qualified.

Enforcement & Quasi-Judicial Function

In addition to issuing licensure recommendations to prospective California podiatric doctors and surgeons, the Board is also charged with enforcement of the Medical Practice Act and taking disciplinary action against licensees in appropriate cases in order to prevent future harm to the public.

The Podiatric Medical Board of California administratively relies on the larger Medical Board of California for enforcement services, including those from Central Complaints and Discipline Coordination Units. The Board uses the Attorney General's office for prosecution, uses independent Administrative Law Judges (ALJs) from the Office of Administrative Hearings (OAH), and follows the Administrative Procedure Act (APA) like all other state regulatory boards to ensure that an accused licensee is afforded notice and an opportunity to be heard or what is termed "due process."

The enforcement process involves several steps including many stages where board members are prohibited from participating. The accompanying diagram in Appendix A maps out the individual steps in the disciplinary process.

Administrative discipline results from the Board's review of complaints submitted by patients, providers, facilities, insurers, and other law enforcement agencies. Approximately 150 complaints a year are received in Central Complaints. If a quality-of-care case is assigned to an investigator, it is reviewed by one of the Board's medical consultants, and then, if they recommend, to one of PMBC's approved experts.

If the investigator, after a review, recommends a case be referred to the Attorney General, the board's enforcement coordinator in consultation with the Executive Officer authorizes the transmittal. A Deputy Attorney General (DAG) then reviews the case and, if appropriate, prepares an Accusation. The Accusation is the formal written complaint against the accused licensee. Once signed by the Board's Executive Officer, the licensee is notified of the filing of the document, the Accusation becomes a public document, and a hearing is then scheduled before an Administrative Law Judge (ALJ).

Frequently, the Board and doctor settle out of court by entering into a Stipulated Agreement. If the case goes to hearing, the ALJ takes the testimony and prepares a proposed decision based on the official record of evidence. Both stipulated agreements and proposed decisions go to the board members for mail ballot vote.

Board Review and Adoption

Board members should review the ALJ's proposed decision thoroughly to determine whether to adopt it as a final decision of the Board. This is the first point in the multi-stage disciplinary process in which board members take an active and involved role in the agency's enforcement function. This stage of the disciplinary process can be time-consuming, but it is crucial to ensuring a fair and objective decision for both licensee and protection of the public alike.

Consideration Factors for Adoption or Non-Adoption of Proposed ALJ Decisions

Most decisions involving proposed disciplinary orders are both significant and complex. In addition, underlying the decision evaluation is no less than the paramount interest sought to be achieved which is protection of the public. In order to assist members to objectively and fairly decide whether or not to adopt a proposed ALJ decision, a number of helpful factors to consider follow below.

CONSIDER ADOPTION OF PROPOSED ALJ DECISION WHERE:

1) The summary of the evidence supports the findings of fact and the findings support the conclusions of law.
2) The law and standards of practice are interpreted correctly.
3) In those cases in which witness credibility is crucial to the decision (such as in sexual misconduct cases), the findings of fact include a determination based substantially on a witness' credibility, and the determination identifies specific evidence of the observed demeanor, manner, or attitude of the witness that supports the credibility determination.
4) The penalty fits within the disciplinary guidelines or any deviation from those guidelines has been adequately explained.
5) If probation is granted, the terms and conditions of probation provide the necessary public protection and are supported by the facts of the case.

CONSIDER NON-ADOPTION OF PROPOSED ALJ DECISION WHERE:

1) The proposed decision reflects the ALJ clearly abused his/her discretion in that the action is not supported by the evidence.
2) The ALJ made an error in applying the relevant standard of practice for the issues in controversy at the hearing.
3) Witness credibility is crucial to the decision (such as in sexual misconduct cases), the findings of fact include a determination based substantially on a witness' credibility, but the determination does not identify specific evidence of the observed demeanor, manner, or attitude of the witness that supports the credibility determination.
4) The ALJ made an error in interpreting the licensing law and/or regulations.

5) The ALJ made correct conclusions of law and properly applied the standards of practice but the penalty is substantially more or less than is appropriate to protect the public.

Helpful Suggestions for Review and Discussion after Non-Adoption

When the factual or legal findings of the ALJ are called into question and the members of the Board determine to non-adopt the proposed ALJ decision, staff will then begin preparations for obtaining the complete administrative record including the transcript of testimony and all documentary evidence presented in the case. Although this function may be time-consuming, it is essential that Board members review all materials in order to ensure that a licensee is provided due process and that the objectives of consumer protection are met.

The role of each board member in the enforcement process is crucial to fulfilling the Board's mandate of public protection. During enforcement proceedings—where members serve as judges with final Board decision-making power—board members must always remain cognizant that their decision must be based solely on the evidence admitted by the ALJ and must not and cannot be based on personal experience or knowledge, hearsay or ex parte or off the record communications.

The following suggestions are offered to assist members reviewing a case record in an efficient and effective manner.

READ THE FULL ADMINISTRATIVE RECORD – In the following order:

THE ACCUSATION

Review the written notes of the code sections charged and brief description of what they cover. (B&P Section 2234(b) - gross negligence; B&P Section 2242 - prescribing w/o medical exam.)

Review the facts that are alleged to prove the code violations. The burden to prove the violations by "clear and convincing evidence to a reasonable certainty" is on the Board.

THE PROPOSED DECISION

If "gross negligence," "repeated negligent acts," or "substantially-related" conduct is alleged, expert testimony is necessary to prove the violations. It is important to focus on the three particular areas below.

1. Factual Findings
   - Did the ALJ find the facts were proven by clear & convincing evidence? If not, why not?
   - Was sufficient evidence introduced to prove the facts?
   - Did the witnesses' testimony prove the facts?
   - Did the ALJ find some witnesses more credible than others? If so, why?

- To which expert's testimony did the ALJ give the most weight?
- Was any evidence of mitigation introduced by the respondent?

Close attention to the ALJ's factual findings should be paid as board members will need to evaluate them when the transcript is reviewed.

2. Legal Conclusions (determination of issues)

- Do the facts proven constitute a violation of the code section?

3. Order

- Does the Order contain the appropriate penalty given the violations found?
- Is the Order consistent with the Disciplinary Guidelines and, if not, is there a basis in the record for deviating from the guidelines?

THE TRANSCRIPT

Frequent notes should be taken – "Is the evidence introduced proving the facts and the violations alleged?"

1. Sufficiency of the Evidence
   Has "clear and convincing evidence to a reasonable certainty" been introduced to prove each factual allegation? You must be able to identify clear and convincing evidence in the record to support a finding.

2. Lay Witnesses
   - Does the witness testimony prove the facts? (It is important to keep the ALJ's credibility findings in mind when evaluating testimony.)
   - If not, what evidence supports your conclusion as to who is more credible?

3. Expert Witnesses
   - Which expert's testimony was given the most weight by the ALJ? Why?
   - If you do not agree, what evidence in the record supports your conclusion?

PREPARATION BEFORE THE ORAL ARGUMENT HEARING

WRITTEN ARGUMENTS

The DAG's argument will contend the facts are clearly proven and constitute a violation of the law. The burden of proof is on the Board. Has that burden (clear and convincing evidence) been met?

The Respondent's argument will likely focus on the weaknesses of the Board's case and the strength of the respondent's case. It will force members to answer hard questions including whether:

1) the facts were proven;
2) the law was violated; and
3) the penalty is appropriate.

ADDITIONAL REVIEW OF THE PROPOSED DECISION

You should now have a complete picture of the case. Make notes on the proposed decision where you agree and disagree with the ALJ as to the factual findings, the legal conclusion, and the proposed penalty.

If you disagree, note the specific evidence in the record that supports your conclusion. *You should also note the volume and page number of the transcript*. You must cite "clear and convincing evidence to a reasonable certainty" to make a finding.

ORAL ARGUMENT

The oral arguments made by respondent's attorney and DAG typically highlight points made in the written argument. Board members may ask questions to clarify matters that may be confusing.

Questions that seek information that is not part of the existing record may not be asked, and an answer that results in new information may not be considered.

SUMMARY AND CONCLUSION

During your review, keep in mind the code sections alleged to have been violated and the facts alleged to have occurred. If you keep this as your focus, your evaluation of all the elements of the case should make your decision much easier. This will also help your decision withstand judicial scrutiny.

Court Review of Board Decision

It may not be unusual for a licensee to challenge a final decision of the board on a disciplinary decision on appeal to the courts. There is no additional role for Board members to play on appeal unless a court is to reverse and remand a decision for further proceedings in accord with the decision of the tribunal. Additionally, members are generally not asked to appear in proceedings before a court regarding board decisions.

Office of Administrative Hearing Processes and Procedures

For additional information and guidance with Administrative Hearings, OAH training materials are provided in the Appendix of the Board Administrative Manual for member reference.

Quasi-Legislative Function

Under sections 101.6, 2460 and 2460.1 of the Business and Professions Code (B&P), the Podiatric Medical Board of California has been charged by the Legislature with the responsibility for regulating the profession of podiatric medicine within the State of California. Additionally, the Board has been delegated the authority by the Legislature under section 2470 B&P to adopt, amend or repeal any regulations necessary to enable the board to execute the laws related to the practice of podiatric medicine.

A regulation is defined in Government Code section 11342.600:

> "Regulation means every rule, regulation, order, or standard of general application or the amendment, supplement, or revision of any rule, regulation, order, or standard adopted by any state agency to implement, interpret, or make specific the law enforced or administered by it, or to govern its procedure."

This exclusive charge for the regulation of podiatric medicine is considered the Board's quasi-legislative function. However, not every statute requires the adoption of an implementing regulation. In this regard, it is useful to think about three types of statutory provisions:

1) Self-executing;
2) Wholly enabling; and
3) Susceptible to interpretation.

<u>Self-Executing Statutes</u>

A self-executing provision is so specific that no implementing or interpreting regulation is necessary to give it effect.

An example is a statutory provision that provides: "The annual licensing fee is $900."

<u>Wholly Enabling Statutes</u>

A wholly-enabling statutory provision is one that has no legal effect without the enactment of a regulation.

An example is a statute that provides: "The department may set an annual licensing fee up to $900." This type of statute cannot be legally enforced without a regulation setting the fee.

<u>Statutes Susceptible to Interpretation</u>

A statutory provision that is susceptible to interpretation, may be enforced without a regulation, but may need a regulation for its efficient enforcement.

An example is a statute that provides: “Surgery is permitted at the level of the ankle.” This type of statute would leave open the question as to what the term ankle is defined to mean or include.

This is not to say that the example above is impossible to administer, but only that such a strategy requires that <u>no rule or standard</u> of general application be used that should have been adopted pursuant to the APA. Conceptually, the statute could be enforced on a case-by-case basis, but such an enforcement posture presents <u>significant</u> difficulties, not the least of which includes the untenable inability to provide accurate and concise guidance to members of the public and/or licensees interested in strict compliance with the law.

Mandatory Rulemaking Procedures of the APA

Accordingly, section 11346 of the California Government Code (GC) provides that every regulation must be subject to the rulemaking procedures contained in the APA. That compliance with the rulemaking requirements of the APA was not optional was made abundantly clear by the 1978 California Supreme Court case *Armistead v. State Personnel Board.* The court noted that "[t]he manner of [noncompliance] takes many forms, depending on the size of the agency and the type of law being administered, but they can all be briefly described as 'house rules' of the agency.” Quoting a 1955 legislative report noted the finding that noncompliance with APA rulemaking requirements was common.

> "[Underground regulations] consist of rules of the agency, denominated variedly as 'policies,' 'interpretations,' 'instructions,' 'guides,' 'standards,' or the like, and are contained in internal organs of the agency such as manuals, memoranda, bulletins, or are directed to the public in the form of circulars or bulletins." [First Report of the Senate Interim Committee on Administrative Regulations (1955) as cited in *Armistead,* p. 205.]

Plainly stated, if a state agency issues, enforces, interprets or attempts to enforce a statute without following the APA when it is required to, the rule is called an "underground regulation." State agencies are prohibited from enforcing underground regulations under section 11340.5 of the Government Code.

Underground Regulations & Three Step Analysis

In order to determine whether a particular Board policy, procedure or interpretation of law should be adopted pursuant to the APA, it is necessary to first ascertain whether the particular policy or procedure is already set out in an applicable statute or duly adopted regulation.

The adoption of a policy or procedure as a "regulation" pursuant to the APA is not required if the specific policy or procedure is found contained in an applicable statute or duly adopted regulation. Conversely, if it is determined that the policy or procedure (i.e., rule) is not set out in an applicable statute or duly adopted regulation, then the following three-step analysis must be used to determine whether the policy or procedure must be adopted as a regulation pursuant to the requirements and procedures of the APA:

Step One

Is the policy or procedure either:

- a rule or standard of general application, *or*
- a modification or supplement to such a rule?

Step Two

Has the policy or procedure been adopted by the agency to either:

- implement, interpret, or make specific the law?

If the policy or procedure answers the first two steps above affirmatively, then it is a "regulation" as defined in the APA and must be adopted as a regulation pursuant to the APA unless it falls within an express statutory exemption from the requirements of the APA. Generally, all "regulations" issued by state agencies are required to be adopted pursuant to the APA, unless *expressly* exempted by statute. (Government Code section 11346.)

Step Three

Has the policy or procedure been:

- expressly exempted by statute from the requirement that it be adopted as a "regulation" pursuant to the APA?

If the policy or procedure does not fall within an express statutory exemption, then it is subject to the rulemaking requirements of the APA.

The Rulemaking Process

Every board or commission in the executive branch of state government must follow the rulemaking procedures codified in the Administrative Procedures Act ("APA") found in California Government Code section 11340 et seq. and adopted regulations propounded by the Office of Administrative Law (OAL). This is generally the case unless expressly exempted from these requirements by statute. The APA requirements are specifically created to provide the public with a meaningful opportunity to participate in the adoption of rules that have the force of law by California state agencies in addition to ensuring the creation of an adequate record for the public, OAL and judicial review.

Generally, there are two types of rulemaking procedures that a state agency can pursue: **regular** or **emergency**. The regular rulemaking process requires that a state agency meet certain public hearing and notice requirements. The emergency rulemaking process has different requirements, which generally include a brief public notice period, a finding of emergency, a brief public comment period, review by OAL and an OAL decision. In addition, some agencies have requirements related to regular or emergency rulemakings that are unique to that particular agency. (Please also see either OAL's Regular Rulemaking Checklist or Emergency Rulemaking Checklist.)

For the regular rulemaking process, once a state agency decides to conduct a regular rulemaking action, it develops the documents required to conduct a formal APA rulemaking proceeding. Some agencies involve the public during this stage, while others do not. Government Code section 11346.45 requires an agency to engage in pre-notice public discussions (also called "workshopping") if the proposal is large or complex. The agency develops four documents during the preliminary activity stage which are needed to initiate the formal rulemaking process: (1) the proposed text; (2) the Initial Statement of Reasons; (3) the STD Form 399 Economic and Fiscal Impact Statement; and (4) the Notice of Proposed Regulatory Action (notice).

To initiate a rulemaking action, proposed language or amendments are presented to the board for approval and for authority to commence the rulemaking process. The staff then issues a notice by having it published in the California Regulatory Notice Register, by mailing the notice to those persons who have filed a request for notice of regulatory action, and by posting the notice, text, and Initial Statement of Reasons on the agency's website. See Government Code section 11346.5. Once the notice is published in the California Regulatory Notice Register, the APA rulemaking process is officially started and the agency has one year within which to complete the rulemaking and submit the rulemaking file to OAL.

The APA requires at a minimum a 45-day opportunity to comment to the agency in writing on the proposed regulation. The notice specifies where the comments must be directed and the date this opportunity to comment in writing on the proposal closes. Under the APA, an agency has an option as to whether it will hold a public hearing on a proposed rulemaking action. However, if an agency does not schedule a public hearing, any interested person can submit a written request for one to be held. The written request for a hearing must be submitted at least 15 days prior to the close of the written public comment period, and the agency must give notice of and hold a public hearing. See Government Code section 11346.8.

After the initial public comment period, a rulemaking agency may decide to change its initial

proposal either in response to public comments received or on its own initiative. The agency must then decide whether a change is (1) nonsubstantial; (2) substantial and sufficiently related; or (3) substantial and not sufficiently related. See Government Code section 11346.8(c). A rulemaking agency must make each substantial, sufficiently related change to its initial proposal available for public comment for at least 15 days before adopting such a change. Thus, before a rulemaking agency adopts such a change, it must mail a notice of opportunity to comment on proposed modifications along with a copy of the text of the new proposed changes to each person who has submitted written comments on the proposal, testified at the public hearing, or asked to receive a notice of proposed modifications. The agency must also post the notice on its website. No public hearing is required. The public may comment on the proposed modifications in writing.

The agency must then consider comments received during the 15-day comment period which are specifically directed to the proposed modifications. An agency may conduct more than one 15-day opportunity to comment on modifications.

A rulemaking agency must summarize and respond on the record to timely comments that are directed at the proposal or at the procedures followed by the agency during the regulatory action. With each comment, the agency must either (1) explain how it has amended the proposal to accommodate the comment, or (2) explain the reasons for making no change to the proposal. The summary and response to comments is included as part of the rulemaking file in a document called a Final Statement of Reasons. See Government Code section 11346.9.

A rulemaking agency must transmit a rulemaking action to OAL for review within one year from the date that the notice was published in the California Regulatory Notice Register.

OAL then has 30 working days to conduct its review. OAL must review the rulemaking record to determine whether it demonstrates that the rulemaking agency satisfied the procedural requirements of the APA and to review the proposed regulations for compliance with the six legal standards set forth in the APA: Authority, Reference, Consistency, Clarity, Nonduplication and Necessity. OAL may not substitute its judgment for that of the rulemaking agency with regard to the substantive content of the regulations. See Government Code section 11349.1.

Outreach Function

Another important function of the Board that cannot be overlooked is the responsibility to conduct outreach and education to the general public through the development of consumer outreach projects. These frontline efforts seek to bring the mission of the Podiatric Medical Board of California directly to consumers that not only inform of the existence of the agency, its jurisdiction and authority but also how to access its critical services.

This function is accomplished through a variety of programs including the Board's newsletter, web site, pamphlets brochures and publications, e-government initiatives and outside organization presentations on public positions of the Board. Members of the public outreach committee may be charged to act as good will ambassadors and represent the Board at the invitation of outside organizations and programs for personal speaking engagements.

