



December 1, 2015

# Board of Podiatric Medicine

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Governor Mark Dayton  
130 State Capitol  
75 Rev Dr Martin Luther King Jr Blvd  
St. Paul, Minnesota 55155-1606

Senator Tom Bakk  
Senate Majority Leader  
MN State Senate  
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Representative Kurt Daudt  
House Majority Leader  
463 State Office Building  
100 Rev Dr Martin Luther King Jr Blvd  
St. Paul, Minnesota 55155-1206

Senator Tony Lourey, Chair  
Health and Human Services Division Committee  
Health,  
MN State Senate  
75 Rev Dr Martin Luther King Jr Blvd  
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Senator Kathy Sheran  
Human Services & Housing Committee  
MN State Senate  
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Representative Tara Mack, Chair  
Health and Human Services Policy Committee  
545367 State Office Building  
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Representative Matt Dean, Chair  
Health & Human Services Finance Committee  
401 State Office Building  
100 Rev Dr Martin Luther King Jr Blvd  
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Mr. Greg Hubinger, Director  
Legislative Coordinating Commission  
51 State Office Building  
100 Rev Dr Martin Luther King Jr Blvd  
St. Paul, Minnesota 55155-1206

Ms. Michele Timmons  
Revisor of Statutes  
700 State Office Building  
100 Rev Dr Martin Luther King Jr Blvd  
St. Paul, Minnesota 55155-1206

**Subject: Annual Report on Obsolete, Unnecessary, or Duplicative Rules, as Required by  
Minnesota Statutes, Section 14.05, Subdivision 5.**

Dear Governor Dayton, Senators, Representatives, Legislative Coordinating Commission Director  
Hubinger and Revisor Timmons:

Minnesota Statutes, section 14.05, subdivision 5, states:

"....., an agency must submit to the governor, the legislative coordinating commission, the policy and funding committees and divisions with jurisdiction over the agency, the revisor of statutes, a list of any rules or portions of rules that are obsolete, unnecessary, duplicative of other state or federal statutes or rules. The list must also include an explanation of why the rule or portion of the rule is obsolete, unnecessary, or duplicative of other state or federal statutes or rules. By December 1, the agency must either report a timetable for repeal of the rule or portion of the rule, or must develop a bill for submission

to the appropriate policy committee to repeal the obsolete, unnecessary, or duplicative rule. Such a bill must include proposed authorization to use the expedited procedures of section 14.389 to repeal or amend the obsolete, unnecessary, or duplicative rule. A report submitted under this subdivision must be signed by the person in the agency who is responsible for identifying and initiating repeal of obsolete rules. The report also must identify the status of any rules identified in the prior year's report as obsolete, unnecessary, or duplicative. If none of an agency's rules are obsolete, unnecessary, or duplicative, an agency's December 1 report must state that conclusion."

**The Board of Podiatric Medicine 2014 statutory revisions allows for the following obsolete rules:**

**6900.0020 LICENSURE REQUIREMENTS.**

**Subp. 6. Preceptorship.**

~~A preceptorship is a formal, structured postdoctoral training program, with written objectives appropriate to all aspects of the program and a written evaluation process, conducted by a podiatrist primarily in an office-based setting and controlled and supervised by a college of podiatric medicine accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association. The preceptorship must provide the recent podiatric medical graduate sufficient experiences to have further patient care exposure, to improve clinical management and communication skills, and to obtain increased self-confidence.~~

**Subp. 7. Preceptor requirements.**

~~The preceptor must:~~

~~A. provide hands-on training in the care of children and adults that offers experience as defined by the statutory scope of practice including drug therapy, radiology, local anesthesia, analgesia, biomechanics, physical medicine, rehabilitation, and the following surgeries:~~

- ~~(1) nail;~~
- ~~(2) digital;~~
- ~~(3) soft tissue;~~
- ~~(4) forefoot;~~
- ~~(5) metatarsal;~~
- ~~(6) midfoot; and~~
- ~~(7) rearfoot or ankle;~~

