

Exhibit

A

BPM MISSION

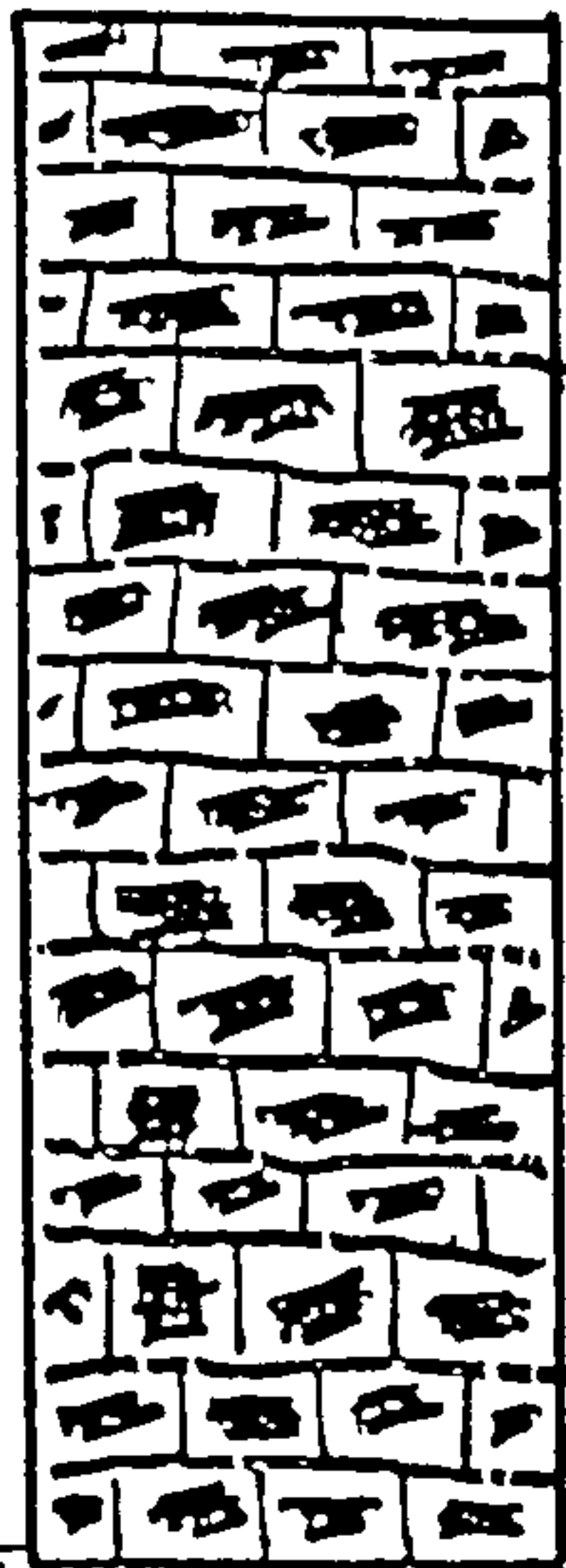
The mission of the Board of Podiatric Medicine is to ensure protection of consumers under the laws of California through the setting and enforcement of contemporary standards and the provision of accurate and timely information that promotes sound consumer decision-making.

Approved March 3, 2006

THE THEORY

BOARD

- GOVERNS
- DECIDES WHAT
- MAKES POLICY
- SETS GOALS
- REVIEWS PLANS
- MONITORS PROGRESS



CEO

- ADMINISTERS
- DECIDES HOW
- CARRIES OUT POLICY
- PLANS TO ACHIEVE GOALS
- IMPLEMENTS PLANS
- MONITORS PROGRESS

~Ye' ole brick wall~

BOARD AND CEO

THE REALITY

RESPONSIBLE
INVOLVED

RESPONSIBLE
INVOLVED

<input checked="" type="checkbox"/>	<input type="checkbox"/>		GOVERNANCE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		ADMINISTRATION		<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>		MAKES POLICY		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		CARRIES OUT POLICY		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		SETS GOALS		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		PLANS TO ACHIEVE GOALS		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		REVIEWS PLANS		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		IMPLEMENTS PLANS		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		MONITORS PROGRESS		<input checked="" type="checkbox"/>	<input type="checkbox"/>

BOARD

CEO

Exhibit B



NEIL B. MANSDORF, D.P.M., *President*
KRISTINA M. DIXON, M.B.A.