In all instances regardless of venue, forum or methodology employed to connect with the people of the State, the basic underlying drive is designed to promote PMBC's mission and mandate to consumers while sharing its reputation as an advocate of consumer protection that will educate and empower toward a safer, fairer and competitive marketplace.

Abbreviations and Acronyms Glossary

Abuse of Discretion – Of the three main standards of review in California jurisprudence, the abuse of discretion standard is the most deferential to an arbiter's decision. While many Courts have provided varying definition of the standard, thus making it difficult to define, the California Supreme Court has sometimes described it as "whether the trial court exceeded the bounds of reason." See *Shamblin v. Brittain*, 44 Cal.3d 474, 478 (1988). Other courts have offered similar definitions; as one appellate court phrased it, an abuse of discretion occurs only when "it can fairly be said that no judge would reasonably make the same order under the same circumstances." *In re Marriage of Lopez*, 38 Cal.App.3d 93, 114 (1974).

ALJ Administrative Law Judge - A judge from OAH who presides over license denial and discipline cases (the trier of fact) and makes a Proposed Decision to the board that includes findings of fact, conclusions of law, and a recommended penalty.

APA Administrative Procedure Act - The law that sets out the procedure for license denial and license discipline, to meet constitutional requirements for due process of law.

Bagley-Keene - Name of the law that requires public meetings and Open Meeting Act distribution of meeting notices and agendas.

Conflict of Interest Laws - Refers to a number of laws which relate to a person's personal interest which conflicts with the public interest.

DAG- Deputy Attorney General - An attorney from the Office of the Attorney General who prosecutes license denial and discipline cases.

Gross negligence - An extreme departure from the standard of practice.

Hearsay – A statement that is made out of court that is offered in court as evidence to prove the truth of the matter asserted.

Incompetence - Lack of knowledge or skills in discharging professional duties.

Negligence - A departure from the standard of practice.

OAH-Office of Administrative Hearings - The state agency that provides neutral (unaffiliated with either party) judges to preside over administrative cases.

OAL-Office of Administrative Law - The state agency that reviews regulation changes for compliance with the process and standards set out in law and either approves or disapproves those regulation changes.

Petition for Writ Of Mandate - The name for the type of appeal filed in Superior Court that a licensee files when the licensee wishes to challenge a license disciplinary decision.

Pro Rata Share - Usually, a board's share of costs for certain services, usually determined by a proportional, mathematical formula.

Regulation - A standard that implements, interprets or makes specific a statute enacted by a state agency. It is enforceable the same way as a statute.

Stipulation - A form of plea bargaining in which a disciplinary case is settled by negotiated agreement prior to a hearing.

Statute - A law passed by the Legislature.

TRO-Temporary Restraining Order - An order issued by a Superior Court judge to immediately halt practice.

Appendix A

Oath of Office

Board Member Activity Log

Direct Deposit Authorization

OAH Training Materials for New Board Member Orientation

Podiatric Medical Board of California Organizational Chart

State of California Organizational Chart

Legislation Life Cycle

Regulation Process

Enforcement Process Overview

Department of Consumer Affairs (DCA)
Podiatric Medical Board of California (PMBC)
December 1, 2024

Committees

Licensing (LIC)
Enforcement (ENF)
Legislative (LEG)
Public Education (PE)
Executive Management (EXEC)

Board Members

Public Members

Darlene Trujillo Elliot (ENF) (PE)
Samantha Yu Chang (LEG) (PE)

Professional Members

Carolyn McAloon DPM Pres (LIC) (EXEC)
Daniel Lee, DPM, VP (LEG) (EXEC)
Sumer Patel DPM, SEC (LIC)
Devon Glazier, DPM (ENF)

Executive Officer

Brian Naslund
(All Committees)

Podiatric Medical Board of California

Strategic Plan

2023 to 2027

Prepared by:

SOLID Planning Solutions

Department of Consumer Affairs

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Board Members

Carolyn McAloon, DPM, President

Daniel Lee, DPM, PhD, FACFAS, Vice-President

Maria Cadenas, Secretary

Samantha Yu Chang

Darlene Trujillo Elliot

Judith Manzi, DPM

Gavin Newsom, Governor

Lourdes Castro Ramírez, Secretary, Business, Consumer Services and Housing Agency

Kimberly Kirchmeyer, Director, Department of Consumer Affairs

Brian Naslund, Executive Officer, Podiatric Medical Board of California

Podiatric Medical Board of California

About the Board

The Podiatric Medical Board of California (PMBC or Board) is a licensing board under the Department of Consumer Affairs (DCA) responsible for licensing, regulation, and discipline of the practice of podiatric medicine in California. Many of the same statutes applicable to the Medical Board of California (MBC) also apply to PMBC.

The Medical Board of California has been directly involved in the evolution of podiatric regulation in California since 1926 when the license was titled "Doctor of Surgical Chiropody." In 1957, the Legislature authorized the creation of the Chiropody Examining Committee under the jurisdiction of the Medical Board California. In 1986, the Committee's name was changed to the California Board of Podiatric Medicine.

In 2017, pursuant to Senate Bill 798 (SB 798) (2017-2018, Hill), PMBC was removed from within the jurisdiction of MBC and PMBC was created as a separate entity.

Effective July 1, 2019, pursuant to Assembly Bill 2457 (AB 2457) (2017-2018, Irwin), the Board's name was changed from the California Board of Podiatric Medicine (BPM) to the Podiatric Medical Board of California (PMBC) to achieve consistency with the other two medical boards in California – the Medical Board of California and the Osteopathic Medical Board of California (OMBC).

PMBC continues to work closely with MBC and is bound by a shared services agreement whereby MBC performs specified duties related to the licensing and enforcement of DPMs. This includes processing fictitious name permits, complaint intake and initial review, and various tasks related to finalizing disciplinary actions.

PMBC is responsible for the licensing, regulation, and discipline of the practice of podiatric medicine in California (BPC 2460). Public protection is PMBC's highest priority in exercising these functions (BPC 2460.1).

The Board currently licenses approximately 2,400 podiatric practitioners statewide and it issues three types of certificates related to podiatric medicine: doctor of podiatric medicine (DPM), limited/resident certificate, and a fictitious name permit.

Message from the Board President

On behalf of the Podiatric Medical Board of California (Board), I am pleased to present our 2023-2027 Strategic Plan.

Through the process of updating its Strategic Plan, the Board evaluated its current mission, values, successes, and challenges. In addition, the Board applied traditional values and incorporated current developments in medicine. The current plan will guide the Board during the next five years.

Board members, staff, licensees, and the public were invited to participate in the environmental scan and strategic planning session where they had the opportunity to provide information and feedback to the Board. The environmental scan was essential to all discussions and the development of the current plan.

Carolyn McAloon, DPM, President

Mission, Vision, and Values

Mission

To protect and educate consumers of California through licensing, enforcement, and regulation of Doctors of Podiatric Medicine.

Vision

All California-licensed doctors of podiatric medicine provide safe and competent care.

Values

- Consumer Protection
- Diversity, Equity, and Inclusion
- Effectiveness
- Fairness
- Professionalism
- Service
- Transparency

Goal 1: Enforcement

The Podiatric Medical Board of California (Board) protects consumers by effectively investigating complaints and enforcing laws, regulations, and professional standards.

1.1 Ensure an adequate quantity of qualified experts and consultants to effectively review and investigate complaints.

1.2 Analyze and report the costs accrued by enforcement cases to assist the Board with achieving effective spending, accountability, and transparency with stakeholders.

1.3 Review and manage workload distribution to increase efficiencies, support timely investigations, and promote healthy staff workloads.

1.4 Establish a regular analysis of investigation costs and seek approval of a revised fine schedule to assist in cost recovery and support the fund condition as needed.

Goal 2: Licensing

The Board licenses those practicing podiatric medicine by ensuring that licensing requirements are met. This includes initial application, continuing education, and renewals.

2.1 Promote license fee transparency to improve licensee confidence in the Board.

2.2 Finish establishing all transactions into BreEZe to support timely processing and improve service to license applicants and licensees.

Goal 3: Legislation and Regulation

The Board advocates for and sponsors legislation and adopts regulations, policies, and procedures for the evolving profession to protect consumers.

3.1 Review and update disciplinary guidelines to align with current laws.

Goal 4: Administration

Protect the consumers of California by promoting organizational success through proper Board governance, effective leadership, and responsible management.

4.1 Assess and address board member communication needs to support a well-informed and prepared Board.

4.2 Educate stakeholders on the board member appointment process.

4.3 Create a succession plan to maintain Board efficiencies and functionality.

Goal 5: Education and Communication

The Board educates, communicates, and interacts with licensees, consumers, and key stakeholders.

5.1 Identify and implement methods of gathering licensee email addresses to increase effectiveness of communication.

5.2 Revamp the Board's website to increase ease of navigation and helpfulness of information.

Strategic Planning Process

To understand the environment in which the Board operates as well as identify factors that could impact the Board's success in carrying out its regulatory duties, the Department of Consumer Affairs' SOLID Planning Unit (SOLID) conducted an environmental scan of the Board's internal and external environments by collecting information through the following methods:

- Executive officer and staff were surveyed online.
- Board members were interviewed and surveyed online.
- External stakeholders were surveyed online.

The most significant themes and trends identified from the environmental scan were discussed by board members and the executive officer during a strategic planning session facilitated by SOLID on March 10, 2023. This information guided the development of the Board's strategic objectives outlined in this 2023-2027 strategic plan.

Podiatric Medical Board of California

2005 Evergreen Street, Ste. 1300

Sacramento, CA 95815

(916) 263-2647

https://www.pmbc.ca.gov

Strategic plan adopted on .

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Podiatric Medical Board of California on March 10, 2023. Subsequent amendments may have been made after the adoption of this plan.

Prepared by:
SOLID Planning Solutions
1747 N. Market Blvd., Ste. 270
Sacramento, CA 95834

Licenses and regulates doctors of podiatric medicine.

www.pmbc.ca.gov

STAFF:

4 civil servant positions
1 exempt

LICENSES, REGISTRATIONS, PERMITS, AND CERTIFICATES:

2,373

BOARD MEMBERSHIP:

3 public representatives
4 licensees

BOARD STAFF:

Executive Officer: Brian Naslund
brian.naslund@dca.ca.gov

LAWS AND REGULATIONS:

Business and Professions Code §§ 2460–2499.8

California Code of Regulations, Division 13.9, title 16, §§ 1399.650–1399.732

SUNSET REVIEW:

Last review: 2020 Next review: 2025

Board Highlights

RECIPROCITY

Per Business and Professions Code section 2488, an applicant may be eligible for licensure in California if they are licensed as a doctor of podiatric medicine in any other state and meet the following requirements:

- Pass Part III of the national exam within the last 10 years.
- Satisfactorily complete at least one year of postgraduate training.
- Submit fingerprints and obtain criminal record clearance from the state department of justice and the FBI (applicants in proximity to California may opt to obtain clearances utilizing Live Scan).
- Provide verification of a license in good standing from all states or counties in which a medical license has been held.
- Request a disciplinary databank report from the Federation of Podiatric Medicine be sent directly to the Board.

ACCOMPLISHMENTS

Sunset Review

The Board successfully completed the sunset review process, working closely with staff and members of the Senate and Assembly business and professions committees, Department of Consumer Affairs (DCA), California Podiatric Medical Association, and other boards and related entities. The Board's sunset hearing occurred on November 18, 2020. The Board will be reviewed again in 2025.

Strategic Plan

The Board is currently working toward the goals in its *Strategic Plan 2019–2022*. Board members and staff are achieving the following goals: the recruitment of doctors of podiatric medicine experts and consultants; collaboration with other healing arts boards and associations; participation in the legislative process as it impacts the Board and its licensees; management of its budgetary revenue and expenditures to ensure sustainability; and improvement of communications with licensees, stakeholders, and the public through more frequent updates to its website and social media communications.

COVID-19 Response

The Board seamlessly responded to the COVID-19 pandemic challenges without delays or interruptions. Formal telework agreements were in place, and efficiencies and office workflow remained uninterrupted. Additionally, no significant costs to the Board occurred related to the pandemic.

Throughout the pandemic, Board meetings continued as scheduled, in compliance with procedural and legal requirements, remained well attended and productive, and were continuously open to the public for participation. This was achieved through the support of DCA's SOLID and the Office of Information Services.

NEW LEGISLATION

AB 356 (Chen, Chapter 459, Statutes of 2021) authorizes the Department of Public Health to issue a nonrenewable, temporary 12-month fluoroscopy permit to a licensed doctor of podiatric medicine who has submitted an application for a fluoroscopy certificate, has at least 40 hours of fluoroscopy experience while not subject to the Radiologic Technology Act, and pays a fee.

SB 806 (Roth, Chapter 649, Statutes of 2021) is the sunset bill for the Board that extends its operations until January 1, 2026. It also makes various technical changes requested by the Board, including aligning disclosure requirements relating to probation with physicians and surgeons.

License Requirements

License Requirements	Y/N
DEGREE/PROFESSIONAL SCHOOLING	Y
QUALIFYING EXPERIENCE (MAY INCLUDE EDUCATION)	Y
EXAMINATION	Y
CONTINUING EDUCATION/COMPETENCY	Y
FINGERPRINT REQUIREMENT	Y

Fees*

License Type	Actual Fee	Statutory Limit
RESIDENT AND PERMANENT LICENSE/APPLICATION	$100	$100
RESIDENT LICENSE	$100	$100
PERMANENT LICENSE/INITIAL LICENSE	$800	$800
PERMANENT LICENSE/INITIAL CERTIFICATION	$100	$100
PERMANENT LICENSE/LICENSE RENEWAL	$1,318	$1,318
PERMANENT LICENSE/CURES FEE	$22	$22
RESIDENT AND PERMANENT LICENSE/DUPLICATE LICENSE	$100	$100
RESIDENT AND PERMANENT LICENSE/LETTER OF GOOD STANDING	$100	$100
PERMANENT LICENSE/CME COURSE APPROVAL	$250	$250
PERMANENT LICENSE/DELINQUENT AFTER 30 DAYS	$150	$150
PERMANENT LICENSE/DELINQUENT AFTER 90 DAYS* STARTING 1/1/2021	$659	50% OF RENEWAL FEE

*Additional fees may be required. Refer to the laws and regulations for details.

Summary of Licensing Activity

Initial Licenses/Certificates/Permits			
TYPE	APPS RECEIVED	ISSUED	RENEWED
PERMANENT DOCTOR OF PODIATRIC MEDICINE	**108**	**93**	**1,050**
RESIDENT STATUS LICENSE	**48**	**47**	**87**
TOTAL	**156**	**140**	**1,137**

Licensing Population by Type			
TYPE	CERTIFICATES/ PERMITS	LICENSES/ REGISTRATIONS	APPROVALS
PERMANENT DOCTOR OF PODIATRIC MEDICINE	**N/A**	**2,246**	**N/A**
RESIDENT STATUS LICENSE	**N/A**	**127**	**N/A**
TOTAL	**N/A**	**2,373**	**N/A**

Renewal and Continuing Education (CE)		
TYPE	FREQUENCY OF RENEWAL	NUMBER OF CE HOURS REQUIRED EACH CYCLE
PERMANENT DOCTOR OF PODIATRIC MEDICINE	**EVERY 2 YEARS**	**50**
RESIDENT STATUS LICENSE	**N/A***	**N/A**

*Yearly extension based on resident program approval

Exams Results			
EXAM TITLE	PASS	FAIL	TOTAL
NBPME/APMLE PART III	**52**	**0**	**52**

Summary of Enforcement Activity

Consumer Complaints—Intake	
108	RECEIVED
0	CLOSED WITHOUT REFERRAL FOR INVESTIGATION
111	REFERRED FOR INVESTIGATION
0	PENDING

Conviction/Arrest Notification Complaints	
3	RECEIVED
0	CLOSED WITHOUT REFERRAL FOR INVESTIGATION
4	REFERRED FOR INVESTIGATION
0	PENDING

Inspections	
N/A	CONDUCTED
N/A	CITATIONS ISSUED

Investigations	
115	OPENED
148	CLOSED
56	PENDING

Number of Days to Complete Intake and Investigations	
82	UP TO 90 DAYS
18	91 TO 180 DAYS
25	181 DAYS TO 1 YEAR
15	1 TO 2 YEARS
8	2 TO 3 YEARS
0	OVER 3 YEARS
177*	AVERAGE NUMBER OF DAYS TO COMPLETE INTAKE AND INVESTIGATIONS

*Total updated June 2022 (online only) to correct error.

Citations and Fines	
4	ISSUED
4	ISSUED WITH A FINE
0	WITHDRAWN
0	DISMISSED
552	AVERAGE NUMBER OF DAYS TO ISSUE A CITATION AND FINE

REFER TO PAGES 9 AND 10 FOR AN EXPLANATION OF THE DEFINITIONS AND CRITERIA FOR DATA REPORTED IN THE ENFORCEMENT SECTION.

Total Amount of Fines	
$7,626	ASSESSED
$1,500	REDUCED
$4,000	COLLECTED

Criminal/Civil Actions	
0	REFERRALS FOR CRIMINAL/CIVIL ACTION
0	CRIMINAL ACTIONS FILED
0	CIVIL ACTIONS FILED

Office of the Attorney General/Disciplinary Actions	
16	CASES OPENED/INITIATED
9	CASES CLOSED
19	CASES PENDING

Number of Days to Complete Attorney General Cases	
0	UP TO 1 YEAR
1	1 TO 2 YEARS
4	2 TO 3 YEARS
4	OVER 3 YEARS
1,223	AVERAGE NUMBER OF DAYS TO IMPOSE DISCIPLINE

Formal Actions Filed/Withdrawn/Dismissed	
0	STATEMENTS OF ISSUES FILED
10	ACCUSATIONS FILED
1	RESTRAINING/RESTRICTION/SUSPENSION ORDERS GRANTED
0	STATEMENTS OF ISSUES WITHDRAWN/DISMISSED
3	ACCUSATIONS WITHDRAWN/DISMISSED

Administrative Outcomes/Final Orders	
0	LICENSE APPLICATIONS DENIED
1	REVOCATION
3	SURRENDER OF LICENSE
0	PROBATION WITH SUSPENSION
0	SUSPENSION ONLY
2	PROBATION ONLY
2	PUBLIC REPRIMAND
1	OTHER DECISIONS
9	**TOTAL**

Petition for Modification or Termination of Probation	
0	GRANTED
0	DENIED

Petition for Reinstatement of Revoked License/ Registration/Certification	
0	GRANTED
0	DENIED

Cost Recovery	
$58,966.17	ORDERED
$67,421	COLLECTED

Restitution to Consumers/Refunds/Savings	
$0	RESTITUTION ORDERED
$0	AMOUNT REFUNDED
$0	REWORK AT NO CHARGE
$0	ADJUSTMENTS/RETURNS/EXCHANGES
$0	TOTAL SAVINGS ACHIEVED FOR CONSUMERS

Receipt of Complaint to Investigation Assignment	
7	AVERAGE NUMBER OF DAYS

Start of Investigation to Investigation Closure	
170	AVERAGE NUMBER OF DAYS

Closure of Investigation to Imposing Formal Discipline	
540	AVERAGE NUMBER OF DAYS

REFER TO PAGES 9 AND 10 FOR AN EXPLANATION OF THE DEFINITIONS AND CRITERIA FOR DATA REPORTED IN THE ENFORCEMENT SECTION.

