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## Joint Legislative Sunset Review Committee Presentation

**Paul J. Califano, DPM, *President***  
**Board of Podiatric Medicine**  
**December 4, 2001**

### Introduction

Good afternoon. I am Dr. Paul Califano, the president of the Board of Podiatric Medicine (BPM).

With me are Ms. Anne Kronenberg, our vice president, and Jim Rathlesberger, our executive officer. We are pleased to testify about our licensing and consumer protection law enforcement programs.

Podiatric medicine provides great benefits. But like other specialties, in the hands of the incompetent, negligent, or unscrupulous, it can do great harm. We are your appointed watchdogs.

Four years ago, Senator Presley--now Secretary Presley--appeared before this committee as the BPM president. Senator Presley had accepted appointment to our Board recognizing we were the first state agency to support his bills to reform physician discipline. The Center for Public Interest Law sponsored those "Presley Bills," which had met some resistance before being enacted into law in the early 1990s.

The Sunset Review four years ago continued moving us towards 20<sup>th</sup> Century expectations. Now, the next Century has begun. We need to continue moving forward.

### The Last Review

In 1997, we proposed increasing our "public membership." We thank you for the additional public member you provided.

We must keep in mind, however, that *all* board members--licensees and non-licensees alike--are appointed to the same duties. My functions and responsibilities are identical to Ms. Kronenberg's. This is a matter of law. When we wear our BPM hats, we are all responsible for representing *the public*.

***"Boards are established to protect the people of California."  
 Section 101.6, B&P Code***

Four years ago, you also sunsetted our Diversion Program, as we recommended with concurrence from the Department and the Center for Public Interest Law. Impaired DPMs are no longer diverted from discipline in any way. Impaired doctors may enter private rehab programs confidentially, on their own, without our knowledge. If we receive complaints that lead to their being disciplined, participation in such a program will be a term and condition of probation. Non-compliance will lead to revocation. Sunsetting diversion has worked well. Again, we thank you very much.

Also with your support four years ago, we became the first doctor-licensing board in the country to move beyond CME. You enacted a peer-review-based continuing competence program. This was recommended by expert panels like the Pew Health Professions Commission, which was staffed by the UCSF Center for the Health Professions. Competence should be maintained throughout one's medical career. It should be demonstrated on a regular basis, not just at the initial point of licensure. This will help *prevent* patient harm. Our program is working. It will be strengthened as we move forward.

### **The Board**

The BPM is a small unit of the Medical Board of California (MBC) that licenses roughly 2,000 Doctors of Podiatric Medicine (DPM):

- We have 5 immediate staff
- We rely on services--that we pay for--from the Department, the Attorney General, and the Medical Board
- We utilize the Medical Board's complaint, investigation, discipline coordination, and license verification units
- Our BPM budget is about \$1 million
- Our biennial renewal fee--currently \$900--is the highest in the state
- DPM predecessors were licensed by the Medical Board since the 1800s
- Leaders of the profession's early development included MDs who saw chiropodists filling an important niche ignored by organized medicine
- The Chiropody Examining Committee became a separate unit of the Medical Board in 1957
- BPM is now essentially autonomous, having its own board accountable to the Governor and the Legislature through the Department and Agency
- There are 7 Board Member positions--4 licensees and 3 non-licensees
- The functions are licensing and discipline, under the same laws applying to MDs

Following Senate hearings in 1988 and your increase of our renewal fee to \$800 the following year, BPM initiated meaningful consumer protection law enforcement. In the 1990s, revocations and surrenders more than doubled:

#### **Revocations & Surrenders During Prosecution**

1950s.....	2
1960s.....	2
1970s.....	7
1980s.....	19
1990s.....	41

### **The Licensees**

Podiatric medicine is a unique profession:

- It is organized separately from the rest of medicine
- It has its own APMA association
- It has its own accrediting body, and its own schools, residencies and specialty boards
- DPMs are independent practitioners of medicine within their scope of practice, generally the foot, ankle, and related structures
- They are licensed by the Medical Board itself under the Medical Practice Act

Our licensing standards are not low:

- Since 1984, BPM has subjected applicants to a rigorous oral clinical competency exam
- The pass rate has been 75% of those who have already completed residency and passed the National Boards
- Unlike physicians, the DPM's scope of practice is restricted--by the license itself--to the area of specialty training, i.e., the foot, ankle, and related structures
- Unlike MDs, DPMs are required to maintain CPR certification
- Unlike MDs, they are required to meet at least one of several pathways demonstrating continuing competence, not just CME, at every two-year license renewal
- There is no government diversion program for impaired DPMs
- BPM requires all podiatric medical schools to apply for approval annually
- BPM requires all residency programs in California to apply for approval annually
- BPM requires all residents to possess a state training license

Thank you. Ms. Kronenberg will now complete our remarks.