JAMES J. LONGOBARDI, D.P.M., *Vice President*

EDWARD E. BARNES
KAREN L. WRUBEL, D.P.M.

**California Board of Podiatric Medicine
Public Board Meeting Minutes
Los Angeles, California
July 20, 2012**

A public meeting of the California Board of Podiatric Medicine (BPM) was held July 20, 2012 in Room 1010 of City Hall, 200 N. Spring Street, Los Angeles, CA.

Due notice had been sent to all known interested parties.

1. Call to order and roll call

Dr. Mansdorf called the meeting to order at 10:01 AM.

A quorum was established with the following Members present:

- Kristina M. Dixon, MBA
- Karen L. Wrubel, DPM
- James J. Longobardi, DPM, MBA
- Neil B. Mansdorf, DPM

Dr. Mansdorf welcomed the following attendees:

- Devon Glazer, DPM, President, Orange County Podiatric Medical Association
- Robert McKim Bell, Supervising Deputy Attorney General
- Claire Yazigi, Counsel
- Gary Duke, Counsel

Jim Rathlesberger of the staff was also present.

Dr. Mansdorf welcomed Ms. Yazigi as the Board's new legal counsel and expressed deep appreciation to the advice and guidance Mr. Duke ably provided during his term.

2. Approval of Minutes

Ms. Dixon moved and Dr. Longobardi seconded a motion passed 4-0 to approve the minutes of the February 24 Board Meeting.

3. Vice President’s Financial Report

Dr. Longobardi moved and Dr. Mansdorf seconded a motion to support a renewal fee increase from \$900 to \$990. After discussion, Dr. Longobardi moved to amend his motion to “up to \$990.” That motion was seconded by Ms. Dixon and passed 4-0.

4. Legislative Committee

Dr. Mansdorf moved and Ms. Dixon seconded a motion passed 4-0 to support SB 1236 as currently written.

5. Executive Officer Evaluation

The Board went into closed session at 1:25 PM pursuant to Section 11126(a)(1) of the Government Code to evaluate the executive officer.

It returned to open session at 1:45 PM, and President Mansdorf announced it had conducted that review.

Having completed its agenda and all action items, and there being no further business, the Board adjourned at 1:45 PM.

Submitted to the Board for approval November 16, 2012.

APPROVED:

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President
Board of Podiatric Medicine

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Exhibit C



STRATEGIC PLAN

2011-2014

Adopted February 11, 2011

OUR MISSION

The mission of the Board of Podiatric Medicine is to ensure protection of consumers under the laws of California through the setting and enforcement of contemporary standards and the provision of accurate and timely information that promotes sound consumer decision-making.

OUR VISION

The Board's public policy leadership will enhance continuing competence standards, informed consumer choice, and open access to high-quality foot and ankle care.

OUR VALUES

BPM values . . .

- representing the public
- responsiveness to consumers and licensees
- public access to information, assistance and service
- integrity and competence in serving the public
- collaboration with other organizations
- proactive approaches that prevent patient harm

GOALS AND OBJECTIVES

GOAL 1. *Maintain excellence of service within current resources.*

Objectives:

1.1 Continue operations without backlogs.

Major activities:

- Manage licensing and enforcement programs to stay current daily without additional staff
- Support licensing and enforcement coordinators as chief program officers of Board
- Keep focused on core functions of licensing and enforcement

1.2 Maintain the issuance of licenses the same day all requirements met.

Major activities:

- Maintain close communication with applicants
- Maintain primary source verification and enforce it

1.3 Keep expediting investigation of consumer complaints and prosecution of open cases.

Major activities:

- Support Enforcement Coordinator
- Achieve Staff Manager promotion recognizing breadth of responsibility
- Continue monitoring enforcement matrix reports on case processing timeframes

1.4 Maintain quality probation monitoring.

Major activities:

- Continue retired annuitant program
- Insure Board's final orders are effectively enforced

1.5 Support Continuing Competence initiatives.

Major activities:

- Support the Licensing Coordinator, recognizing the importance of good licensing in Licensing Board effectiveness in consumer protection and efficient use of public resources
- Monitor the longitudinal decline in consumer complaints and respond appropriately to opportunities to serve as ambassadors for preventing patient harm rather than responding to it once harm has been done
- Urge Federation of Podiatric Medical Boards (FPMB) to encourage other State licensing agencies to implement its *Model Law* Continuing Competence provisions
- Support Department of Consumer Affairs (DCA) and other boards in Continuing Competence as appropriate

1.6 Continue licensure of all residents and annual review and approval of graduate medical education programs.

Major activities:

- Maintain the Residency License requirement
- Seek sunseting of the four-year cap on graduate medical training
- Consider whether residency approvals should be nationalized now or in the future, or if California's program should be maintained

GOAL 2. *Maintain credibility and respect of BPM's integrity.*

Objectives:

2.1 Continue the public-service ethic so many have contributed to over succeeding decades, realizing BPM as an institution is of great importance to patients and the profession.

Major activities:

- Emphasize the statutory mission
- Support Board development and the Members' importance as a Board
- Promote the goals and objectives of the Board

2.2 Remain open, candid and responsive.

Major activities:

- Maintain unspotted positive press coverage
- Build on confidence from profession to enhance consumer outreach
- Support Departmental programs

2.3 Represent the public

Major activities:

- Maintain BPM culture that licensee and lay Board Members are equal
- Maintain BPM culture that licensee and lay Board Members have same statutory role
- Maintain BPM culture that licensee and lay Board Members all represent the public at large

2.4 Maintain good government values

Major activities:

- Reflect well on California State government
- Focus on the positive aspects and developments
- Take opportunities as they present themselves to advance public policy

GOAL 3. *Work collaboratively with other organizations.*

Objectives:

3.1 Utilize Departmental services and follow its lead.

Major activities:

- Implement BreEZe in 2012-13 for online credit card transactions
- Distribute *You and Your DPM* brochure
- Pursue Spanish language *You and Your DPM*
- Participate in DCA Board and Bureau Conferences

3.2 Maintain liaison with California Podiatric Medical Association.

Major activities:

- Maintain good liaison with CPMA Board
- Continue participation at House of Delegates
- Continue exhibiting at Western Foot and Ankle Conference

3.3 Continue involvement with Federation of Podiatric Medical Boards.

Major activities:

- Seek election of a California representative on FPMB Board
- Support updates to *Model Law* as indicated, e.g., equivalent exams

GOAL 4. *Remove barriers to podiatric medical care.*

Objectives:

4.1 Support Legislative consideration of full FPMB *Model Law* scope of practice for benefit of Californians.

Major activities:

- Coordinate with CPMA in five-year follow-up to AB 932 of 2004
- Support efficient delivery of high quality care in all California health facilities
- Work with the profession as it develops its evolution, standards and direction for the future

4.2 Support inclusion in State's publicly-supported health science teaching centers.

Major activities:

- Support complementary CPMA and podiatric medical school initiatives
- Keep focus on obtaining UC-sponsored podiatric medical residency programs

OUR STAKEHOLDERS -- THEIR NEEDS AND WANTS

BPM's success depends on a clear understanding of our statutory mission and the needs of the public. Our public stakeholders include:

- ❑ Consumers, who seek accurate and timely information about providers.
- ❑ Licensees, who seek expeditious and accurate services, fair administration of the law, and timely and accurate communication on issues of interest to them.
- ❑ Applicants, who seek expeditious and accurate services, fair administration of the application process, and timely and accurate communication on issues of concern.
- ❑ Health facilities, which seek clear licensing information.
- ❑ Staff, who seek clear direction, recognition by management, and training programs to better serve our stakeholders and grow professionally.
- ❑ Other state agencies, which seek accurate and timely information.
- ❑ The Legislature, exercising its lawmaking, authorization, budgeting and oversight roles.

ENVIRONMENTAL SCAN

External environment factors include:

- ❑ Fiscal Challenges -- BPM must do the best job possible with the resources available.
- ❑ Accountability -- BPM seeks to follow the soundest possible administrative procedures.
- ❑ Advancing Technology -- BPM attempts to stay current to the fullest extent practicable.
- ❑ Business and the Economy -- As an agency that licenses doctors treating millions of Californians annually, the health care community expects BPM to operate efficiently and partner to protect podiatric medical patients.
- ❑ Changing Demographics -- California's population is increasing, aging and growing more diverse every day.