PODIATRIC MEDICAL BOARD OF CALIFORNIA

Licenses and regulates doctors of podiatric medicine.

www.pmbc.ca.gov

Staff: 4 civil servant positions, 1 exempt

Licenses, Registrations, Certificates, and Permits: 2,675

Board Membership: 3 public representatives, 4 licensees

Board Leadership:
Brian Naslund
Executive Officer
brian.naslund@dca.ca.gov

Laws and Regulations:
Business and Professions Code §§ 2460–2499.8
California Code of Regulations, Division 13.9, title 16, §§ 1399.650–1399.732

Sunset Review:
Last review: 2020 | Next review: 2025

BOARD HIGHLIGHTS

RECIPROCITY

Per Business and Professions Code section 2488, an applicant may be eligible for licensure in California if they are licensed as a doctor of podiatric medicine in any other state and meet the following requirements:

- Pass Part III of the national examinations within the last 10 years.
- Satisfactorily complete at least one year of postgraduate training.
- Submit fingerprints and obtain criminal record clearance from the California Department of Justice and the FBI (applicants outside of California may opt to obtain clearances utilizing Live Scan).
- Provide verification of a license in good standing from all states or counties in which a medical license has been held.
- Request a disciplinary databank report from the Federation of Podiatric Medicine be sent directly to the Board.

ACCOMPLISHMENTS

Communications and Outreach

The Board released a new edition of its yearly newsletter, “Footnotes,” which covers issues of interest to the Board’s licensees, stakeholders, and related entities. Articles were submitted by staff, podiatric residents, and individuals at the Board’s related specialty organization, the California Podiatric Medical Association.

The Board continued to provide timely information to the public through its website, **www.pmbc.ca.gov**, and through its Facebook and Twitter accounts. Topics of importance included updates to the Controlled Substance Utilization Review and Evaluation System and other requirements concerning new prescribing compliance standards, COVID-19 notices, and other topics. Additionally, the Board increased its Listserv participation and has utilized distribution of these messages with increased responses from recipients.

Updates to Licensing

The Board reduced its carbon footprint by encouraging licensees to utilize the electronic options on its website. A reminder postcard is sent to licensees as a renewal notice rather than the hard-copy packet. Staff has reported decreased hard-copy submissions and reduced processing times. Requests for duplicate licenses and resident license verification have also become significantly more automated. Financial transactions regarding licensing activities continue to become more efficient through electronic automation.

Additionally, the Board implemented the ability to issue temporary licenses for the spouses and domestic partners of active-duty members of the U.S. armed forces assigned to active duty in California to help ensure a smoother transition for them and their families.

NEW LEGISLATION

AB 1704 (Chen, Chapter 580, Statutes of 2022) authorizes the Department of Public Health to issue a limited permit in podiatric radiography authorizing radiography of the foot, ankle, tibia, and fibula under the supervision of a doctor of podiatric medicine. Before receiving a permit, an individual would need to complete specified education and training requirements.

LICENSE REQUIREMENTS

LICENSE REQUIREMENTS	Y/N
CONTINUING EDUCATION/COMPETENCY	Y
DEGREE/PROFESSIONAL SCHOOLING	Y
EXAMINATION	Y
FINGERPRINT REQUIREMENT	Y
QUALIFYING EXPERIENCE (MAY INCLUDE EDUCATION)	Y

FEES*

LICENSE TYPE	ACTUAL FEE	STATUTORY LIMIT
RESIDENT AND PERMANENT LICENSE/ APPLICATION	$100.00	$100.00
RESIDENT LICENSE	$100.00	$100.00
PERMANENT LICENSE/INITIAL LICENSE	$800.00	$800.00
PERMANENT LICENSE/INITIAL CERTIFICATION	$100.00	$100.00
PERMANENT LICENSE/LICENSE RENEWAL	$1,318.00	$1,318.00
PERMANENT LICENSE/CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM FEE	$22.00	$22.00
RESIDENT AND PERMANENT LICENSE/ DUPLICATE LICENSE	$100.00	$100.00
RESIDENT AND PERMANENT LICENSE/LETTER OF GOOD STANDING	$100.00	$100.00
PERMANENT LICENSE/CONTINUED MEDICAL EDUCATION COURSE APPROVAL	$250.00	$250.00
PERMANENT LICENSE/DELINQUENT AFTER 30 DAYS	$150.00	$150.00
PERMANENT LICENSE/DELINQUENT AFTER 90 DAYS STARTING 1/1/2021	$659.00	50% OF RENEWAL FEE

* Additional fees may be required. Refer to the laws and regulations for details.

SUMMARY OF LICENSING ACTIVITY

INITIAL LICENSES/REGISTRATIONS/CERTIFICATES/PERMITS			
TYPE	APPLICATIONS RECEIVED	ISSUED	RENEWED
DOCTOR OF PODIATRIC MEDICINE LICENSE	106	92	1,005
FICTITIOUS NAME PERMIT	25	21	131
RESIDENT STATUS LICENSE	51	48	128
TOTAL	**182**	**161**	**1,264**

LICENSING POPULATION BY TYPE	
TYPE	LICENSES/REGISTRATIONS/ CERTIFICATES/PERMITS
DOCTOR OF PODIATRIC MEDICINE	2,198
FICTITIOUS NAME PERMIT	302
RESIDENT STATUS	175
TOTAL	**2,675**

REFER TO PAGE 13 FOR AN EXPLANATION OF THE **DEFINITIONS AND CRITERIA FOR THE DATA REPORTED.**

PODIATRIC MEDICAL BOARD OF CALIFORNIA

RENEWAL AND CONTINUING EDUCATION (CE)		
TYPE	FREQUENCY OF RENEWAL	NUMBER OF CE HOURS REQUIRED EACH CYCLE
DOCTOR OF PODIATRIC MEDICINE	EVERY 2 YEARS	50
FICTITIOUS NAME PERMIT	EVERY 2 YEARS	N/A
RESIDENT STATUS	N/A*	N/A

* Yearly extension based on resident program approval.

EXAMINATION RESULTS			
EXAMINATION TITLE	% PASS	% FAIL	TOTAL NUMBER OF CANDIDATES
NATIONAL BOARD OF PODIATRIC MEDICAL EXAMINERS AMERICAN PODIATRIC MEDICAL LICENSING EXAMINATION PART III*	96	4	55

* Exam administered by the National Board of Podiatric Medical Examiners and is administered every June and December.

SUMMARY OF ENFORCEMENT ACTIVITY

COMPLAINTS—INTAKE	
138	RECEIVED
0	CLOSED WITHOUT REFERRAL FOR INVESTIGATION
138	REFERRED FOR INVESTIGATION
1	PENDING

CONVICTION/ARREST NOTIFICATION COMPLAINTS	
5	RECEIVED
0	CLOSED WITHOUT REFERRAL FOR INVESTIGATION
5	REFERRED FOR INVESTIGATION
1	PENDING

INVESTIGATIONS	
143	OPENED
144	CLOSED
54	PENDING

ENFORCEMENT AGING—COMPLETED INTAKE AND INVESTIGATIONS	
85	UP TO 90 DAYS
22	91 TO 180 DAYS
5	181 DAYS TO 1 YEAR
19	1 TO 2 YEARS
13	2 TO 3 YEARS
0	OVER 3 YEARS

ENFORCEMENT AGING—COMPLETED INTAKE AND INVESTIGATIONS	
6	AVERAGE NUMBER OF DAYS FROM RECEIPT OF COMPLAINT TO ASSIGNMENT OF INVESTIGATOR (START OF INVESTIGATION)
145	AVERAGE NUMBER OF DAYS FOR ALL INVESTIGATION OUTCOMES (FROM START OF INVESTIGATION TO REFERRAL FOR PROSECUTION OR CASE CLOSURE WITHOUT REFERRAL FOR PROSECUTION)
151	AVERAGE NUMBER OF DAYS FROM RECEIPT OF COMPLAINT TO REFERRAL FOR PROSECUTION OR CASE CLOSURE WITHOUT REFERRAL FOR PROSECUTION

CITATIONS AND FINES	
0	ISSUED WITHOUT A FINE
0	ISSUED WITH A FINE
0	WITHDRAWN/DISMISSED/REDUCED
0	AVERAGE NUMBER OF DAYS TO ISSUE A CITATION AND FINE (FROM COMPLAINT RECEIPT/INSPECTION CONDUCTED TO CITATION ISSUED)

TOTAL AMOUNT OF FINES	
0	ASSESSED
0	WITHDRAWN/DISMISSED/REDUCED
0	COLLECTED

CRIMINAL/CIVIL ACTIONS	
0	REFERRALS FOR CRIMINAL/CIVIL ACTION
0	CRIMINAL ACTIONS FILED
0	CIVIL ACTIONS FILED

OFFICE OF THE ATTORNEY GENERAL/DISCIPLINARY ACTIONS	
12	CASES OPENED/INITIATED
7	CASES CLOSED
19	CASES PENDING

FORMAL ACTIONS FILED/WITHDRAWN/DISMISSED	
0	STATEMENT OF ISSUES FILED
5	ACCUSATIONS FILED
0	RESTRAINING/RESTRICTION/SUSPENSION ORDERS GRANTED
0	STATEMENT OF ISSUES WITHDRAWN/DISMISSED
1	ACCUSATIONS WITHDRAWN/DISMISSED
492	AVERAGE NUMBER OF DAYS FROM CLOSURE OF INVESTIGATION TO IMPOSING FORMAL DISCIPLINE

ADMINISTRATIVE OUTCOMES/FINAL ORDERS	
0	LICENSE APPLICATIONS DENIED
0	REVOCATION
1	SURRENDER OF LICENSE
0	PROBATION WITH SUSPENSION
0	SUSPENSION ONLY
4	PROBATION ONLY
2	PUBLIC REPRIMAND/PUBLIC REPROVAL/PUBLIC LETTER OF REPRIMAND
0	OTHER DECISIONS
7	**TOTAL**

ENFORCEMENT AGING—COMPLETED ATTORNEY GENERAL CASES	
0	UP TO 1 YEAR
0	1 TO 2 YEARS
2	2 TO 3 YEARS
5	OVER 3 YEARS
1,216	AVERAGE NUMBER OF DAYS TO IMPOSE DISCIPLINE

PROBATION	
3	PROBATIONS COMPLETED
10	PROBATIONERS PENDING (CLOSE OF FISCAL YEAR)

SUBSEQUENT DISCIPLINE	
0	PROBATIONS REVOKED
0	PROBATIONER'S LICENSE SURRENDERED
0	ADDITIONAL PROBATION ONLY
0	SUSPENSION ONLY ADDED
0	OTHER CONDITIONS ADDED ONLY
0	OTHER PROBATION OUTCOME

PETITION FOR MODIFICATION OR TERMINATION OF PROBATION	
0	GRANTED
0	DENIED

PETITION FOR REINSTATEMENT OF REVOKED LICENSE/REGISTRATION/ CERTIFICATION	
0	GRANTED
0	DENIED

COST RECOVERY	
$95,814.75	ORDERED
$85,134.00	COLLECTED

REFER TO PAGE 13 FOR AN EXPLANATION OF THE **DEFINITIONS AND CRITERIA FOR THE DATA REPORTED**.

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Per Business and Professions Code section 2488, an applicant may be eligible for licensure in California if they are licensed as a doctor of podiatric medicine in any other state and meet the following requirements:

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- Satisfactorily complete at least one year of postgraduate training.
- Submit fingerprints and obtain criminal record clearance from the California Department of Justice and the FBI (applicants outside of California may opt to obtain clearances utilizing Live Scan).
- Provide verification of a license in good standing from all states or counties in which a medical license has been held.
- Request a disciplinary databank report from the Federation of Podiatric Medicine be sent directly to the Board.

ACCOMPLISHMENTS

Strategic Plan

The Board completed its Strategic Plan 2023–27 in March 2023. DCA's SOLID Training and Planning Solutions conducted an environmental scan of the Board's internal and external environments. Board members, the executive officer, staff, and external stakeholders were surveyed,

REFER TO PAGE 15 FOR AN EXPLANATION OF THE **DEFINITIONS AND CRITERIA FOR THE DATA REPORTED**.

PODIATRIC MEDICAL BOARD OF CALIFORNIA

and the information received was reviewed and discussed, resulting in the current strategic plan. This strategic plan will allow the executive officer, Board members, and staff to work toward achieving the stated strategic objectives over the coming years.

The Board added to its list of values the recognition and creation of diversity, equity, and inclusion.

Consumer Protection

The Board has made many efforts throughout the years to recruit a robust panel of podiatric consultants and experts to review podiatric cases that come before the Board. Recently, the Board voted to allow the Board to provide expert and consultant training. Trainees will receive continuing medical education credits and will be able to apply to become contracted experts or consultants for the Board. This is expected to increase doctors of podiatric medicine participation and allow for more resources to be available to the Board for enforcement reviews. The Board stated as an objective that, in protecting the public and disciplining licensees, the Board will perform regular reviews and evaluations as to all related enforcement costs as well as citations and fines and cost recovery.

Technological Advancements

To improve efficiencies, the Board continues to automate application and renewal processes through DCA's BreEZe system. As a result, hard-copy printing and mailing has been greatly reduced, and electronic processes have resulted in less paper and a savings of resources.

Communications and Outreach

Podiatric medicine is a changing and evolving profession, and many podiatric medical school graduates throughout the country apply to the Board. Staying apprised of new podiatric medical schools, as well as statistics in podiatric medicine, enhances the Board's knowledge of trends and important developments impacting podiatric medicine in California. The Board, executive officer, and staff have acted on information received through enhanced communications with national podiatric leaders. The shared knowledge has proven to be beneficial for understanding new trends and continuing to meet the Board's mission of regulating doctors of podiatric medicine and protecting California consumers. The Board also made enhancing website navigation and increasing recipients of the Board's direct outreach as objectives for the Board.

Updates to Licensing

In 2023, the Board sponsored Assembly Bill (AB) 826 (Chen, Chapter 122, Statutes of 2023), which allows doctors of podiatric medicine to renew their license in California by completing 50 hours of continuing education, remaining free from disciplinary actions, and maintaining current fee obligations. In the past, there were two types of licenses for doctors of podiatric medicine. Some, but not all, doctors of podiatric medicine had surgical training upon graduation from podiatric medical school. Over 25 years ago, this difference led the Board to impose additional renewal requirements on all doctors of podiatric medicine in California. The Board voted to remove the additional requirements for renewal, and these changes due to AB 826 align renewal requirements with the Medical Board of California and the Osteopathic Medical Board of California, as well as other podiatric medical boards across the United States.

NEW LEGISLATION

AB 826 (Chen, Chapter 122, Statutes of 2023) revises continuing education requirements for doctors of podiatric medicine to eliminate several provisions that the Board considers to be outdated and unnecessary. Specifically, this bill eliminates the continuing competency pathway requirement in current law that mandates that doctors of podiatric medicine complete one of eight enumerated obligations in addition to their regular continuing education coursework.

AB 834 (Irwin, Chapter 166, Statutes of 2023) authorizes doctors of podiatric medicine to own an equal or majority interest in a professional partnership with physicians. Physicians and doctors of podiatric medicine combined will still need to have majority control in partnerships that include other individuals. This bill prohibits partners who are not physicians from voting on matters related to the practice of medicine that are outside of their scope of practice.

PODIATRIC MEDICAL BOARD OF CALIFORNIA

LICENSE REQUIREMENTS

LICENSE REQUIREMENTS	Y/N
CONTINUING EDUCATION/COMPETENCY	Y
DEGREE/PROFESSIONAL SCHOOLING	Y
EXAMINATION	Y
FINGERPRINT REQUIREMENT	Y
QUALIFYING EXPERIENCE (MAY INCLUDE EDUCATION)	Y

FEES*

LICENSE TYPE	ACTUAL FEE	STATUTORY LIMIT
RESIDENT AND PERMANENT LICENSE/ APPLICATION	$100.00	$100.00
RESIDENT LICENSE	$100.00	$100.00
PERMANENT LICENSE/INITIAL LICENSE	$800.00	$800.00
PERMANENT LICENSE/INITIAL CERTIFICATION	$100.00	$100.00
PERMANENT LICENSE/LICENSE RENEWAL	$1,318.00	$1,318.00
PERMANENT LICENSE/CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM FEE	$22.00	$22.00
RESIDENT AND PERMANENT LICENSE/ DUPLICATE LICENSE	$100.00	$100.00
RESIDENT AND PERMANENT LICENSE/LETTER OF GOOD STANDING	$100.00	$100.00
PERMANENT LICENSE/CONTINUED MEDICAL EDUCATION COURSE APPROVAL	$250.00	$250.00
PERMANENT LICENSE/DELINQUENT AFTER 30 DAYS	$150.00	$150.00
PERMANENT LICENSE/DELINQUENT AFTER 90 DAYS STARTING 1/1/2021	$659.00	50% OF RENEWAL FEE

* Additional fees may be required. Refer to the laws and regulations for details.