~~B. hold a clinical appointment at a podiatric medical school or be a member of the teaching staff of a hospital sponsoring a residency program;~~

~~C. have a hospital staff appointment with podiatric surgical privileges; however, the granting of staff privileges is solely within the discretion of individual institutions;~~

~~D. not have been the subject of disciplinary action concerning professional conduct or practice; and~~

~~E. instruct and direct the unlicensed podiatrist in the podiatrist's duties, oversee and check the work, provide general directions, and comply with at least the following criteria:~~

- ~~(1) review and evaluate patient services provided by the unlicensed podiatrist from information in patient charts and records on a daily basis and the unlicensed podiatrist's surgical and other training logs on a monthly basis; review of patient charts and records may either be in person or by telecommunication;~~
- ~~(2) be on-site at facilities staffed by an unlicensed podiatrist;~~
- ~~(3) be present during the performance of surgical treatment by the unlicensed podiatrist; and~~

~~(4) supervise no more than two unlicensed podiatrists at any one time.~~

#### **6900.0160 TEMPORARY PERMIT.**

##### **Subpart 1. Prerequisites.**

The applicant must submit a transcript as provided in part 6900.0020, subpart 2, and written evidence that the applicant has been accepted as a resident, preceptee, or graduate trainee in an acceptable graduate training program.

##### **~~Subp. 2. Term of permit.~~**

~~A granted permit is valid for the period of graduate training of 12 months beginning with the first day of graduate training. A permit may be reissued for one of the following reasons:~~

- ~~A. the applicant submits acceptable evidence that the training was interrupted by circumstances beyond the control of the applicant and that the sponsor of the program agrees to the extension;~~
- ~~B. the applicant is continuing in a residency that extends for more than one year; or~~
- ~~C. the applicant is continuing in a residency that extends for more than two years.~~

#### **6900.0210 REINSTATEMENT OF LICENSE.**

##### **Subpart 1. Requirements.**

- ~~C. for each year the license has been inactive, evidence of participation in one half the number of hours of acceptable continuing education required for biennial renewal, under part 6900.0300, up to five years;~~
- ~~D. if the license has been inactive for more than five years, the amount of acceptable continuing education required in item C, must be obtained during the five years immediately before application; or~~

#### **6900.0300 CONTINUING EDUCATION.**

##### **Subpart 1. Requirement.**

~~Except as provided in subpart 1a, every podiatrist licensed to practice in Minnesota shall obtain 30 clock hours of continuing education in each two-year cycle of license renewal.~~

##### **~~Subp. 1a. Prorating continuing education hours.~~**

~~The number of continuing education hours required during the initial licensure period is that fraction of 30 hours, to the nearest whole hour, that is represented by the ratio of the number of days the license is held in the initial licensure period to 730 days.~~

##### **Subp. 2. Obtaining continuing education hours.**

Continuing education hours shall be obtained in the following manner:

- A. attendance at educational programs approved by the board or the Council on Podiatric Medical Education under subpart 3 ~~or completion of verifiable home study programs under subpart 3b;~~
- B. attendance at hospital staff meetings (no more than three hours of hospital staff meetings may be used for license renewal each year); or
- C. participation in acceptable graduate training.

**6900.0250 CONTINUING EDUCATION**

**Subp. 3b. Home study programs.**

The criteria listed in subpart 3 for program approval shall apply to home study programs to the extent the criteria are relevant to home study programs. In addition, the sponsor of the home study program must verify that the licensee has completed the program by means of an independently scored quiz related to the subject matter of the program or other procedure that is approved by the board.

If you have any questions regarding this report, please call me at 612.548.2175, or write to Minnesota Board of Podiatric Medicine, Suite 430, 2829 University Avenue SE, Minneapolis, MN 55414.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Grendahl".

Ruth Grendahl  
Executive Director