Exhibit D



POSTION DESCRIPTION FOR BOARD MEMBERS

As a **Board of Directors**, 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 fiduciary responsibility, guards against the taking of undue risks, determines priorities, and generally directs organizational activity. It delegates administration to its executive officer, but remains involved through oversight and policy making. The board members are ultimately accountable for all agency actions.

As a **judicial body**, the Board serves as a jury. The members must be careful to avoid *ex parte* communications with licensees, attorneys, and staff regarding upcoming proposed decisions from administrative law judges that the Board must review based only on the legal record.

Specific Contributions

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

Adopted by the Board of Podiatric Medicine 12/6/91



POSITION DESCRIPTION FOR BOARD PRESIDENT

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 licensing and law enforcement agency. She/he optimizes the Board's relationship with its executive officer and the public.

Specific Contributions

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

Adopted by the Board of Podiatric Medicine 12/6/91



POSITION DESCRIPTION FOR EXECUTIVE OFFICER

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.

Specific Contributions

1. Lead staff planning to achieve Board goals and ensure that implementation adheres to Board policies, and is effective, prudent, ethical, and timely.
2. 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.
3. Annually evaluate the agency's performance.
4. Make certain there is adequate funding to achieve the Board's policies.
5. 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.
6. See that there is adequate, effective staffing. Motivate staff. Develop training, professional development, and career ladder opportunities. Build teamwork. Delegate responsibilities without abdicating accountability.
7. Develop an office climate and organizational culture that attracts and keeps quality people.
8. Provide for management succession.
9. Develop annual goals and objectives and other appropriate staff policies.
10. Serve as the agency's chief spokesperson and see that the Board is properly presented to its various publics.

Adopted by the Board of Podiatric Medicine 12/6/91



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

Medical Board of California
BOARD OF PODIATRIC MEDICINE
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POLICY DECISION: Delegation of Authority Concerning Stay Orders

The authority to approve or deny a Petition for Stay Order is delegated to the board's executive officer.

Method of Adoption: Board Vote

Date of Adoption: May 5, 1995



POLICY DECISION: Promotional Reference to the Board of Podiatric Medicine (BPM) by Consultants, Expert Reviewers/Witnesses, Practice Monitors and Examination Commissioners

Licenses acting as medical consultants, expert reviewers/witnesses, practice monitors and/or examination commissioners shall not reference their affiliation with the BPM in any promotional activity or advertisement.

Method of Adoption: Board Vote

Date of Adoption: February 28, 1986

Revision Date: May 3, 2002
October 15, 2010



POLICY DECISION: Minimum Requirements for New Medical Consultants, Experts, and Examiners

1. Hold a current, valid and unrestricted California license to practice podiatric medicine.
2. Be active in the practice of podiatric medicine in the subject area being reviewed.
3. Have completed a postgraduate medical education program approved by the Council on Podiatric Medical Education.
4. Be certified by the American Board of Podiatric Surgery and must maintain a current certificate.
5. Have surgical staff privileges in at least one general acute care hospital facility.
6. Must not have been subject to disciplinary action by the BPM, i.e., the filing of an Accusation or Statement of Issues that was not withdrawn or dismissed.
7. Must not be under BPM investigation for a violation of any laws relating to the practice of medicine at the time of appointment or be the subject of such a case pending in the Attorney General's office.
8. Must not have been the subject of a field investigation by the BPM within the last five (5) years that was not closed and deleted from Medical Board records.
9. In the event of a conflict of interest, must recuse themselves from the review or examination.
10. Must not misrepresent his or her credentials, qualifications, experience or background.