SUMMARY OF LICENSING ACTIVITY

INITIAL LICENSES/REGISTRATIONS/CERTIFICATES/PERMITS			
TYPE	APPLICATIONS RECEIVED	ISSUED	RENEWED
DOCTOR OF PODIATRIC MEDICINE LICENSE	108	94	1,054
FICTITIOUS NAME PERMIT	33	29	100
RESIDENT STATUS LICENSE	49	49	0
TOTAL	**190**	**172**	**1,154**

LICENSING POPULATION BY TYPE	
TYPE	LICENSES/REGISTRATIONS/ CERTIFICATES/PERMITS
DOCTOR OF PODIATRIC MEDICINE	2,212
FICTITIOUS NAME PERMIT	284
RESIDENT STATUS	175
TOTAL	**2,671**

RENEWAL AND CONTINUING EDUCATION (CE)		
TYPE	FREQUENCY OF RENEWAL	NUMBER OF CE HOURS REQUIRED EACH CYCLE
DOCTOR OF PODIATRIC MEDICINE	EVERY 2 YEARS	50
FICTITIOUS NAME PERMIT	EVERY 2 YEARS	N/A
RESIDENT STATUS	N/A*	N/A

* Yearly extension based on resident program approval.

EXAMINATION RESULTS			
EXAMINATION TITLE	% PASS	% FAIL	TOTAL NUMBER OF CANDIDATES
National Board of Podiatric Medical Examiners American Podiatric Medical Licensing Examination Part III	97	3	587

SUMMARY OF ENFORCEMENT ACTIVITY

COMPLAINTS—INTAKE	
128	RECEIVED
0	CLOSED WITHOUT REFERRAL FOR INVESTIGATION
125	REFERRED FOR INVESTIGATION
8	PENDING

CONVICTION/ARREST NOTIFICATION COMPLAINTS	
5	RECEIVED
0	CLOSED WITHOUT REFERRAL FOR INVESTIGATION
5	REFERRED FOR INVESTIGATION
0	PENDING

INSPECTIONS	
N/A	CONDUCTED
N/A	CITATIONS ISSUED

REFER TO PAGE 15 FOR AN EXPLANATION OF THE DEFINITIONS AND CRITERIA FOR THE DATA REPORTED.

PODIATRIC MEDICAL BOARD OF CALIFORNIA

INVESTIGATIONS	
130	OPENED
107	CLOSED
79	PENDING

ENFORCEMENT AGING—COMPLETED INTAKE AND INVESTIGATIONS	
61	UP TO 90 DAYS
21	91 TO 180 DAYS
5	181 DAYS TO 1 YEAR
13	1 TO 2 YEARS
7	2 TO 3 YEARS
0	OVER 3 YEARS
7	AVERAGE NUMBER OF DAYS FROM RECEIPT OF COMPLAINT TO ASSIGNMENT OF INVESTIGATOR (START OF INVESTIGATION)
198	AVERAGE NUMBER OF DAYS FOR ALL INVESTIGATION OUTCOMES (FROM START OF INVESTIGATION TO REFERRAL FOR PROSECUTION OR CASE CLOSURE WITHOUT REFERRAL FOR PROSECUTION)
206	AVERAGE NUMBER OF DAYS FROM RECEIPT OF COMPLAINT TO REFERRAL FOR PROSECUTION OR CASE CLOSURE WITHOUT REFERRAL FOR PROSECUTION

CITATIONS AND FINES	
0	ISSUED WITHOUT A FINE
2	ISSUED WITH A FINE
2	WITHDRAWN/DISMISSED/REDUCED
7	AVERAGE NUMBER OF DAYS TO ISSUE A CITATION AND FINE (FROM COMPLAINT RECEIPT/INSPECTION CONDUCTED TO CITATION ISSUED)

TOTAL AMOUNT OF FINES	
$5,000.00	ASSESSED
$3,000.00	WITHDRAWN/DISMISSED/REDUCED
$1,000.00	COLLECTED

CRIMINAL/CIVIL ACTIONS	
0	REFERRALS FOR CRIMINAL/CIVIL ACTION
0	CRIMINAL ACTIONS FILED
0	CIVIL ACTIONS FILED

OFFICE OF THE ATTORNEY GENERAL/DISCIPLINARY ACTIONS	
14	CASES OPENED/INITIATED
7	CASES CLOSED
21	CASES PENDING

FORMAL ACTIONS FILED/WITHDRAWN/DISMISSED	
0	STATEMENT OF ISSUES FILED
9	ACCUSATIONS FILED
1	RESTRAINING/RESTRICTION/SUSPENSION ORDERS GRANTED
0	STATEMENT OF ISSUES WITHDRAWN/DISMISSED
0	ACCUSATIONS WITHDRAWN/DISMISSED
582	AVERAGE NUMBER OF DAYS FROM CLOSURE OF INVESTIGATION TO IMPOSING FORMAL DISCIPLINE

ADMINISTRATIVE OUTCOMES/FINAL ORDERS	
0	LICENSE APPLICATIONS DENIED
1	REVOCATION
4	SURRENDER OF LICENSE
0	PROBATION WITH SUSPENSION
0	SUSPENSION ONLY
2	PROBATION ONLY
0	PUBLIC REPRIMAND/PUBLIC REPROVAL/PUBLIC LETTER OF REPRIMAND
0	OTHER DECISIONS
7	**TOTAL**

ENFORCEMENT AGING—COMPLETED ATTORNEY GENERAL CASES	
0	UP TO 1 YEAR
1	1 TO 2 YEARS
2	2 TO 3 YEARS
4	OVER 3 YEARS
1,238	AVERAGE NUMBER OF DAYS TO IMPOSE DISCIPLINE

PROBATION	
1	PROBATIONS COMPLETED
8	PROBATIONERS PENDING (CLOSE OF FISCAL YEAR)

SUBSEQUENT DISCIPLINE	
0	PROBATIONS REVOKED
1	PROBATIONER’S LICENSE SURRENDERED
0	ADDITIONAL PROBATION ONLY
0	SUSPENSION ONLY ADDED
0	OTHER CONDITIONS ADDED ONLY
0	OTHER PROBATION OUTCOME

PODIATRIC MEDICAL BOARD OF CALIFORNIA

PETITION FOR MODIFICATION OR TERMINATION OF PROBATION	
0	GRANTED
0	DENIED

PETITION FOR REINSTATEMENT OF REVOKED LICENSE/REGISTRATION/CERTIFICATION	
0	GRANTED
0	DENIED

COST RECOVERY	
$23,445.00	ORDERED
$185,045.13	COLLECTED

REFER TO PAGE 15 FOR AN EXPLANATION OF THE
DEFINITIONS AND CRITERIA FOR THE DATA REPORTED.

FOOT NOTES

Residents' Corner: Education and Training During the COVID-19 Pandemic

This is our third year of postgraduate residency training. Prior to COVID-19, we vividly recall there were set schedules of clinic and surgeries. In fact, there was a routine with which everyone was accustomed. COVID-19 has had a detrimental impact locally and globally. Not only has it taken the lives of many loved ones, but it also has greatly affected residency training and the approach of how to learn patient care.

This pandemic changed everything that was once "normal." In-person clinics turned into telemedicine, and surgeries quickly focused on only emergent and traumatic cases. When it was normal to see 60 patients a day or more, we now had to find a way to treat this high patient load through phone and video visits. Learning virtual patient care was new, but it allowed us to open our education to treat our patients in different ways.

We were able to broaden our knowledge of medicine by realizing all of the available resources patients have access to when they are unable to access in-person treatment at the hospital. Elective surgeries were low on priority or canceled when hospitals were overcrowded with COVID-19 admissions. We learned to adapt and find innovative ways to continue our surgical training without actually being in the operating room. Utilizing saw bone workshops allowed us to closely simulate surgical procedures in a step-wise fashion. Studying our library of HD videos allowed us to follow detailed podiatric procedures and learn the dissection and important structures a surgeon encounters through typical procedures.

Residency during COVID-19 has definitely impacted podiatric residency training, but we were fortunate to innovate and find new technological resources to allow us to continue to become lifelong learners for the best care of our patients.

Eric Koga, DPM, PGY3
Matthew Guetzlaff, DPM, PGY3
Kaiser Permanente Sacramento Valley
Foot and Ankle Surgery Residency

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FOOTNOTES

PMBC and the COVID-19 Pandemic

The Podiatric Medical Board of California (PMBC) is the regulatory agency in California that regulates doctors of podiatric medicine (DPM) who treat diseases of the foot ankle and lower limb. PMBC is expecting that its licensee base will continue to grow in the future and is preparing to meet the additional workload.

PMBC works with the Department of Consumer Affairs and the California Assembly and Senate to provide all regulatory functions that protect the public and license and enforce laws and regulations for all California DPMs. PMBC successfully completed the process known as sunset review, which was scheduled for March 2020 but was delayed due to the pandemic and was ultimately completed before the end of 2020.

PMBC has also been working toward the goals of its strategic plan for 2019–2022. Among the goals that have been accomplished and continue to evolve include recruiting DPM experts and consultants; collaborating with other healing art boards and associations; participating in the legislative process as it impacts PMBC and DPMs; managing the expenditures and revenues to meet the requirements of sustainability; and improving communications with licensees, stakeholders, and the public via the PMBC's website and social media accounts.

PMBC did not have the delays or interruptions that may have been present if it were not already implementing a work-at-home schedule. Each PMBC employee already had a laptop and a work-at-home schedule that was able to be expanded. The physical office was able to remain open and staff was able to safely work remotely. PMBC was also able to continue performing its duties with no additional costs to the Board.

Throughout the pandemic, PMBC's Board meetings continued as scheduled, complied with procedural and legal requirements, and remained well attended and open to the public for participation. PMBC would like to give special thanks to all the staff at DCA who assisted PMBC with the transition from physical meetings to virtual meetings.

Additionally, PMBC couldn't have made it through the last two years as well as it did without the professionalism of Executive Officer Brian Naslund, and the patience and savvy of all of its board members: licensee members Dr. Judith Manzi, Dr. Michael Zapf, Dr. Carolyn McAloon, and Dr. Daniel Lee, and public members Ms. Darlene Trujillo Elliot and Ms. Maria Cadenas.

Consultants and Experts Needed!

Podiatric medical consultants and experts are experienced, residency-trained, and board-certified podiatrists who provide their expertise in assisting the Board with its enforcement activities. These dedicated professionals review complaints received by the Board about California podiatrists, assist with investigations, testify at administrative hearings in court, and assist with probation monitoring.

For more information on working as a consultant or expert with the Board, please contact Enforcement Coordinator Bethany DeAngelis at (916) 263-4324 or **Bethany.DeAngelis@dca.ca.gov**, or visit the Board's **website**.

What Is a Diabetic Foot Ulcer?

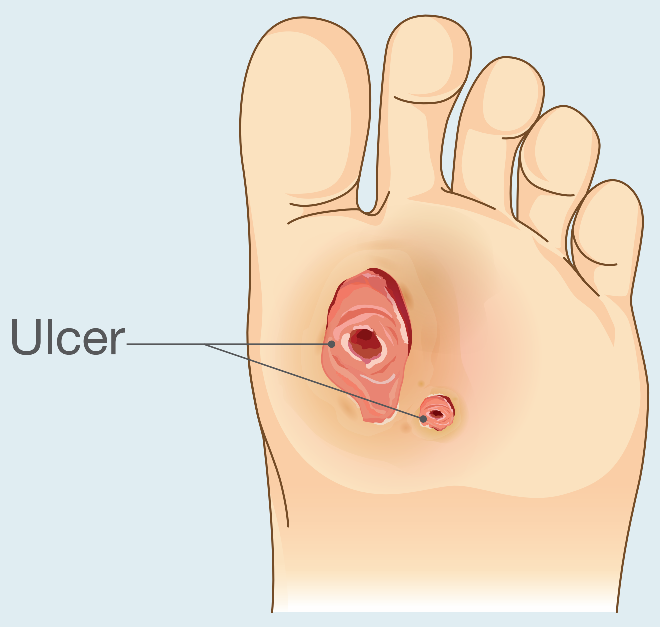
A diabetic foot ulcer is an open sore or wound that occurs in approximately 15% of patients with diabetes and is commonly located on the bottom of the foot. Of those who develop a foot ulcer, 6% will be hospitalized due to infection or other ulcer-related complication.

Diabetes is the leading cause of non-traumatic lower extremity amputations in the United States, and approximately 14–24% of patients with diabetes who develop a foot ulcer will require an amputation. Foot ulceration precedes 85% of diabetes-related amputations. Research has shown, however, that development of a foot ulcer is preventable.

Causes

Anyone who has diabetes can develop a foot ulcer. Native Americans, African Americans, Hispanics, and older men are more likely to develop ulcers. People who use insulin are at higher risk of developing a foot ulcer, as are patients with diabetes-related kidney, eye, and heart disease. Being overweight and using alcohol and tobacco also play a role in the development of foot ulcers.

Ulcers form due to a combination of factors, such as lack of feeling in the foot, poor circulation, foot deformities, irritation (such as friction or pressure), and trauma, as well as duration of diabetes. Patients who have diabetes for many years can develop neuropathy: a reduced or complete lack of ability to feel pain in the feet due to nerve damage caused by elevated blood glucose levels over time. The nerve damage often can occur without pain, and one may not even be aware of the problem. Your podiatrist can test feet for neuropathy with a simple, painless tool called a monofilament.



Vascular disease can complicate a foot ulcer, reducing the body's ability to heal and increasing the risk for an infection. Elevations in blood glucose can reduce the body's ability to fight off a potential infection and also slows healing.

Symptoms

Because many people who develop foot ulcers have lost the ability to feel pain, pain is not a common symptom. Many times, the first thing you may notice is some drainage on your socks. Redness and swelling may also be associated with the ulceration and, if it has progressed significantly, odor may be present.

When to Visit a Podiatrist

Once an ulcer is noticed, seek podiatric medical care immediately. Foot ulcers in patients with diabetes should be treated to reduce the risk of infection and amputation, improve function and quality of life, and reduce health care costs.

Diagnosis and Treatment

The primary goal in the treatment of foot ulcers is to obtain healing as soon as possible. The faster the healing, the less chance for an infection.

There are several key factors in the appropriate treatment of a diabetic foot ulcer:

- Prevention of infection.
- Taking the pressure off the area, called "off-loading."
- Removing dead skin and tissue, called "debridement."
- Applying medication or dressings to the ulcer.
- Managing blood glucose and other health problems.

Not all ulcers are infected; however, if your podiatrist diagnoses an infection, a treatment program of antibiotics, wound care, and possibly hospitalization will be necessary.

To keep an ulcer from becoming infected, it is important to:

- Keep blood glucose levels under tight control.
- Keep the ulcer clean and bandaged.
- Cleanse the wound daily, using a wound dressing or bandage.
- Avoid walking barefoot.

For optimum healing, ulcers—especially those on the bottom of the foot—must be "off-loaded." You may be asked to wear special footgear, a brace, or specialized castings, or to use

FOOTNOTES

What Is a Diabetic Foot Ulcer? continued from page 3

a wheelchair or crutches. These devices will reduce the pressure and irritation to the area with the ulcer and help to speed the healing process.

The science of wound care has advanced significantly over the past 10 years. The old thought of "let the air get at it" is now known to be harmful to healing. We know that wounds and ulcers heal faster, with a lower risk of infection, if they are kept covered and moist. The use of full-strength betadine, hydrogen peroxide, whirlpools, and soaking are not recommended, as these practices could lead to further complications.

Appropriate wound management includes the use of dressings and topically applied medications. Products range from normal saline to growth factors, ulcer dressings, and skin substitutes that have been shown to be highly effective in healing foot ulcers.

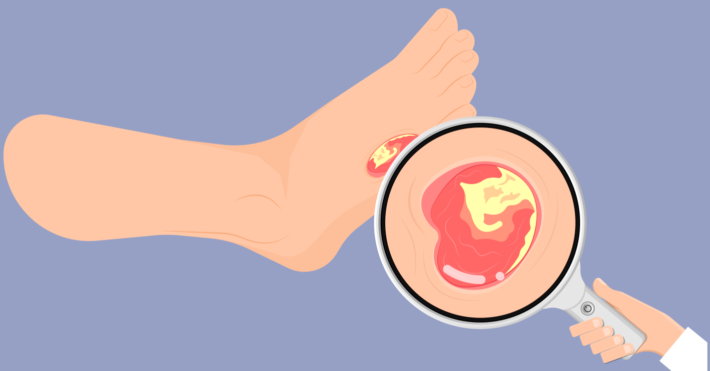
For a wound to heal, there must be adequate circulation to the ulcerated area. Your podiatrist can determine circulation levels with noninvasive tests.

Tightly controlling blood glucose is of the utmost importance during the treatment of a diabetic foot ulcer. Working closely with a medical doctor or endocrinologist to control blood glucose will enhance healing and reduce the risk of complications.

Surgical Options

A majority of non-infected foot ulcers are treated without surgery; however, if this treatment method fails, surgical management may be appropriate. Examples of surgical care to remove pressure on the affected area include shaving or excision of bone(s) and the correction of various deformities, such as hammertoes, bunions, or bony "bumps."

Healing time depends on a variety of factors, such as wound size and location, pressure on the wound from walking or standing, swelling, circulation, blood glucose levels, wound care, and what is being applied to the wound. Healing may occur within weeks or require several months.



Prevention

The best way to treat a diabetic foot ulcer is to prevent its development in the first place. Recommended guidelines include seeing a podiatrist on a regular basis. Your podiatrist can determine if you are at high risk for developing a foot ulcer and implement strategies for prevention.

You are at high risk if you have or do:

- Neuropathy.
- Poor circulation.
- A foot deformity (e.g., bunion, hammer toe).
- Wear inappropriate shoes.
- Uncontrolled blood sugar.
- History of a previous foot ulceration.

Reducing additional risk factors, such as smoking, drinking alcohol, high cholesterol, and elevated blood glucose, are important in prevention and treatment of a diabetic foot ulcer. Wearing the appropriate shoes and socks will go a long way in reducing risks. Your podiatrist can provide guidance in selecting the proper shoes.

Learning how to check your feet is crucial so that you can find a potential problem as early as possible. Inspect your feet every day—especially the sole and between the toes—for cuts, bruises, cracks, blisters, redness, ulcers, and any sign of abnormality. Each time you visit a health care provider, remove your shoes and socks so your feet can be examined. Any problems that are discovered should be reported to your podiatrist as soon as possible—no matter how simple they may seem to you.

The key to successful wound healing is regular podiatric medical care to ensure the following "gold standard" of care:

- Lowering blood sugar.
- Appropriate debridement of wounds.
- Treating any infection.
- Reducing friction and pressure.
- Restoring adequate blood flow.

The old saying "an ounce of prevention is worth a pound of cure" was never as true as it is when preventing a diabetic foot ulcer.

