



**LEGISLATIVE COMMITTEE**  
**MAY 20, 2015**

**SUBJECT: ANKLE CERTIFICATION STUDY STATUS REPORT**

**ACTION: RECEIVE STATUS REPORT REGARDING BPM ANKLE  
CERTIFICATION STUDY**

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### **RECOMMENDATION**

Receive and file status update regarding the ankle certification study.

### **ISSUE**

At the March 6, 2015 BPM Board meeting, the Board approved a motion (Attachment A) which directed the Executive Officer to begin a study to determine whether continued reference to ankle certification should be removed from section 2472 of the California Business and Professions Code ("BPC")

### **DISCUSSION**

The discussion below summarizes the actions taken by staff over the last several weeks since Board approval of the Board of Podiatric Medicine ("BPM") Zapf Motion to study whether continued reference to ankle certification on or after January 1, 1984, should be removed from section 2472 BPC.

Staff is pleased to report that since approval of the Zapf Motion, the executive office has facilitated and finalized a request with the Department of Consumer Affairs ("DCA") Office of Information Services ("OIS") for a data extraction of the BPM licentiate population. It is anticipated that OIS staff will be able to provide enhanced data drilling beyond the capabilities available to staff that will be assistive to focused data analysis. Focused data analysis will allow a clear and accurate picture of the current licentiate profile based on a number of criteria not solely reliant on data indicators listing of possession of ankle certification alone.

For example, while previous reporting on ankle certification conducted in 2011 indicated a full 82% of BPM's licensees held ankle licensure, additional data helpful for understanding the statistical profile of the non-ankle licensed subset of the licentiate population was not provided. It is postulated that additional data factors such as age, license issuance date, current license status whether inactive, delinquent, retired, disabled or military, location within the state in addition to certain other miscellaneous modifiers will permit a more accurate and detailed picture of this subset of the licensee population.

Additionally, in a lock-step and complimentary effort, the executive office has again partnered with SOLID Planning Solutions to develop and finalize a targeted licensee research survey that will specifically seek information related to non-ankle certified podiatric medical practice. The research survey is currently under development and it is hoped that the raw data generated of participants will provide a clearer snapshot of existing practice trends related to licensing including but not limited to:

- Years of Practice
- Anticipated number of years before retirement
- Geographic location of practice
- Facility privileges currently held, if any
- Likelihood of pursuing facility surgical privileges if permitted under law

When completed the ankle certification report will provide extremely valuable information regarding BPM's non-ankle certified physicians and a solid basis for determining whether continued reference to ankle certification should be removed from section 2472 BPC.

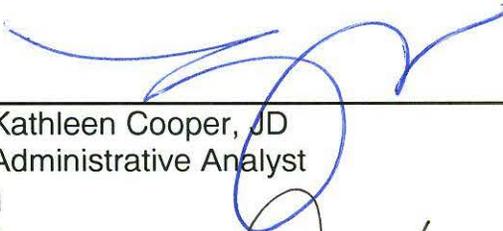
### **NEXT STEPS**

It is anticipated that data analysis will be completed in June with a final report of the ankle certification study presented to the BPM Board following action on a recommendation by Committee in August.

### **ATTACHMENTS**

A. Zapf Motion – February 18, 2015

Prepared by: Kathleen Cooper, JD, Administrative Analyst



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Kathleen Cooper, JD  
Administrative Analyst



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Jason S. Campbell, JD  
Executive Officer

**MOTION BY:  
DIRECTOR MICHAEL A. ZAPF, DPM**

**Legislative Committee of the Board of Podiatric Medicine  
February 18, 2015**

**Committee Agenda Item No. 3 (LG):**

WHEREAS passage of legislation in 1983 (chapter 305, Statutes of 1983) clarified that treatment of the ankle was in fact part of the licensed scope of practice for doctors of podiatric medicine;

WHEREAS podiatric physicians passing a rigorous and sophisticated oral examination for ankle certification administered by the Board of Podiatric Medicine ("BPM") have had the licensed authority to surgically treat the ankle in addition to the human foot;

WHEREAS SB 1981 (Greene, Chapter 736, Statutes of 1998) repealed the requirement that doctors of podiatric medicine obtain a certificate from BPM in order to perform ankle surgery and simply authorized all doctors of podiatric medicine certified by BPM after January 1, 1984, to perform ankle surgery;

WHEREAS the law defines podiatric medicine to mean the diagnosis, medical, surgical, mechanical, manipulative and electrical treatment of the human foot including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot;

WHEREAS enactment of AB 932 of 2004 removed outdated statutory language prohibiting doctors of podiatric medicine from performing partial foot amputations and essentially created a two-tier system of licensure between doctors of podiatric medicine who were ankle certified on or after January 1, 1984, and permitted to perform amputations from those who were not;

WHEREAS BPM offered non-ankle certified podiatric physicians additional ankle certification examination opportunities in order to permit them to continue performing digital amputations as part of their podiatric medical practice in the care, treatment, management and preservation of diabetic foot;

WHEREAS ankle certification examinations were again discontinued in 2010 due to a lack of demand from the podiatric medical profession;

WHEREAS thirty years (30) have now passed wherein surgical treatment of the ankle has been affirmed and recognized as part of the legitimate licensed scope of practice for doctors of podiatric medicine;

I THEREFORE, MOVE that the Board of Podiatric Medicine instruct the Executive Officer to:

1. Study to determine whether continued reference to ankle certification on or after January 1, 1984, should be removed from section 2472 of the California Business and Professions Code and to report back to Committee in May with findings and a recommendation.

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