



MEDICAL BOARD OF CALIFORNIA
BOARD OF PODIATRIC MEDICINE
1420 HOWE AVENUE, SUITE 8, SACRAMENTO, CA 95825-3229
PHONE: (916) 263-2647 FAX: (916) 263-2651
CALNET: 8-435-2647 TDD: (916) 322-1700



PAUL J. CALIFANO, D.P.M., *President*
JOSEPH M. GIRARD, M.B.A., J.D.

www.dca.ca.gov/bpm

ANNE M. KRONENBERG, *Vice President*

ELAINE S. DAVIS, D.P.M.
IVA P. GREENE, M.A.

Joint Legislative Sunset Review Committee Presentation

Anne M. Kronenberg, *Vice President*
Board of Podiatric Medicine
December 4, 2001

Good afternoon. I am Anne Kronenberg, the vice president of the Board. It was an honor to be appointed by the Senate Rules Committee.

Of the issues covered in our *Sunset Review Report*, it might be appropriate to highlight the national *Model Law* and complaint disclosure.

Complaint Disclosure

The Board voted unanimously to endorse the Department's important effort to improve complaint disclosure.

We believe this will work best if:

1. there is a law mandating uniform requirements for all boards & bureaus
2. it is accomplished without large increases in staffing, by providing complaint history summaries that can be generated by our automated data systems
3. the disclosure is automatic, without requiring subjective decision making that could generate allegations of selective or malicious disclosure, and
4. exceptions are authorized for complaints closed without merit, or if disclosure might compromise law enforcement

The most frequently asked question is: "Are there any complaints about this doctor?" Keeping this information secret undermines our service to the public.

FPMB Model Law

Since the last sunset review, we worked with the other 50 state licensing boards, through the Federation of Podiatric Medical Boards (FPMB), to develop a *competency-based* model practice act.

The Federation was guided by the Pew Health Professions Commission, which in 1998 recommended "using the least restrictive practice acts for each profession as models for the rest of the states, unless . . . a given act was enacted on grounds other than evidence of competence."

The Pew Taskforce on Health Care Workforce Regulation was following its earlier vision to encourage "a flexible, rational and cost-effective health care system which allows effective-working relationships among health care providers."

The Federation's *Model Law* is based on those principles. Our Board has endorsed it.

The Federation's objectives are to:

1. facilitate uniformity among state licensing requirements
2. increase license portability across state lines, and
3. improve patient care by allowing licensees to utilize their scope of training & competence more fully

The *Model Law* would make several changes to California's podiatric medical practice act:

1. Require two-years of residency training, rather than just one

As podiatric medicine has grown more sophisticated, educators now consider one year insufficient prior to entering practice. The American Podiatric Medical Association has advocated two years since 1995.

2. Modernize the practice act to current levels of education and training

Like other doctors, DPMs are restricted by their competence and training, through peer review and privileging. Unlike other doctors, they are also restricted by their license. The *Model Law* would retain that distinction, but would liberalize the restricted scope.

The current statute dates from 1921. It was written to restrict chiropody, an extinct forerunner to podiatric medicine as we know it today. DPMs sometimes find themselves hamstrung from performing routine procedures that patients and medical staffs want them to perform. Current law sometimes forces procedures to be performed by persons with less medical training.

3. Replace the current oral exam with a written, computerized exam

The National Board of Podiatric Medical Examiners' clinical exam (Part III) is:

- validated
- computerized
- based on solid occupational analyses
- used by 39 other states, and
- could be administered through the Department's test center network

At DCA's urging, we are moving to use this National Board exam by fall, 2002. *The Model Law* would provide explicit statutory authority.

4. Fine tune the continuing competence pathways

The program is working. *The Model Law* would refine it based on our experience to date.

5. Write primary source verification of licensing credentials into the law

Current standard operating procedures to prevent fraud should not be subject to bureaucratic discretion.

6. Authorize the Medical Board's DPM licensees to advertise as "podiatric physicians and surgeons"

That is the profession's own common terminology nationally, as reflected in the California Podiatric Medical Association's newsletter, *The California Podiatric Physician*. The American Podiatric Medical Association reports that 36 States permit DPMs to advertise in this manner.

Thank you very much. We have submitted written answers to your list of questions, and appreciate this opportunity to discuss them with you.