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FOOTNOTES

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If You Have Diabetes Already: Do's and Don'ts Footcare Tips

Wash feet daily. Using mild soap and lukewarm water, wash your feet in the mornings or before bed each evening. Dry carefully with a soft towel, especially between the toes, and dust your feet with talcum powder to wick away moisture. If the skin is dry, use a good moisturizing cream daily, but avoid getting it between the toes.

Inspect feet and toes daily. Check your feet every day for cuts, bruises, sores, or changes to the toenails, such as thickening or discoloration. If age or other factors hamper self-inspection, ask someone to help you, or use a mirror.

Lose weight. People with diabetes are commonly overweight, which nearly doubles the risk of complications.

Wear thick, soft socks. Socks made of an acrylic blend are well suited, but avoid mended socks or those with seams, which could rub to cause blisters or other skin injuries.

Stop smoking. Tobacco can contribute to circulatory problems, which can be especially troublesome in patients with diabetes.

Cut toenails straight across. Never cut into the corners, or taper, which could trigger an ingrown toenail. Use an emery board to gently file away sharp corners or snags. If your nails are hard to trim, ask your podiatrist for assistance.

Exercise. As a means to keep weight down and improve circulation, walking is one of the best all-around exercises for the diabetic patient. Walking is also an excellent conditioner for your feet. Be sure to wear appropriate athletic shoes when exercising. Ask your podiatric physician what's best for you.

See your podiatric physician. Regular checkups by your podiatric physician—at least annually—are the best way to ensure that your feet remain healthy.

Be properly measured and fitted every time you buy new shoes. Shoes are of supreme importance to people with diabetes because poorly fitted shoes are involved in as many as half of the problems that lead to amputations. Because foot size and shape may change over time, everyone should have their feet measured by an experienced shoe fitter whenever they buy a new pair of shoes. New shoes should be comfortable at the time they're purchased and should not require a "break-in" period, though it's a good idea to wear them for short periods of time at first. Shoes should have leather or canvas uppers, fit both the length and width of the foot, leave room for toes to wiggle freely, and be cushioned and sturdy.

Don't go barefoot. Barefoot walking outside is particularly dangerous because of the possibility of cuts, falls, and infection. When at home, wear slippers. Never go barefoot—not even in your own home.

Don't wear high heels, sandals, and shoes with pointed toes. These types of footwear can put undue pressure on parts of the foot and contribute to bone and joint disorders, as well as diabetic ulcers. In addition, open-toed shoes and sandals with straps between the first two toes should also be avoided.

Don't drink in excess. Alcohol can contribute to neuropathy (nerve damage) which is one of the consequences of diabetes. Drinking can speed up the damage associated with the disease, deaden more nerves, and increase the possibility of overlooking a seemingly minor cut or injury.

Don't wear anything that is too tight around the legs. Pantyhose, panty girdles, thigh-highs, or knee-highs can constrict circulation to your legs and feet. So can men's dress socks if the elastic is too tight.

Never try to remove calluses, corns, or warts by yourself. Commercial, over-the-counter preparations that remove warts or corns should be avoided because they can burn the skin and cause irreplaceable damage to the foot of someone with diabetes. Never try to cut calluses with a razor blade or any other instrument because the risk of cutting yourself is too high, and such wounds can often lead to more serious ulcers and lacerations. See your podiatric physician for assistance in these cases.

Your podiatric physician/surgeon has been trained specifically and extensively in the diagnosis and treatment of all manners of foot conditions. This training encompasses all the intricately related systems and structures of the foot and lower leg including neurological, circulatory, skin, and the musculoskeletal system, which includes bones, joints, ligaments, tendons, muscles, and nerves.

For more information on managing diabetes visit the American Diabetes Association at **www.diabetes.org**.

(Source: American Podiatric Medical Association)

FOOTNOTES

2022 Board and Committee Meetings

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PMBC Committee Meetings

- LIC – 10:00 am
- ENF – 12:00 am
- PUB ED – 1:00 pm
- LEG – 2:00 pm
- EX MGT – 3:00 pm

State Holidays

PMBC Board Meetings

Administrative Actions:
January 1, 2020–December 31, 2021

DOCTORS OF PODIATRIC MEDICINE

Ahmadi, Matt DPM
Mission Viejo
License Number: E-4539
Decision Effective: 06/16/20
License Revoked

Blaine, Charles DPM
Glendale
License Number: E-3817
Decision Effective: 04/01/21
License Surrendered

Choe, Ki Joon DPM
Irvine
License Number: E-4716
Decision Effective: 10/28/21
Public Reprimand

Haas, Richard Bennett DPM
Temecula
License Number: E-2676
Decision Effective: 12/09/20
Public Letter of Reproval With Conditions

Lagaay, Pieter DPM
Moraga
License Number: E-4984
Decision Effective: 02/28/20
License Revoked

Mayo, Paul DPM
Visalia
License Number: E-4122
Decision Effective: 06/04/20
Public Letter of Reproval With Conditions

Perez, Hugo DPM
Bakersfield
License number: E-4679
Decision effective: 12/23/21
5 Years' Probation

Proehl, Darrick DPM
Los Gatos
License Number: E-5140
Decision Effective: 10/26/20
License Surrender

Ryan, Susan DPM
Auburn
License Number: E-4738
Decision Effective: 05/28/21
Public Reprimand

Sarte, Richard DPM
Sherman Oaks
License Number: E-3285
Decision Effective: 08/28/20
Public Letter of Reproval with Conditions

Sung, Wenjay DPM
Arcadia
License Number: E-5032
Decision Effective: 10/23/20
3 Years' Probation

Wagner, Leonard DPM
Sherman Oaks
License Number: E-1949
Decision Effective: 10/28/21
4 Years' Probation

Weber, Garey DPM
Newport Beach
License Number: E-1371
Decision Effective: 07/22/20
License Surrender

Wells, Kenneth DPM
San Diego
License Number: E-3455
Decision Effective: 08/11/20
5 Years' Probation

Yoo, Seong Min DPM
Santa Clarita
License number: E-4519
Decision effective: 12/23/21
5 Years' Probation

To view a doctor's profile and obtain a copy of the action(s), please go to **www.breeze.ca.gov**. If assistance is required, call (800) 633-2322.

Additional information regarding disciplinary matters for doctors of podiatric medicine can be found at the following web pages:

- **https://pmbc.ca.gov/consumers/dispsumm.shtml**
- **https://pmbc.ca.gov/consumers/agreferrals.shtml**

PMBC Licensing Updates Through the Pandemic

By Andreia Damian, PMBC Licensing Coordinator

PMBC had many challenges in 2020–2021, but also had key accomplishments. The Board's most important licensing accomplishments include:

- Maintaining the licensing program during the COVID-19 pandemic without any backlogs.
- Removing the address of record from the PMBC website. PMBC uses the address of record (AOR) for all correspondence, which used to be displayed on the PMBC website. In June 2021, we removed the AOR from the website and it is no longer displayed to the public. To update your address of record electronically, please log into your BreEZe account. You can also still submit the paper change of address application if you prefer that method. The change of address application can be found **online**.
- Adding the duplicate license transaction to Versa Online. In September 2021, the duplicate license transaction was added to Versa Online for resident and permanent DPMs. If you need to request a duplicate resident or permanent doctor of podiatric medicine license, you can submit the application electronically through your BreEZe account. Alternatively, you can still submit the paper **application** and fees to our office.

Mission of the Podiatric Medical Board of California

To protect and educate consumers of California through licensing, enforcement, and regulation of Doctors of Podiatric Medicine.

To file a complaint against a DPM, visit:

www.mbc.ca.gov/Consumers/Complaints/

To view a doctor's profile and obtain a copy of the action(s), go to:

www.breeze.ca.gov

For assistance, call: (800) 633-2322

Additional information regarding disciplinary matters for doctors of podiatric medicine can be found at the following web pages:

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FOOT NOTES

The View From Here

On September 3, 2014, I was appointed by then-Governor Jerry Brown to the Podiatric Medical Board of California (PMBC). For the last three years of this appointment, it has been my great honor to serve as president. I write this as I move on to my next chapter.

I have learned much from my tenure with the Board regarding the many issues that face the podiatric profession locally, as well as nationally. The Board has been challenged with issues that require flex and change as we grow and continue to serve the public we protect and the doctors of podiatric medicine we license.

I wish to express my resounding appreciation to our staff. Their dedication to commitment and to excellence drives the integrity of this Board. Executive Officer Brian Naslund, Kathleen Cooper, Bethany DeAngelis, Andreia Damian, and Michelle Warrington not only keep everything running for us in Sacramento, but also have guided me through the sometimes very complex halls of government. Our Board is in the best of hands with these remarkable individuals.

To my fellow board members both current and past, I want to say thank you. Your commitment drives the integrity and authenticity that makes our Board work. You have inspired me, and in many cases mentored me. It has been a pleasure to work with each one of you. The countless hours you have given up from your family time and professional practices to serve is commendable and deserving of thanks. I know I am leaving this Board in the most competent of hands.

I hope this letter may serve as an expression of gratitude, and affirmation of my commitment and lasting support to both the Podiatric Medical Board of California as well as my profession.

Judith A. Manzi, DPM
DABFAS, FACFAS

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PODIATRIC MEDICAL BOARD OF CALIFORNIA

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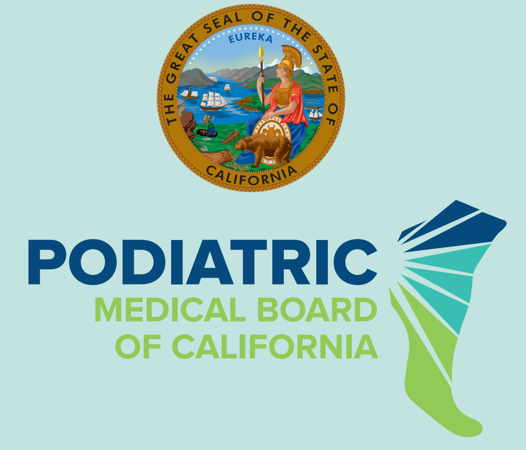

FOOTNOTES

Podiatric Medical Student Corner

During our unprecedented pandemic times, I am reminded of Dr. Louis Pasteur and his renowned discoveries on the principles of vaccination during his breakthrough research in chemistry and microbiology: "When I approach a child, he inspires in me two sentiments—tenderness for what he is and respect for what he may become." Children are truly our future! It has truly been a blessing to teach and educate our future young doctors in the field of foot and ankle surgery. Here's a brief excerpt from one of our outstanding medical students, Tina Javanbakht. Please enjoy!—PMBC Vice President Dr. Daniel Lee

Podiatric medicine has a sweeping breadth of interconnected medical and surgical knowledge areas that engage students to expand collective understanding in many stimulating directions. Even a second-year medical student with limited clinical experience is provided with amazing opportunities to work with a broad spectrum of populations and demographics. After all, feet are critical to the complete human experience, carrying us throughout the world so that we may accomplish our goals.

Medical students in the California School of Podiatric Medicine at Samuel Merritt University (SMU) are exposed to clinical rotations as early as the summer of the second year. The curriculum during fall semester of the second year is universally popular as topics expand into more clinically relevant courses, such as podiatric surgery, pharmacology, pathology, radiology, and biomechanics. Although arguably the most challenging semester yet, it has been noted among classmates that the material was much more enjoyable and therefore attainable. Additionally, our clinical rotations on Mondays and Fridays were a great addition to the schedule this year. So far, a personal favorite rotation was at San Francisco General Hospital. This rotation was a wonderful opportunity where I expanded on my skills to evaluate patients, improved my physical examination skills, developed presentation abilities, and rendered podiatric medical services to individuals who do not have routine access to foot care. I learned that even as medical students we need to stay accountable, challenge always to do better, appreciate an open communication environment, and most importantly, mold ourselves to be the best physicians we can be.

Rotations like this are invaluable, as medical students are exposed to eclectic cases, learn the best ways to handle challenging situations first hand, and leave every day knowing more than the day before. I've personally experienced an overwhelming number of cases involving patients with a past medical history of diabetes, typically performing debridement as part of their at-risk foot care.

With a Master in Public Health degree, my background has been quite advantageous in understanding the social determinants of health and the importance of addressing health care inequity. The U.S. Centers for Disease Control and Prevention (CDC) documents that a total of 37.8 million people have been diagnosed with diabetes (approximately 11.3% of the U.S. population) and 96 million people over the age of 18 have pre-diabetes (approximately 38% of the adult U.S. population). Public health plays a major influential role in foot health, as it is needed to promote disease prevention and educate patients on the issues that pertain to their general health.

Podiatric physicians are at the forefront of many public health issues, which makes it incredibly impactful to be able to align my public health training in epidemiology and biostatistics to critically review literature and communicate the information in a relatable way. I would like to encourage as many passionate students to seek a career in podiatric medicine, especially as the necessity and—therefore—demand for foot and ankle care, limb salvage, and surgery has increased immensely. To address this gap, I would like to encourage all my younger and older peers to increase their efforts to spread awareness among the pre-health and pre-med students at all universities. I discovered the field through my own research and personal medical problems, but otherwise most undergraduate students do not realize about podiatric medical schools. I hope to go back to my alma mater, UCLA, and reach out to organizations to speak about the promising and expansive field of podiatric medicine."

Tina Javanbakht, MPH, MS2
California School of Podiatric Medicine
Samuel Merritt University
CSPM Class of 2025

Daniel Lee, DPM, Ph.D., FACFAS
Foot and Ankle Surgery
The Permanente Medical Group
Kaiser Permanente South Sacramento Medical Center
Vice President, Podiatric Medical Board of California

References:

National Diabetes Statistics Report. U.S. Centers for Disease Control and Prevention. (2022, June 29). Retrieved December 27, 2022.

FOOTNOTES

Fellowships in Foot and Ankle Surgery

Podiatric education and training are an ever-evolving field in medicine. Since 2013, all post-graduate residency programs were standardized to three years, encompassing minimum surgical volume and didactic requirements (1). During the rapid growth in education and training of the past decades, and in paradigm with many other medical specialties, podiatry has found itself at a crossroads with foot and ankle fellowship training. The advanced training has resulted in a subsequent increase in DPM fellowships recognized by the American College of Foot and Ankle Surgeons and/or approved by the Council of Podiatric Medical Education. The number of these fellowship programs has exploded from approximately eight in 2008 to 73 at the time of this writing, with the vast majority accepting only a single fellow each year (2–4). This does not include the several other "free-standing" fellowships available to residency graduates, which are annually filled by some of the 585 active graduating residents in the United States (5).

In the foot and ankle community, the opinions of the value of podiatric/DPM fellowships vary across the profession. While some assert that fellowship training can improve those interested in a career in specific pathology and/or academia, some feel that four years of medical school and three years of post-graduate foot and ankle training can adequately prepare most graduates.

Now in my final year of residency (PGY-3), I am grateful that my training has more than sufficiently prepared me for podiatric practice and surgery. My first goal in podiatric medical school was to attend a high-volume residency program that matched my social and personal character and education. During the past two years, I became more interested in arthroscopy, reconstructive surgery, and total joint replacement. Subsequently, I was able to apply to fellowship programs that concentrate on these areas, with the ultimate goal to excel in certain surgical techniques, research, industry, and practice management. Such a path to greater sub-specialization in foot and ankle is increasing through fellowships, similar to M.D./D.O. medical specialties. Since nearly all surgical specialties—including approximately 80% of general surgeons and 96% of orthopedists—complete a subspecialty fellowship (6), the additional year may also provide a larger professional network and fulfill specialized patient care.

Despite these advantages, and the aforementioned growth in their popularity, the search process for fellowships is challenging. Currently, there is no universal application deadline, interview date(s), or application requirements (akin to many M.D./D.O. fellowships of yesteryear). Often, a PGY-2 or 3 can be put in a position to accept a fellowship before interviewing for others they applied to. Many residents and fellowship directors agree that a formal match process for fellowships would be beneficial to both applicants and the programs (7).

Furthermore, DPM fellowships are often based out of group practices, rather than hospitals or institutions. Thus, these programs have varying focuses, from limb salvage to reconstruction to research. Early in my second year, I narrowed my search to a handful of programs while maintaining a list of each individual deadline and the necessary application materials, eventually applying to a handful of programs based primarily on information from current and former fellows. This experience was similar to many of my classmates, who also benefited from discussion with their senior residents who had gone on to pursue fellowship opportunities post-residency. (7)

The current landscape of DPM foot and ankle fellowships remains challenging to navigate but filled with promise. As we continue to advance patient care and modern education and training of podiatric residency programs, so has the number of residents seeking advanced training and specialized career goals.

Ramez Sakkab, DPM, is a third-year resident at the Scripps Mercy Hospital/Kaiser Sacramento Valley Foot and Ankle Surgery Residency. Upon graduation, he will be attending the Phoenix Foot and Ankle Institute Fellowship under Jeffrey E. McAlister, DPM, FACFAS.

Ramez Sakkab, DPM, PGY-3
Kaiser Permanente Sacramento Valley
Scripps Mercy Hospital San Diego

Daniel Lee, DPM, Ph.D., FACFAS
Foot and Ankle Surgery
The Permanente Medical Group
Kaiser Permanente South Sacramento Medical Center
Vice President, Podiatric Medical Board of California

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1. Shofler, D.; Chuang, T.; Argade, N. "The Residency Training Experience in Podiatric Medicine and Surgery." *The Journal of Foot and Ankle Surgery*. 2015 Jul. 1; 54(4): 607–614.

2. Roukis, T.S. "Podiatric Foot and Ankle Surgery Fellowships: What's the Next Step?" *The Journal of Foot and Ankle Surgery*. 2008 Mar. 1; 47(2): 77–79.

3. List of Fellowships with ACFAS Status. American College of Foot and Ankle Surgeons.

4. List of Approved Fellowships. Council on Podiatric Medical Education.

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6. Giuliano, K.; Etchill, E.; DiBrito, S.; Sacks, B. "What Kind of Surgeon Will You Be? An Analysis of Specialty Interest Changes Over the Course of General Surgery Residency." *Medical Science Educator*. 2020 Dec.; 30(4): 1599–1604.

7. Shofler, D.; To, A.; Cramer, K.; Batra, S. "Fellowships in Podiatric Medicine." *The Journal of Foot and Ankle Surgery*. 2020 Nov. 1; 59(6): 1201–1208.

Heel Pain? American Podiatric Medical Association States Early Treatment from Podiatrist Could Help

The heel bone is the largest of the 26 bones in the human foot, which also has 33 joints and a network of more than 100 tendons, muscles, and ligaments. Like all bones, it is subject to outside influences that can affect its integrity and its ability to keep us on our feet. Heel pain—sometimes disabling—can occur in the front, back, or bottom of the heel.

