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PODIATRY BOARD

Agency Profile

Agency Purpose

The Minnesota Board of Podiatric Medicine Minnesota was established in 1916 and is mandated by M.S. 214, M.S. 153.01 – 153.26 and Minnesota Rules 6900. The board is responsible for the regulation of podiatrists and public safety and protection of all citizens in the state of Minnesota. Regulation and public safety and protection are accomplished through licensure examination and renewal, as well as by the investigation of complaints.

The mission of the board is to:

- extend the privilege to practice to qualified applicants, and
- investigate complaints relating to the competency or behavior of individual licensees or individuals with permits issued by the board.

In addition, the board responds to inquiries regarding scope of practice, provides license verification information to credentialing agencies, and initiates legislative changes, as needed, to update the practice act for podiatric medicine.

The board's activities are guided by the following principles:

- responsibility for public safety will be fulfilled with respect for due process and adherence to laws and rules;
- customer services will be delivered in a respectful, responsive, timely, communicative, and nondiscriminatory manner;
- government services will be accessible, purposeful, responsible, and secure; and
- business functions will be delivered with efficiency, accountability and a willingness to collaborate.



Source: Consolidated Fund Statement.

Source: Board expenses allocated to the services provided by the board.

Strategies

Core functions of the Board are established to protect the public by ensuring that professionals comply with the Board's rules and practice in a professional, legal, and ethical manner. The Board's core functions are:

- responding to public and agency inquiries, complaints and reports regarding licensure and conduct on applicants, permit holders, licensees and unlicensed practitioners;
- reviewing complaints of alleged violations of statutes and rules, holding disciplinary conferences with licensees, and taking legal action to suspend or revoke the licenses of podiatrists who fail to meet standards;
- setting and administering educational requirements and examination standards for licensure as a podiatrist; and providing information and education about licensure requirements and standards of practice to the public and other interested audiences.

Operations

The board is comprised of five podiatrists and two public members, all of whom are appointed by the Governor. The board is staffed by a 0.5 full time equivalent position. Services are delivered by issuing licenses to qualified individuals, renewal certificates to licensees meeting continuing medical education requirements, temporary permits to individuals completing residencies, and license verifications to credentialing services and medical facilities. The agency protects the public by investigating complaints and holding educational and disciplinary conferences with licensees. The Complaint Review Committee (CRC) is comprised of three board members. Board orders for disciplinary actions and Agreements for Corrective Action further protect the public.

Key Activity Goals & Measures

- maintain excellence in the practice of podiatric medicine;
 - ensure applicants for credentials have met all statutory requirements and have a thorough understanding of Minnesota statutes;
 - keep licensees informed of changes affecting the practice of podiatric medicine via newsletters, emails, phone interaction and board website;
 - review and approve continuing medical education hours to promote and ensure high-quality education and continuous improvement, resulting in highest quality patient care and healthy Minnesotans;
 - maintain qualified residency programs in Minnesota which have decreased from four to three over the past seven years; all residency programs in Minnesota have migrated from one or two year residencies to three year surgical residencies in order to offer more extensive instruction in various medical specialties, and the development of increased skills in the surgical and conservative management of foot and ankle pathology; temporary permit holders increased from seven to 13 in 2011.
- Provide effective public safety and protection.
 - respond quickly and thoroughly to complaints and when appropriate take disciplinary or corrective action against a licensee when in violation of the practice act; hold educational and disciplinary conferences with licensees when necessary. Minnesota had an increase of 29 licensed podiatrists from June of 2003 to June of 2010, an increase of 16%. However, as the number of licensed podiatrists increased by 16%, the average number of complaints received on an annual basis declined by 1%.
 - promptly report disciplinary actions to the National Practitioner Data Bank and to all parties who have requested such notification;
 - provide immediate access to information on the complaint process and to the printing of complaint forms through the board's web site;
- Administrative services will be cost-efficient and services designed to meet the needs of the people who use them.
 - allow licensees, permit holders and citizens online access to information about podiatric medicine;
 - offer online payment for license verifications through the board's web site;
 - provide immediate access to application forms, license renewal forms, board newsletters, names and contact information for board members, and copies of the board's statutes and rules through the web site;
 - offer online biennial license renewal;
 - new license applications will be processed within 48 hours upon receipt of all required documentation from applicant;
 - 90% of requests for license verifications will be fulfilled within 48 hours of receipt at the board office;

Budget Trends

The board is responsible for collecting sufficient revenue to cover both direct and indirect expenditures. The board is estimated to collect \$182,000 in FY 2010-11, which is deposited as non-dedicated revenue into the state government special revenue fund.

