



**MEDICAL BOARD OF CALIFORNIA
BOARD OF PODIATRIC MEDICINE**
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**BOARD OF PODIATRIC MEDICINE
SUNSET REPORT IN BRIEF**

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"To provide for a **majority of public members** without decreasing the current number of licensee members, the board is proposing a configuration of nine members (4 licensee and 5 public). An alternative composition of seven (3 licensee and 4 public) would only increase the size of the board by one member." (page 2)

"In 1989, BPM-sponsored legislation **raised the biennial DPM license renewal fee to \$800**, effective in 1990. While this is still significantly higher than the current fee for MDs, the increase was necessary to support a credible enforcement program. Enforcement for public protection comprises **71% of BPM's budget**. The board has cut all other areas of its budget to ensure uncompromised enforcement without further fee increases." (page 10)

"The board is proposing **to supplement CME with a continuing competency requirement**, which would also be enforced through a self-certification under penalty of perjury and random audit." (page 18)

Revocations and Surrenders During Prosecution	
1950s.....	2
1960s.....	2
1970s.....	7
1980s.....	19
1990s(thru 3/4th of decade.....)	27
<i>A record number of 26 cases was sent to the AG or DA in FY 1996/97.</i>	

The board "has endorsed the U.C. Commission on the Future of Medical Education's July 1997 recommendation that the University should 'Study California's health care workforce at least once every three years **and make appropriate adjustment of the number and mix of health professionals educated in the UC system.** . . . To assure that UC's health professions education programs are responsive . . . , **studies at three year intervals should encompass all health professions.**" (page 21)

"Since **BPM's licensees practice medicine**, it seems in the public interest to strengthen rather than weaken ties with the umbrella Medical Board." (page 36)

"The Medical Board discloses public information about DPMs through its verification unit (916-263-2382) and BPM has asked that it also **include DPMs** in verifications information provided to consumers and health facilities over the **Internet** (www.medbd.ca.gov). " (page44)

Yessian argues in the Bulletin of the Federation of State Medical Boards that boards "are being compelled to face a **paradigm shift of major significance**-from a system grounded in self-regulation by the medical profession itself to one based on protecting the public in accord with its expressed interests. . . In the public protection paradigm, medical licensure authorities are public, not professional, bodies focused on public protection." (page 52)

The Board of Podiatric Medicine's 1997 survey of patients contacting the Medical Board with complaints about foot care found that **60% would 'have more confidence in the board' and that 54% would 'be more likely to file a complaint' if "the board was composed of a majority of public members."** p. 52 "Consumer services staff in the Medical Board's Central Complaint Unit say these results reflect comments complainants make directly to them." (page 68)

Thomas H. Meikle, MD, former dean of Cornell University Medical College and president of the Macy Foundation comments that "State governors, legislators, and the public need to be informed that . . . **state medical boards are the unactivated levers to reform medical education.**" (page 54)

"Because patients vary in their ability to evaluate and choose medical providers, **it is essential for medical boards to expand consumer education and disclosure** of provider information in a unified, user-friendly, easy-to-access manner." (page 56)

"BPM concurs in comments Edward O'Neil, Ph.D. of the UCSF Center for the Health Professions has made: **'It should not be construed that . . . such special knowledge should in any way give the podiatrists any exclusive claim** on the treatment of the foot." (page 57)

BPM "is working to hasten the day when it can be sunsetted and its programs fully merged back to the Medical Board without concern about professional discrimination." (page 61)

"**There is no more effective way to improve quality care than to continually improve medical education. For the enhancement of care to Californians, podiatric medical residents should be included in the mix of professionals provided at least some access for training in the state's publicly-supported health science teaching centers.**" (page 65)

November 3, 1997