Causes

Heel pain has many causes. Heel pain is generally the result of faulty biomechanics (walking gait abnormalities) that place too much stress on the heel bone and the soft tissues that attach to it. The stress may also result from injury, or a bruise incurred while walking, running, or jumping on hard surfaces; wearing poorly constructed footwear (such as flimsy flip-flops); or being overweight.

Common causes of heel pain include:

Heel spurs. A bony growth on the underside of the heel bone. The spur, visible by X-ray, appears as a protrusion that can extend forward as much as half an inch. When there is no indication of bone enlargement, the condition is sometimes referred to as "heel spur syndrome." Heel spurs result from strain on the muscles and ligaments of the foot, by stretching of the long band of tissue that connects the heel and the ball of the foot, and by repeated tearing away of the lining or membrane that covers the heel bone. These conditions may result from biomechanical imbalance, running or jogging, improperly fitted or excessively worn shoes, or obesity.

Plantar fasciitis. Both heel pain and heel spurs are frequently associated with plantar fasciitis, an inflammation of the band of fibrous connective tissue (fascia) running along the bottom (plantar surface) of the foot, from the heel to the ball of the foot. It is common among athletes who run and jump a lot, and it can be quite painful.

The condition occurs when the plantar fascia is strained over time beyond its normal extension, causing the soft tissue fibers of the fascia to tear or stretch at points along its length; this leads to inflammation, pain, and possibly the growth of a bone spur where the plantar fascia attaches to the heel bone. The inflammation may be aggravated by shoes that lack appropriate support, especially in the arch area, and by the chronic irritation that sometimes accompanies an athletic lifestyle.

Resting provides only temporary relief. When you resume walking, particularly after a night's sleep, you may experience a sudden elongation of the fascia band, which stretches and pulls on the heel. As you walk, the heel pain may lessen or even disappear, but that may be just a false sense of relief. The pain often returns after prolonged rest or extensive walking.

Excessive pronation. Heel pain sometimes results from excessive pronation. Pronation is the normal flexible motion and flattening of the arch of the foot that allows it to adapt to ground surfaces and absorb shock in the normal walking pattern.

As you walk, the heel contacts the ground first; the weight shifts first to the outside of the foot, then moves toward the big toe. The arch rises, the foot generally rolls upward and outward, becoming rigid and stable in order to lift the body and move it forward. Excessive pronation—excessive inward motion—can create an abnormal amount of stretching and pulling on the ligaments and tendons attaching to the bottom back of the heel bone. Excessive pronation may also contribute to injury to the hip, knee, and lower back.

Achilles tendinitis. Pain at the back of the heel is associated with Achilles tendinitis, which is inflammation of the Achilles tendon as it runs behind the ankle and inserts on the back surface of the heel bone. It is common among people who run and walk a lot and have tight tendons. The condition occurs when the tendon is strained over time, causing the fibers to tear or stretch along its length, or at its insertion on to the heel bone. This leads to inflammation, pain, and the possible growth of a bone spur on the back of the heel bone. The inflammation is aggravated by the chronic irritation that sometimes accompanies an active lifestyle and certain activities that strain an already tight tendon.

Other possible causes of heel pain include:

- Rheumatoid arthritis and other forms of arthritis, including gout, which usually manifests itself in the big toe joint.
- An inflamed bursa (bursitis), a small, irritated sac of fluid; a neuroma (a nerve growth); or other soft-tissue growth. Such heel pain may be associated with a heel spur or may mimic the pain of a heel spur.
- Haglund's deformity ("pump bump"), a bone enlargement at the back of the heel bone in the area where the Achilles tendon attaches to the bone. This sometimes painful deformity generally is the result of bursitis caused

Continued on page 9

FOOTNOTES

Continued from page 8

by pressure against the shoe and can be aggravated by the height or stitching of a heel counter of a particular shoe.

- A bone bruise or contusion, which is an inflammation of the tissues that cover the heel bone. A bone bruise is a sharply painful injury caused by the direct impact of a hard object or surface on the foot.

When to Visit a Podiatrist

If pain and other symptoms of inflammation—redness, swelling, heat—persist, limit normal daily activities and contact a doctor of podiatric medicine.

Diagnosis and Treatment

The podiatric physician will examine the area and may perform diagnostic X-rays to rule out problems of the bone.

Early treatment might involve oral or injectable anti-inflammatory medication, exercise and shoe recommendations, taping or strapping, or use of shoe inserts or orthotic devices. Taping or strapping supports the foot, placing stressed muscles and tendons in a physiologically restful state. Physical therapy may be used in conjunction with such treatments.

A functional orthotic device may be prescribed for correcting biomechanical imbalance, controlling excessive pronation, and supporting the ligaments and tendons attaching to the heel bone. It will effectively treat the majority of heel and arch pain without the need for surgery.

Only a relatively few cases of heel pain require more advanced treatments or surgery. If surgery is necessary, it may involve the release of the plantar fascia, removal of a spur, removal of a bursa, or removal of a neuroma or other soft-tissue growth.

Prevention

A variety of steps can be taken to avoid heel pain and accompanying afflictions:

- Wear shoes that fit well—front, back, and sides—and have shock-absorbent soles, rigid shanks, and supportive heel counters.
- Wear the proper shoes for each activity.
- Do not wear shoes with excessive wear on heels or soles.
- Prepare properly before exercising. Warm up and do stretching exercises before and after running.
- Pace yourself when you participate in athletic activities.
- Don't underestimate your body's need for rest and good nutrition.
- If obese, lose weight.

From the American Podiatric Medical Association: **www.apma.org/heelpain**.

PMBC Legislative Update 2023

In 2022, the Podiatric Medical Board of California (PMBC) was successful in working with the Legislature and the Department of Public Health (DPH) to authorize DPH to issue limited podiatric radiography permits, which will allow medical assistants in the podiatric office to operate podiatric X-ray equipment. Assembly Bill 1704 outlines the educational and clinical requirements that must be satisfied for medical assistants in the podiatric office to provide radiographical services, which should assist the doctor of podiatric medicine (DPM) in providing efficient and effective podiatric medical treatment in the podiatric office. Please read the new law here for details.

We are also including the current scope statutes for DPMs in California. Business and Professions Code (BPC) section 2472 provides details regarding DPMs and their scope of practice. PMBC is interested in hearing from DPMs throughout California about how you work within the current limitations of BPC section 2472. Additionally, BPC section 2473 allows DPMs to provide vaccinations when certain educational and training requirements have been met.

We are interested in your thoughts on the scope of practice for DPMs in California. Please contact us with your feedback at **pmbc@dca.ca.gov**.

Assembly Bill 1704: Podiatric Limited X-Ray Permit

There is a new law—Assembly Bill 1704 (Chen, Chapter 580, Statutes of 2022)—allowing doctors of podiatric medicine (DPM) to hire a specially trained X-ray technician to work in their office. The limited license will allow the X-ray techs to take X-rays of the lower limb and to assist DPMs with providing medical treatment to patients within the scope of **Business and Professions Code section 2472**. Radiography of the foot, ankle, tibia, and fibula within the DPM's office will serve patients and will allow for easier diagnosis and treatment within the DPM's office. For more details, visit **https://leginfo.legislature.ca.gov** and search "AB1704" and "Session Year 2021–2022" under the "Bill Information" tab.

FOOTNOTES

Consultants and Experts Needed!

Podiatric medical consultants and experts are experienced, residency-trained, and board-certified podiatrists who provide their expertise in assisting the Board with its enforcement activities. These dedicated professionals review complaints received by the Board regarding California-licensed podiatrists, assist with investigations, testify at administrative hearings, and assist with probation/practice monitoring.

For more information on working as a consultant or expert with the Board, please contact Enforcement Coordinator Bethany DeAngelis at (916) 263-4324 or **Bethany.DeAngelis@dca.ca.gov**, or visit **www.pmbc.ca.gov** (click on "Enforcement Resources" under "Popular Pages" on the homepage, then scroll to "PMBC Consultants and Expert Witnesses").

PMBC Board Meeting Schedule

- **February 23, 2023**
- **June 1, 2023**
- **October 19, 2023**

50 Continuing Education Hours Are Needed for License Renewal

Under California law, doctors of podiatric medicine must complete at least 50 hours of approved continuing education, including a minimum of 12 hours in subjects related to the lower extremity muscular skeletal system, and one of the continuing competence pathways specified in Business and Professions Code section 2496(a) through (h), during each two-year renewal cycle.

The Licensing Program of the Podiatric Medical Board of California performs annual audits of licensees' continuing education requirements. Randomly selected licensees are chosen to provide details regarding their continuing education hours. Properly kept records will provide the name of the participating podiatrist, the course or program title, dates of attendance, number of credit hours received, and sponsoring/accrediting agency.

Credits may be obtained from colleges or schools of podiatric medicine, medicine, and osteopathic medicine, or a government agency. Please refer to California Code of Regulations title 16, section 1399.670 for additional continuing education options.

If licensees need to find continuing education courses, please check with the following programs, which are currently offering courses that are accepted by the Board:

- **California Podiatric Medical Association.**
- **American Podiatric Medical Association.**
- **American Medical Association.**
- **California Medical Association.**
- **American Osteopathic Association.**
- **California Osteopathic Association.**

Important Information Regarding Renewal Periods and Continuing Medical Education (CME)

It has come to the Board's attention that there has been confusion regarding CME requirements and the time frame in which they need to be completed.

California licensing regulations specify that a license expires at midnight on the last day of the birth month of the licensee during the second year of a two-year term. Licensees are required to report compliance with at least 50 hours of CMEs and one of the continuing competence pathways specified in Business and Professions Code section 2496(a) through (h), during each two-year renewal period (i.e., a licensee with a March 31, 2018 expiration date must comply with the renewal requirements between April 1, 2016–March 31, 2018).

Administrative Actions:
January 1, 2022–December 31, 2022

DOCTORS OF PODIATRIC MEDICINE

Fillerup, Casey Bowen, DPM
Santa Maria
License number: E-5622
Decision effective: 10/27/22
5 Years Probation
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20220927%5cDMRAAAJD1%5c&did=AAAJD220927214323929.DID

Ojo, Aderonke Mojereade, DPM
Pittsburg
License number: E-4601
Decision effective: 07/18/22
License Revoked
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20220616%5cDMRAAAJD4%5c&did=AAAJD220616232930343.DID

Pasamonte, Chandra Mae, DPM
Chico
License number: E-4327
Decision effective: 04/22/22
Public Reprimand
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20220323%5cDMRAAAJD1%5c&did=AAAJD220323211946473.DID

Schmuel, Schlomo, DPM
Sherman Oaks
License number: E-3848
Decision effective: 06/22/22
License Surrender
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20220616%5cDMRAAAJD4%5c&did=AAAJD220616233113756.DID

Scivally, John Wayne, DPM
Walnut Creek
License number: E-4319
Decision effective: 01/13/22
3 Years Probation
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20211214%5cDMRAAAJD2%5c&did=AAAJD211214190838519.DID

Swaim II, John Franklin, DPM
Red Bluff
License number: E-4348
Decision effective: 07/15/22
3 Years Probation
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20220616%5cDMRAAAJD4%5c&did=AAAJD220616233020924.DID

Witt, Renae L, DPM
Sonora
License number: E-4644
Decision effective: 09/23/22
License Surrender
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20220916%5cDMRAAAJD1%5c&did=AAAJD220916202623006.DID

To view a doctor's profile and obtain a copy of the action(s), please go to **www.breeze.ca.gov**. If assistance is required, call (800) 633-2322.

Additional information regarding disciplinary matters for doctors of podiatric medicine can be found at the following web pages:

- **https://pmbc.ca.gov/consumers/dispsumm.shtml**
- **https://pmbc.ca.gov/consumers/agreferrals.shtml**

Mission of the Podiatric Medical Board of California

To protect and educate consumers of California through licensing, enforcement, and regulation of Doctors of Podiatric Medicine.

To file a complaint against a DPM, visit:

www.mbc.ca.gov/Consumers/Complaints/

To view a doctor's profile and obtain a copy of the action(s), go to:

www.breeze.ca.gov

For assistance, call: (800) 633-2322

Additional information regarding disciplinary matters for doctors of podiatric medicine can be found at the following web pages:

www.pmbc.ca.gov/consumers/dispsumm.shtml

www.pmbc.ca.gov/consumers/agreferrals.shtml

NEWS FROM THE PODIATRIC MEDICAL BOARD OF CALIFORNIA

FALL/WINTER 2024 NEWSLETTER

FOOT NOTES

Message from the Board President

After serving on the Podiatric Medical Board of California (PMBC) since 2018, I became the president of the Board in 2023. During the last few years, the Board has been adjusting to the challenges of COVID-19. We initially began using technology that allowed for PMBC meetings to occur remotely and now are beginning the process of conducting our Board business in person. These last few years have shown that whether the meetings occur with members, staff, and the public in the same physical location, or when meeting virtually, matters before the Board are handled efficiently and with full input from stakeholders, licensees, and interested parties. In other words, PMBC has not canceled or delayed any of the business before the Board throughout the pandemic.

There have been various updates and improvements in the regulatory licensing and disciplining of doctors of podiatric medicine over the last few years but the most significant change that impacts doctors of podiatric medicine (DPM) in California has been the recent change to the requirements for license renewals. As of January 1, 2024, renewing DPMs are required to complete 50 hours of continuing medical education, remain free from disciplinary actions, and stay current with fees owed to the Board. The continuing competence requirements that have been in place for over 20 years were removed from the requirements for license renewals with the passage of AB 826 (Chen), Podiatric Medicine, Continuing Education. This will certainly prove to be a savings for DPMs preparing for license renewal in both time and money.

A graduate of University of California, Berkeley, Dr. Carolyn McAloon earned a Doctor of Podiatric Medicine (DPM) degree from the California College of Podiatric Medicine (CCPM) in San Francisco. She completed both her primary podiatric medicine and surgical residencies at the Veterans Affairs Palo Alto Healthcare Systems in Palo Alto. A board-certified podiatric physician and surgeon, Dr. McAloon is a past president of the California Podiatric Medical Association (CPMA), and a member of the American Podiatric Medical Association (APMA) and the Alameda/Contra Podiatric Medical Society. She is a Fellow of the American College of Foot and Ankle Surgeons (ACFAS) and a diplomate of the American Board of Foot and Ankle Surgery (ABFS). Dr. McAloon is the co-founder of her private practice, Bay Area Foot Care.

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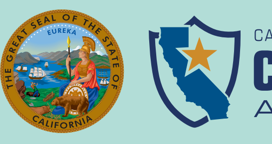


FOOTNOTES

The Enforcement Process

COMPLAINT/INFORMATION SOURCE:

- Public
- B&P Code mandated reports
- Licensee/professional group
- Governmental group
- Anonymous/miscellaneous

MEDICAL BOARD CENTRAL COMPLAINT UNIT:

Consumer Services Analyst (CSA) reviews the complaint to determine:

- If immediate investigation is needed. If yes, refers complaint to appropriate district office.
- If more information is needed, the CSA requests this from the complainant.
- Whether the complaint is within the Board's jurisdiction. If not, it is referred to the appropriate agency.
- Whether the complaint involves care and treatment provided by the physician. If so, medical records are obtained and a medical consultant reviews.
- Whether a minor violation of the Medical Practice Act has occurred (e.g., failure to provide patient records, misleading advertisement, dispensing violations, etc.). If so, the physician is then contacted and advised of the violation to bring him or her into compliance, or the matter is referred for a cite and fine.

Complaint may be mediated at this point if that is appropriate. If no apparent violation is found, the case may be closed.

DIVISION OF INVESTIGATION:

If it appears following initial review that a violation may have occurred, case is referred to a Division of Investigation district office for investigation. Secondary review by a podiatric expert may be required dependent on how the case progresses. Upon completion, the file may be:

- Closed, but retained for one year if a violation could not be confirmed.
- Closed, but retained for five years because the complaint is found to have some merit, but insufficient evidence is found to take action against the licensee.
- Referred to Attorney General's Health Quality Enforcement Section for determination whether to initiate disciplinary action.
- Referred for other disciplinary, non-disciplinary action, or criminal action.

PMBC CITATION & FINE PROGRAM:

Minor violations of the Medical Practice Act may result in administrative citation and fine rather than formal accusation and disciplinary action.

CRIMINAL PROSECUTION:

A completed investigation may be referred to a local district or city attorney for prosecution of suspected criminal violations.

ATTORNEY GENERAL:

If he or she believes the case can pass the legal standard, a deputy AG drafts formal charges (Accusation), and a hearing is scheduled. During pre-hearing conferences, a stipulated settlement (plea bargain) of the charges/allegations may be accepted by both sides; if this occurs, no hearing is needed. The Board may direct the AG to file a petition to compel the licensee to submit to a competency examination or a psychiatric examination in lieu of, or preceding the filing of, an Accusation.

ADMINISTRATIVE HEARING:

If the licensee contests the charges, the case is heard by an administrative law judge (ALJ), who then drafts a proposed decision. The proposed decision is reviewed by the Board, which, in general, may take the following actions:

- Adopt the decision as proposed.
- Reduce the discipline and adopt the decision.
- Reject the proposed decision and decide the case for itself. In this instance, the Board members must read the entire record of the hearing prior to acting. The physician and deputy attorney general is given the opportunity to submit written and oral arguments.

APPEAL:

Physician may petition for reconsideration of a decision within 30 days after it is adopted. Thereafter, physician may petition for reinstatement of revoked license, reduction of terms of penalty, or termination of a period of probation. Various time periods apply before petitions can be filed with the Board. Final decision may be appealed to the Superior Court, the Court of Appeal, and to the California Supreme Court.

The graph above depicts the complaint, investigation, and discipline process for the Board. If you have any questions or comments about the enforcement process, contact Bethany DeAngelis, Enforcement Coordinator, at **Bethany.DeAngelis@dca.ca.gov.**

Important Information Regarding Renewal Periods and Continuing Medical Education (CME)

It's come to our attention that there's been confusion regarding CME requirements and the timeframe in which they need to be obtained.

California licensing regulations specify that a license expires at midnight on the last day of the birth month of the licensee during the second year of a two-year term. Licensees are required to report compliance with at least 50 hours of approved CME during each renewal period, (e.g., a licensee with a March 31, 2024 expiration date must comply with the renewal requirements between April 1, 2022–March 31, 2024).