From this fund, the board receives a direct appropriation to pay for agency activities such as salaries, rent, costs for disciplinary/contested cases and operating expenditures. It also pays statewide indirect costs through an open appropriation. In FY 2010-11, total expenditures for these purposes are estimated at \$156,000. The chart below shows funding trends over the last five biennia for the direct and open appropriation.



Total Expenditures by Fund

* FY 2010-11 is estimated, not actual

Source data for the previous chart is the Minnesota Accounting and Procurement System (MAPS) as of 07/31/10.

Board fees are also responsible for covering a prorated share of support functions provided outside of the Board itself. These include legal support (Attorney General), statewide e-licensing system development and operations (Office of Enterprise Technology), centralized administrative support (Health Boards Administrative Services Unit), funding for services to health professionals (Health Professionals Services Program) and controlled substance program (Prescription Electronic Reporting). In FY 2010-11, some of the health boards' reserves in the state government special revenue fund were also transferred to the general fund. The table below displays direct and open appropriation expenditures, external support costs (prorated share), and the general fund transfers (prorated share) estimated in FY 2010-11.

Board's Direct and Open Appropriations Board's External Support Costs and Transfers (prorated Share)	FY 2010-11 (in thousands) \$ 156
Attorney General support	28
E-licensing support	8
Central administrative service unit	8
Health professional service program	2
Prescription Electronic Reporting	3
General fund transfer	33
Total	238
Fees Collected by Board	\$182
Prorated Surplus/(Deficit)	(56)

In most years, Board fee revenues exceed direct expenditures and external support costs, and as directed by law, the surplus is used to maintain a reserve in the state government special revenue fund. It should be noted here that the FY 2010-11 transfers to the General Fund, along with unanticipated increases in the support costs discussed above, have resulted in the Board's fee revenue not covering its prorated costs and transfers.

The number of licensees regulated by the Board continues to rise, as do the number of complaints and the complexity of the cases. The average age of Minnesota licensed podiatrists is 47 years old with 68% being under 50 years old and only 6% over 60 years of age; 39 of the 205 podiatrists are women; the public as medical consumers are becoming increasingly adapt at researching licensees before choosing a doctor; the board is seeing increasing numbers of new licensees practicing in numerous states.

Contact

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PODIATRY BOARD

	Dollars in Thousands				
	Curr	rent	Forecast Base		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Direct Appropriations by Fund					
State Government Spec Revenue					
Current Appropriation	71	71	71	71	142
Forecast Base	71	71	71	71	142
Change		0	0	0	0
% Biennial Change from 2010-11				1	0%
Expenditures by Fund			l	i	
Direct Appropriations					
State Government Spec Revenue	63	86	71	71	142
Open Appropriations					
State Government Spec Revenue	0	0	6	6	12
Total	63	86	77	77	154
Expenditures by Category				1	
Total Compensation	51	48	48	49	97
Other Operating Expenses	12	38	29	28	57
Total	63	86	77	77	154
Expenditures by Program				1	
Podiatry, Board Of	63	86	77	77	154
Total	63	86	77	77	154
Full-Time Equivalents (FTE)	0.5	0.5	0.5	0.5	

PODIATRY BOARD

Agency Revenue Summary

	Dollars in Thousands				
	Actual Budgete		Current Law		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Non Dedicated Revenue:					
Departmental Earnings:					
State Government Spec Revenue	96	86	96	86	182
Other Revenues:					
State Government Spec Revenue	(7)	0	0	0	0
Total Non-Dedicated Receipts	89	86	96	86	182
Dedicated Receipts:					
Total Dedicated Receipts	0	0	0	0	0
Agency Total Revenue	89	86	96	86	182