Method of Adoption: Board Vote
Date of Adoption: June 5, 1987
Revision Date(s): December 7, 1990
January 25, 1994
November 6, 1998
May 5, 2000
November 3, 2000
June 6, 2003
October 15, 2010
February 11, 2011



POLICY DECISION: Selection, Training and Evaluation of Board of Podiatric Medicine (BPM) Medical Consultants

1. Potential DPM Medical Consultants shall be reviewed and nominated to the Consultant pool by the Board's Enforcement Committee.
2. New candidates must be approved by unanimous vote of the Board Members present at a noticed public meeting.
3. Following approval by the Board, Consultants shall certify in writing prior to beginning work that they have received and read the current *BPM Enforcement Manual*.
4. Likewise, all consultants shall so certify receipt and reading of each revision to the *BPM Enforcement Manual*.
5. Consultants shall be evaluated at least on an annual basis.
6. Staff shall organize training sessions for consultants every two years as practicable, and each working consultant must have participated in a BPM training session before beginning work and within the past four years at all times.
7. Consultants may serve for eight consecutive years, and have at least a two-year break in service before being eligible for re-nomination by the Enforcement Committee.

Method of Adoption: Board Vote

Date of Adoption: February 11, 2011

Exhibit

E

**BAGLEY-KEENE OPEN MEETING ACT
TOP TEN RULES
(August 2011)**

[NOTE: GC § = Government Code Section; AG = Opinions of the California Attorney General.]

- 1. All meetings are public. (GC §11123.)**
- 2. Meetings must be noticed 10 calendar days in advance—including posting on the Internet. (GC §11125(a).)**
- 3. Agenda required—must include a description of specific items to be discussed (GC §§ 11125 & 11125.1). No item may be added to the agenda unless it meets criteria for a special or emergency meeting. (GC §11125(b).)**
- 4. Meeting is “gathering” of a majority of the committee where committee business will be discussed. Includes telephone & e-mail communications. (GC § 11122.5).**
- 5. Public comment must be allowed on open session agenda items before or during discussion of each item and before a vote. (GC §11125.7.)**
- 6. Closed session is authorized only to consider a report pertaining to a specific licensee when necessary to protect the privacy of such a licensee. (B&P Code Sections 1696, 2770.10, 4869, GC Section 11126(c)(2)—advisory body that does not include quorum of full body where matter would constitute unwarranted invasion of privacy if discussed in open session)**
- 7. At least one board staff member must be present to record topics discussed and decisions made because staff is required by law to maintain a minute book with that information. (GC § 11126.1).**
- 8. No secret ballots or votes except mail votes on enforcement matters. (68 AG 65; GC §11526.)**
- 9. No proxy votes. (68 AG 65.)**

10. **Meetings by teleconferencing (GC §11123.)**
 - a. **Suitable audio or video must be audible to those present at designated location(s). (subd. (b)(1)(B).)**
 - b. **Notice and agenda required. (subd. (b)(1)(A).)**
 - c. **Every location must be open to the public and at least one board member must be physically present at the specified location. All members must attend at a public location. (subds. (b)(1) (C), and (F).)**
 - e. **Rollcall vote required. (subd. (b)(1)(D).)**
 - f. **Emergency meeting closed sessions not allowed. (subd. (b)(1)(E).)**

Reference: January 2011 "Public Meetings" Memorandum & Attached Guide to the Bagley-Keene Open Meeting Act

http://www.dca.ca.gov/publications/bagleykeene_meetingact.pdf

ETHICAL DECISION MAKING

Handout #2

Questions	Mandatory Disqualification	Need Further Discussion
<p>Have you served as</p> <ul style="list-style-type: none"> • investigator • prosecutor, or • advocate <p>before or during the adjudicative proceeding?</p>	Yes	
<p>Are you biased or prejudiced for or against the person?</p> <p style="text-align: center;">or</p> <p>Do you have an interest (including a financial interest) in the proceeding?</p>	Yes	
<p>Have you</p> <ul style="list-style-type: none"> • engaged in a prohibited ex parte communication before or during adjudicative proceeding (may result in disqualification)? <p>OR</p> <ul style="list-style-type: none"> • complained to you about investigation currently in progress and said how great he or she is <p>√ “Ex parte” communication: direct or indirect communication with you by one of the parties or its representative without notice and opportunity for all parties to participate in the communication (e.g. applicant or licensee (or someone acting on that person’s behalf))</p>		Yes
<p>Do you or your spouse or a close family member (such as an uncle or cousin) have personal knowledge of disputed evidentiary facts concerning the proceeding?</p>		Yes
<p>Do you doubt your capacity to be impartial?</p>		Yes
<p>Do you, for any reason, believe that your recusal would further the interests of justice?</p>		Yes