The Board's licensing coordinator is available for any questions or comments regarding new applications, residency programs, and licensee renewals. Contact Andreia Damian at Andreia.Damian@dca.ca.gov.

Consultants and Experts Needed!

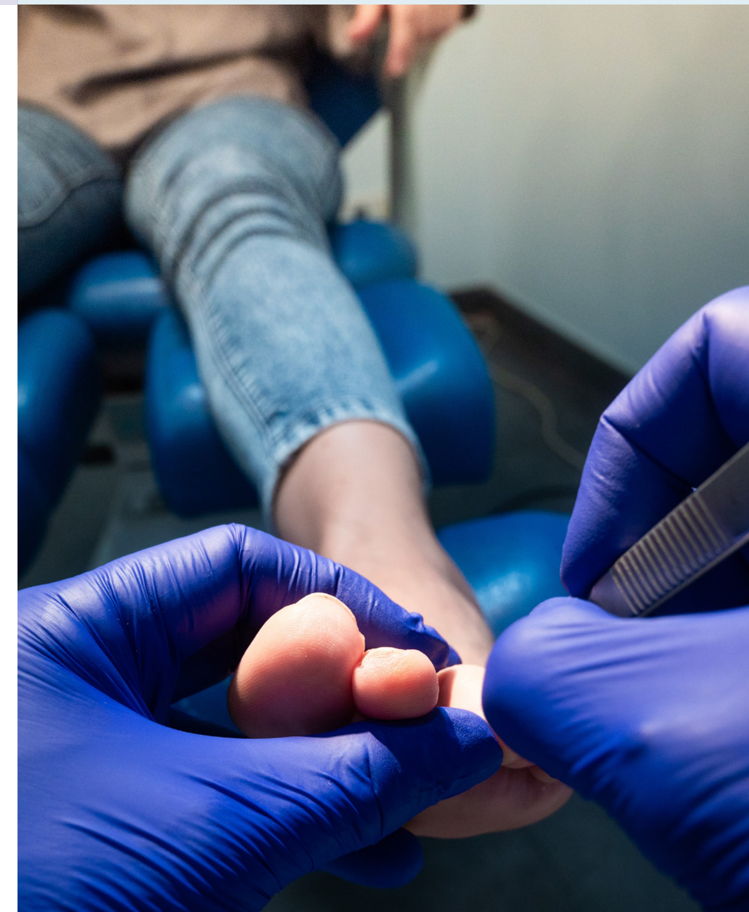
Podiatric medical consultants and experts are experienced, residency-trained, and board-certified podiatrists who provide their expertise in assisting the Board with its enforcement activities for consumer protection. These dedicated professionals review complaints received by the Board regarding California licensed podiatrists, assist with investigations, testify at administrative hearings in court, and assist with probation/practice monitoring.

For more information on working as a consultant or expert with the Board, please contact Bethany DeAngelis, enforcement coordinator, at (916) 263-4324 or **Bethany.DeAngelis@dca.ca.gov**, or visit **www.pmbc.ca.gov/enforcement/consultants_expertwitnesses.shtml**.

Notice to Licensees Regarding CURES Version Update

Beginning August 1, 2024, all California dispensers of controlled substances are required to report dispensations to the Controlled Substance Utilization Review and Evaluation System (CURES) using the American Society of Automation in Pharmacy (ASAP) version 4.2B format. Visit the **Office of the Attorney General's CURES website** for information on this required change.

For information about CURES, visit DCA's **CURES information page**.



FOOTNOTES

End of Residency Reflection: A Young Surgeon's Perspective

BY KASE RATTEY, DPM

Transitioning from years of medical and surgical training to independent practice is another time-honored tradition in medicine where our young physicians after their completion of training gather all their well-earned achievements into the treatment and care of our patients, our community, and our public health. I am reminded of the words of Dr. William Osler: *"The whole art of medicine is in observation ... but to educate the eye to see, the ear to hear and the finger to feel takes time, and to make a beginning, to start a man on the right path, is all that you can do."*

There are many challenges in the early years of clinical practice, which include an independent role in the operating room, establishing clinical expertise, running an office, understanding the business aspects of medicine, building clinical networks to sustain a clinical practice, understanding the local culture, having a clinical mentor, and building a professional and academic reputation. Here's a brief reflection from one of the outstanding young doctors starting practice, Dr. Kase Rattey, his passionate journey and words of encouragement for his younger peers and future doctors.

Daniel Lee, DPM, Ph.D., FACFAS
Vice President, Podiatric Medical Board of California
Foot and Ankle Surgery
Department of Orthopedic Surgery
The Permanente Medical Group
Kaiser Permanente South Sacramento Medical Center

You study hard through undergraduate school with science and non-science major and minor courses, join as many university campus clubs as possible so you can obtain the best grades and references to get accepted into the best podiatric medical school. You then pull all those all-nighters to study for Part 1 and 2 for Boards, stay late on your rotations to get the best letters of recommendations from your professors to match with the best residency program.

You then match with your first ranked residency program, go through a hectic first few months, sleepless nights with the pager/phone, and likely all during struggles with an aggressive case of "imposter syndrome." Then you coast through your last senior residency year because you are viewed as a "mini, junior attending, podiatrist" teaching all the younger residents and medical students, while trying to fine tune and perfect any clinical and surgical skills and medical knowledge you feel you need to work on.

Now what? We are constantly, intensely groomed to be focused on the next step in podiatric medical school—best grades, best rotations, best externship/clerkships, best residency programs, and best jobs. We often lose sight of why we got into it in the first place —whatever that may be.

With all of this in mind, what has prepared me most for my own practice is this—slowing down. *Life's a marathon, not a sprint.* Enjoy the journey of residency and take in what you can. This is the only time in your life that you will have this experience. The knowledge, technical skills, and specialization of surgical techniques will keep increasing at an astounding pace. But it doesn't solely mean that's the most important aspect in training. Take your time and live in that moment. Make sure to take a step back during that particular procedure and avoid merely following mindless technical steps. Take the time to understand and feel what you're doing. Find that one attending you can deeply connect and discuss about your academic and clinical growth and open up about your progress and thoughts.

Training to become a physician is a huge life commitment. You can spend 10% of your lifespan preparing for it. Because you have already spent so much time planning for the future to become a physician, you need to invest in yourself and your happiness in the long-term to ensure you stay a physician.

In my experience, by slowing down and taking in everything I can, it has allowed me to connect better with my patients and be more involved with their care. It has also prevented me from suffering from burnout. Fifty-eight percent of physicians have stated that they often have feelings of burnout.[1] In addition, 54% of burned out physicians say it severely affects their lives in some way.[2] Finding meaning and reminding yourself what you love about what you do is a huge protectant against one of the physician's biggest enemy.

Continued on page 5

Continued from page 4

By taking a deep breath and living in the moment, you ensure that you will retain more from the experience, remember that one odd case you had, and attain medical wisdom beyond your so few years. Training may be over, but learning will never end. We are lifelong learners. If you are able to internalize your experiences, it will make you practice better and share them with others, and make your clinical discussions more meaningful. It certainly helped me become "available, affable, and able" for my patients and my colleagues. Not to mention, it will make you continue to love what you do. In essence, what other profession can impact a person physically, emotionally, socially, mentally, and spiritually in such ways to improve their health and wellbeing?

Personally, taking a step back and finding the joy in medicine with my service in health care was the most important decision I did during my residency and prevented me from despair during my extremely active years of residency. It helped me in job interviews and networking as I portrayed my love for the profession.

So, stop and smell the roses, go hard during the hard times, make the most of it, and remember—only you can keep it interesting, so invest in yourself.

Kase Rattey, *DPM, graduated from Occidental College, then received his medical degree from Western University, and has recently completed his three-year foot and ankle surgical residency training at the Scripps Mercy Hospital San Diego/Kaiser Foundation Hospitals of Northern California.*

References:

[1] The Physicians Foundation. (2020, September 17). 2020 Survey of America's Physicians: COVID-19's Impact on Physician Wellbeing. **https://physiciansfoundation.org/physician-and-patient-surveys/the-physicians-foundation-2020-physician-survey-part-2/**

[2] Kane, L. (2022, January 21). Physician Burnout & Depression Report 2022: Stress, Anxiety, and Anger. Medscape. **https://www.medscape.com/slideshow/2022-lifestyle-burnout-6014664#1**

Legislative Update: 2023

AB 826 (Chen) Doctors of Podiatric Medicine: Renewals: Enrolled 9/7/23

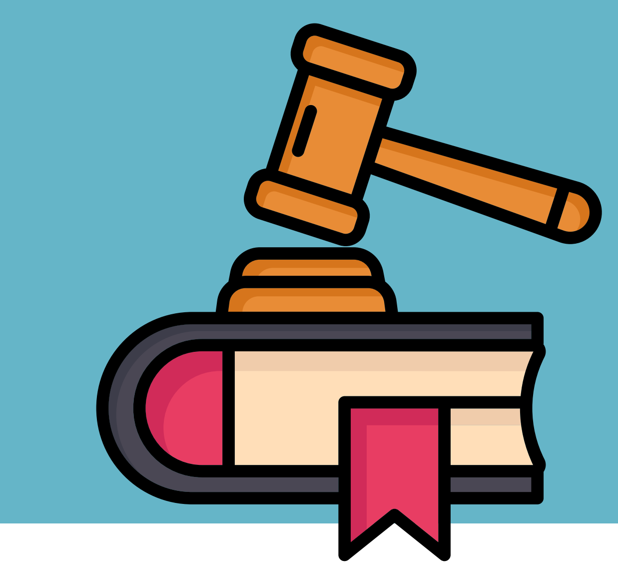
The Board voted in 2021 to delete Business and Professions Code 2486(a-h) and to allow DPMs to renew their license by completing 50 hours of continuing medical education, remaining free from disciplinary actions, and paying fees. AB 826 was passed to eliminate outdated requirements that were self-imposed over 25 years ago and that could have been challenged as a restraint of trade. PMBC was the sponsor of this bill.

This is important for all renewing DPMs as the term "continuing competence" was imposed many years ago and was no longer needed or desired by renewing DPMs, the Board, or PMBC stakeholders. This should result in a more meaningful renewal process for DPMs and allow for a savings in time and money at renewal time. Congratulations to the PMBC Board and staff for sponsoring this important legislation.

See: **Leg Info AB 826 Continuing Medical Education**

AB 834 (Irwin): Doctors of Podiatric Medicine: Partnerships: Enrolled 9/8/23

The California Podiatric Medical Association sponsored a bill that eliminates the requirement that DPMs could not hold a majority interest in certain partnerships. AB 834 was signed into law in September 2023. See: **AB 834—Physicians and Surgeons and Doctors of Podiatric Medicine: Partnerships.**



FOOTNOTES

Podiatric Medical Student Corner

Teaching and learning during our unprecedented pandemic times, whether during or after as we slowly emerge from this historical medical event, I am reminded of one of the quotes from Tolkien's Lord of the Rings; "True courage is about knowing not when to take a life, but when to spare one." In essence, I have been blessed to witness so many medical students, residents and fellows working together, teaching each other, sharing patient encounters, to build each other up for the health of our patients and public health. Truly, "Iron sharpens iron." Here's a brief reflection from one of our outstanding medical students, Isaiah Claudio, entrenched in both DPM and D.O. medical schools' curricula at Western University.

Daniel Lee, DPM, Ph.D., FACFAS Foot & Ankle Surgery
The Permanente Medical Group, Kaiser Permanente South Sacramento Medical Center

Vice President, Podiatric Medical Board of California

Associate Clinical Professor, Western University of Health Sciences

"Aren't you just a foot doctor? Why do you have to learn all of this stuff?" A common response heard by my fellow D.O. medical student colleagues as they discover that I, a podiatric medical student, am required to take the same classes as they are. A question to which I respond with words learned from one of my esteemed professors, Dr. Wan, "Well, you expect a hand surgeon to know the whole body, right? Why not us?"

Being a first-generation minority, I have always taken my academics seriously and have made sure to put myself in the best environment to succeed. Having no family history or association with medicine has made it an intimidating and challenging experience to choose which medical school to attend. Despite this, making the decision to attend Western University, College of Podiatric Medicine, was a clear one. With much of that decision being made due to the rigorous curriculum being integrated with the Osteopathic Medical School, ultimately developing into physicians first before practicing as foot and ankle specialists.

Now in my second year, I continue to appreciate the integrated curriculum, feeling that it has accelerated my learning and has prepared me for the upcoming clinical years. Furthermore, this integrated curriculum has not only increased my knowledge of the human body holistically, but it has allowed me to build a greater sense of confidence in patient care. Understanding that my knowledge is not limited to the foot and ankle, I feel I can approach a patient as a whole, knowing that I will have a better understanding of a patient's full pathology and health problems with a potential systemic issue affecting the lower extremity. As I have learned, many foot and ankle pathologies can arise from other latent, systemic issues.

Diabetes, cardiovascular disease, arthritis, and other neurologic disorders are a few that come to mind when thinking of systemic pathologies that have foot and ankle implications. Working alongside with my D.O. medical student colleagues, I am able to grasp a better understanding of such systemic pathologies and those that affect the foot and ankle but do not originate in the same area. Approaching a patient from a holistic full body perspective is something that we as podiatric medical students have continuously been able to appreciate. Now, when volunteering for clinics or reviewing clinical case reviews, our mindset shifts from a focus on the foot and ankle, to a focus on the whole body and what mechanisms lead to the foot and ankle issues.

Going into Podiatric Medical School I was aware of the general or simplistic perception of being merely a "specialist" without general medical knowledge by many other medical professionals. Through my experience here at Western University, I have witnessed this perception shift towards a sense of respect. Other health professional students are now more aware of our patient care excellence and show more appreciation for our hunger to grow as full body physicians rather than purely specialists. Many applaud our commitment and diligence as we dedicate ourselves to two curricula, one of full-body holistic medicine, and one of foot and ankle medicine. People in my life are beginning to understand that podiatric physicians provide more than just "routine foot care." Moreover, I have noticed that many began to understand that the care that is provided by a podiatric physician has the potential beneficial health effects to go beyond just the foot and ankle.

Ultimately, Western University has created an environment of academic rigor and excellence to develop full-body physicians before foot and ankle specialists, which cultivates a respectful environment between DPM students and other health care professionals. It allows for health care professionals and the general public to appreciate that we are no less than our D.O. and M.D. colleagues, and that we obtain equivalent education to become the holistic foot and ankle specialists that we have worked and studied so hard to become. My experience here has been an amazing one that I would not exchange for any other and I feel it has already started to shape me into a more knowledgeable, professional, and confident health care professional with the ultimate goal to help our patients and public health. I am not "just a foot doctor," and I choose to learn whole body care for the best care of my future patients.

Isaiah Claudio, MS2
Western University of Health Sciences College of Podiatric Medicine Class of 2026

Administrative Actions: January 1–December 31, 2023

DOCTORS OF PODIATRIC MEDICINE

Caruana, Frank, DPM
Newport Beach
License number: E-2336
Decision effective: 05/18/23
License Surrender
www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20230511%5cDMRAAAJD3%5c&did=AAAJD230511221234319.DID

Endo, Clifford, DPM
Modesto
License number: E-3323
Decision effective: 11/14/23
License Surrender
www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20231108%5cDMRAAAJD1%5c&did=AAAJD231108171023691.DID

Fanous, Michael, DPM
Norco
License number: E-3544
Decision effective: 10/12/23
Probation—1 Year
www2.mbc.ca.gov/BreezePDL/documentaspx?path=%5cDIDOCS%5c20230913%5cDMRAAAJD2%5c&did=AAAJD230913194536257.DID

Klapman, Leon, DPM
Northridge
License number: E-4433
Decision effective: 06/06/23
License Surrendered
www2.mbc.ca.gov/BreezePDL/documentaspx?path=%5cDIDOCS%5c20230530%5cDMRAAAJD1%5c&did=AAAJD230530200317079.DID

Nelms, Lisa, DPM
Santa Barbara
License number: E-4325
Decision effective: 05/18/23
License Surrendered
www2.mbc.ca.gov/BreezePDL/documentaspx?path=%5cDIDOCS%5c20230511%5cDMRAAAJD3%5c&did=AAAJD230511221455513.DID

Reed, Mark, DPM
Placentia
License number: E-3696
Decision effective: 06/06/23
Public Letter of Reprimand
www2.mbc.ca.gov/BreezePDL/documentaspx?path=%5cDIDOCS%5c20230606%5cDMRAAAJD1%5c&did=AAAJD230606204420801.DID

Tu, Richard, DPM
San Diego
License number: E-4680
Decision effective: 10/12/23
Public Letter of Reprimand
www2.mbc.ca.gov/BreezePDL/documentaspx?path=%5cDIDOCS%5c20230913%5cDMRAAAJD2%5c&did=AAAJD230913194657623.DID

To view a doctor's profile and obtain a copy of the action(s), please go to www.breeze.ca.gov. If assistance is required, call (800) 633-2322.

Additional information regarding disciplinary matters for doctors of podiatric medicine can be found at:

pmbc.ca.gov/consumers/dispsumm.shtml

2024 Board and Committee Meetings

January

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	**15**	16	17	18	19	20
21	22	23	24	25	26	27
28	29	**30**	31			

April

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July

S	M	T	W	T	F	S
	1	2	3	**4**	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

October

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	**11**	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	**19**	20	21	22	**23**	24
25	26	27	28	29		

May

S	M	T	W	T	F	S
			1	2	3	4
5	6	**7**	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	**27**	28	29	30	31	

August

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	**11**	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	**28**	**29**	30

March

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/**31**	25	26	27	28	29	30

June

S	M	T	W	T	F	S
						1
2	3	4	5	6	**7**	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29

September

S	M	T	W	T	F	S
1	**2**	3	4	5	6	7
8	9	10	11	12	13	14
15	16	**17**	18	19	20	21
22	23	24	25	26	27	28
29	30					

December

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	**25**	26	27	28
29	30	31				

Committee Meeting Schedule

- Enforcement – 10 a.m.
- Public Education – 11 a.m.
- Legislative – 12 p.m.
- Licensing – 1 p.m.
- Exec Mgt – 2 p.m.

- State Holidays
- Board Meetings
- Committee Meetings

Mission of the Podiatric Medical Board of California

To protect and educate consumers of California through licensing, enforcement, and regulation of doctors of podiatric medicine.

To file a complaint against a DPM, visit:

www.mbc.ca.gov/Consumers/Complaints/

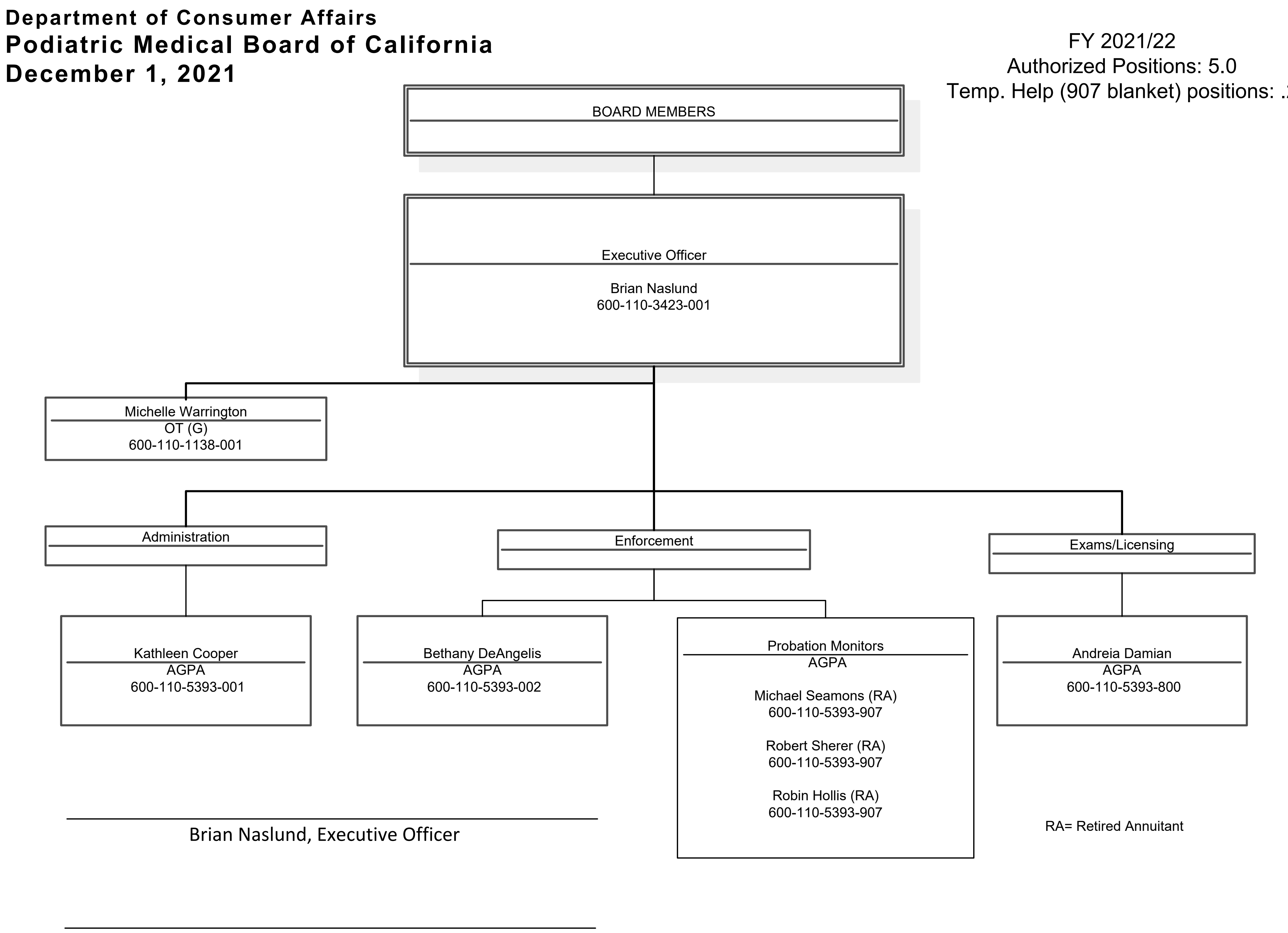
To view a doctor's profile and obtain a copy of the action(s), go to:

www.breeze.ca.gov

For assistance, call: (800) 633-2322

Department of Consumer Affairs
Podiatric Medical Board of California
December 1, 2021

FY 2021/22
Authorized Positions: 5.0
Temp. Help (907 blanket) positions: .2

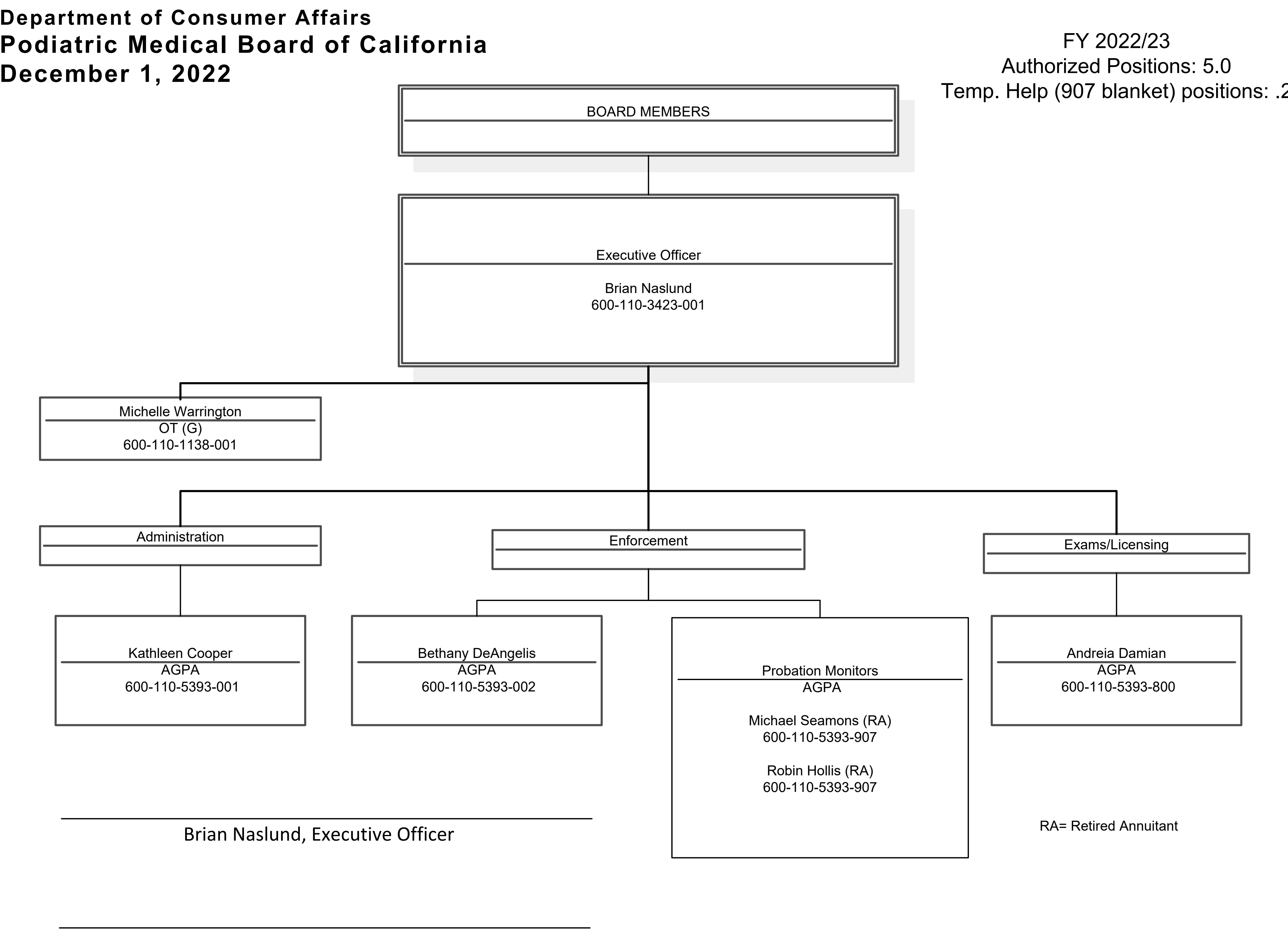


Brian Naslund, Executive Officer

DCA Classification & Recruitment Analyst

Department of Consumer Affairs
Podiatric Medical Board of California
December 1, 2022

FY 2022/23
Authorized Positions: 5.0
Temp. Help (907 blanket) positions: .2



Brian Naslund, Executive Officer

DCA Classification & Recruitment Analyst

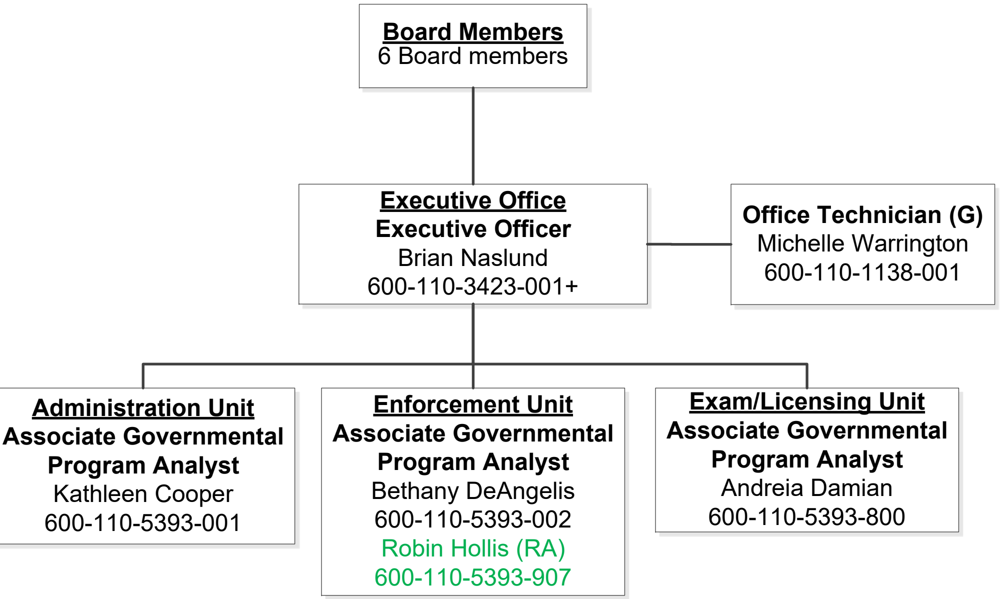
ATTACHMENT D - YEAR END ORGANIZATIONAL CHART FY 23/24

Department of Consumer Affairs (DCA)
Podiatric Medical Board of California (PMB)
December 1, 2023

LEGEND
Red: VACANT
Green: Retired Annuitant
All Authorized Positions Designated CORI

CURRENT
PMBC STAFFING
FY 2023/2024

Authorized Positions: 5.0
Blanket Positions: 1.0
TOTAL: 6.0



Executive Officer or Designee   Date

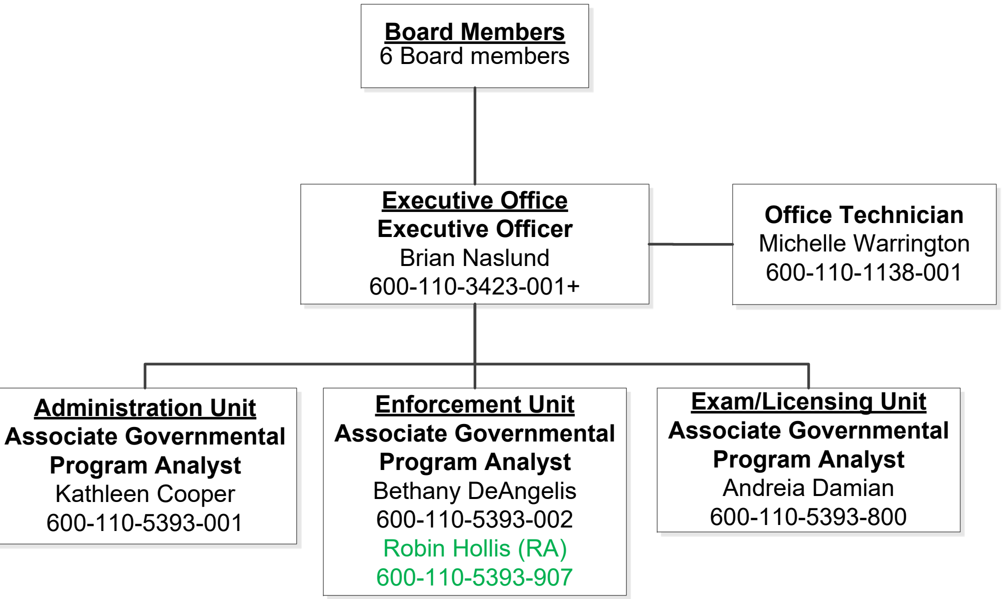
Classification & Recruitment Analyst   Date

Department of Consumer Affairs (DCA)
Podiatric Medical Board of California (PMBC)
December 1, 2024

LEGEND
Red: VACANT
Green: Retired Annuitant
All Authorized Positions Designated CORI

CURRENT
PMBC STAFFING
FY 2024/2025

Authorized Positions: 5.0
Blanket Positions: 1.0
TOTAL: 6.0



Executive Officer or Designee Date

Classification & Recruitment Analyst Date

0295 - Podiatric Medical Board Fund
Analysis of Fund Condition
(Dollars in Thousands)

Prepared 10.28.2024

2025-26 Pre-Governor's Budget (Fee increase @ $1,850 effective 01/01/2026)	Actual 2023-24	CY 2024-25	Pre-GB BY 2025-26	BY +1 2026-27	BY +2 2027-28	BY +3 2028-29
BEGINNING BALANCE	$ 384	$ 416	$ 110	$ 13	$ 109	$ 152
Prior Year Adjustment	$ -3	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 381	$ 416	$ 110	$ 13	$ 109	$ 152
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS						
Revenues						
4121200 - Delinquent fees	$ 8	$ 9	$ 9	$ 9	$ 9	$ 9
4127400 - Renewal fees	$ 1,345	$ 1,311	$ 1,311	$ 1,311	$ 1,311	$ 1,311
4127400 - Renewal fees with fees at $1,850 (Effective 1/1/26)	$ -	$ -	$ 263	$ 527	$ 527	$ 527
4129200 - Other regulatory fees	$ 13	$ 12	$ 12	$ 12	$ 12	$ 12
4129400 - Other regulatory licenses and permits	$ 96	$ 101	$ 101	$ 101	$ 101	$ 101
4163000 - Income from surplus money investments	$ 29	$ -	$ -	$ 2	$ 2	$ 2
Totals, Revenues	$ 1,491	$ 1,463	$ 1,697	$ 1,991	$ 1,991	$ 1,991
TOTAL RESOURCES	$ 1,872	$ 1,879	$ 1,807	$ 2,004	$ 2,100	$ 2,143
Expenditures:						
1111 Program Expenditures (State Operations)	$ 1,328	$ 1,661	$ 1,712	$ 1,763	$ 1,816	$ 1,871
9892 Supplemental Pension Payments (State Operations)	$ 20	$ 14	$ -	$ -	$ -	$ -
9900 Statewide Pro Rata (State Operations)	$ 108	$ 94	$ 82	$ 132	$ 132	$ 132
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 1,456	$ 1,769	$ 1,794	$ 1,895	$ 1,948	$ 2,003
FUND BALANCE						
Reserve for economic uncertainties	$ 416	$ 110	$ 13	$ 109	$ 152	$ 140
Months in Reserve	**2.8**	**0.7**	**0.1**	**0.7**	**0.9**	**0.8**

NOTES:
1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.

0295 - Podiatric Medical Board Fund
Analysis of Fund Condition
(Dollars in Thousands)

Prepared 10.28.2024

2025-26 Pre-Governor's Budget (Fee increase @ $1,950 effective 01/01/2026)	Actual 2023-24	CY 2024-25	Pre-GB BY 2025-26	BY +1 2026-27	BY +2 2027-28	BY +3 2028-29
BEGINNING BALANCE	$ 384	$ 416	$ 110	$ 63	$ 245	$ 376
Prior Year Adjustment	$ -3	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 381	$ 416	$ 110	$ 63	$ 245	$ 376
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS						
Revenues						
4121200 - Delinquent fees	$ 8	$ 9	$ 9	$ 9	$ 9	$ 9
4127400 - Renewal fees	$ 1,345	$ 1,311	$ 1,311	$ 1,311	$ 1,311	$ 1,311
4127400 - Renewal fees with fees at $1,950 (Effective 1/1/26)	$ -	$ -	$ 313	$ 626	$ 626	$ 626
4129200 - Other regulatory fees	$ 13	$ 12	$ 12	$ 12	$ 12	$ 12
4129400 - Other regulatory licenses and permits	$ 96	$ 101	$ 101	$ 101	$ 101	$ 101
4163000 - Income from surplus money investments	$ 29	$ -	$ 1	$ 4	$ 6	$ 7
Totals, Revenues	$ 1,491	$ 1,463	$ 1,747	$ 2,092	$ 2,094	$ 2,095
TOTAL RESOURCES	$ 1,872	$ 1,879	$ 1,857	$ 2,155	$ 2,339	$ 2,472
Expenditures:						
1111 Program Expenditures (State Operations)	$ 1,328	$ 1,661	$ 1,712	$ 1,763	$ 1,816	$ 1,871
9892 Supplemental Pension Payments (State Operations)	$ 20	$ 14	$ -	$ -	$ -	$ -
9900 Statewide Pro Rata (State Operations)	$ 108	$ 94	$ 82	$ 147	$ 147	$ 147
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 1,456	$ 1,769	$ 1,794	$ 1,910	$ 1,963	$ 2,018
FUND BALANCE						
Reserve for economic uncertainties	$ 416	$ 110	$ 63	$ 245	$ 376	$ 454
Months in Reserve	**2.8**	**0.7**	**0.4**	**1.5**	**2.3**	**2.7**

NOTES:
1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.

PODIATRIC MEDICAL BOARD OF CALIFORNIA|A

SUNSET REVIEW REPORT 2025

PRESENTED TO THE SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT AND THE ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

GAVIN NEWSOM
GOVERNOR

TOMIQUIA MOSS
SECRETARY, BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

KIMBERLY KIRCHMEYER
DIRECTOR, CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

CAROLYN MCALOON, DPM
PRESIDENT, PODIATRIC MEDICAL BOARD OF CALIFORNIA

BRIAN NASLUND
EXECUTIVE OFFICER, PODIATRIC MEDICAL BOARD OF CALIFORNIA

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