



**BOARD OF PODIATRIC MEDICINE
MAY 20, 2015**

SUBJECT: BOARD OF PODIATRIC MEDICINE (“BPM”) CONSENSUS POLICY

ACTION: REVIEW AND APPROVE CONSENSUS POLICY

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RECOMMENDATION

Consider and discuss adoption of the proposed Consensus Policy (“Policy Compendium”)

ISSUE

The BPM has outlined legislative and regulatory objectives in its current Strategic Plan that indicate that the Executive Officer (“EO”) should help facilitate and enhance awareness of legislation impacting the practice of podiatric medicine. Included in the increased participation at the State Capitol are the publically stated positions relating to pending and amended legislation. As the BPM meets quarterly, and the EO is unable to get BPM approval in a timely fashion between meetings, policies could be adopted by BPM that will allow the EO to use these policies in circumstances that would actively support the BPM’s positions in between quarterly board meetings.

BACKGROUND

BPM staff reviews relevant bills that are introduced in the legislature. If a bill impacts BPM, the EO would be able to enhance BPM’s position prior to legislation going forward if BPM gives the EO the authority to take action. Without BPM achieving prior consensus on policies and giving the EO the ability to further BPM’s positions, the EO must wait for the next quarterly Board Meeting. This current situation could be enhanced if BPM could give the EO authority to speak on behalf of BPM when opportunities for input are available. This will enhance BPM’s ability to take a proactive rather reactive stance on foreseeable issues

DISCUSSION

BPM has stated in its Strategic Plan that it would like to achieve a proactive posture in addressing issues that protect consumers; assess methods to leverage contacts at the State Capitol, so that legislation benefits consumers and BPM stakeholders; pursue elimination of current limitations on education to expunge outdated

regulation that limits postgraduate medical education caps; achieve parity licensing between medical doctors and doctors of osteopathy in conjunction with the California Podiatric Medical Association's Physician and Surgeon Taskforce; and, increase stakeholder participation at Board meetings to improve communication between stakeholders and the Board concerning legislative priorities. These are the types of policies that could be specifically outlined in a Policy Compendium that will outline the issues that BPM wants the EO to actively support or oppose.

ALTERNATIVES

BPM could continue adapting to proposed legislation, regulations, and policies as they develop and advise the EO to take action during the four times per year that the Board is in session. If the BPM chooses to continue as it is currently positioned, the EO will be unable to be proactive rather than reactive to issues as they arise.

NEXT STEPS

BPM could begin the process of listing specific policy areas where there is consensus and direct the EO to take timely positions in furthering BPM's agenda. A Policy Compendium could be created whereby the EO is given direction and the authority to act on behalf of BPM when it is not in session.

The first step would be for BPM to agree that this is an important step in facilitating their desire to become more involved in the legislative process as stated in the current BPM Strategic Plan. Additionally, Board Members should begin listing positions that are important BPM and clearly outline the desired position to be taken by BPM. The agreed upon positions could then be listed in a Policy Compendium.

The Policy Compendium could be an ongoing and adaptable guide for the EO that will allow for BPM staff to implement the stated policies of BPM in a timely and meaningful manner.

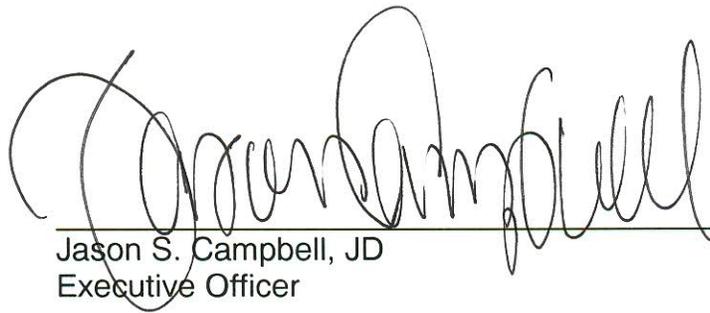
ATTACHMENTS

Attachment A – Policy Compendium Example

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ATTACHMENT A

BOARD OF PODIATRIC MEDICINE **POLICY COMPENDIUM** **(Example)**

SCOPE OF PRACTICE

Policies and Principles

- 1) The Department of Consumer Affairs, (DCA), the Board and other healthcare boards of the DCA are duty-bound, first and foremost to protect and serve California Consumers.
- 2) Protecting and serving healthcare consumers requires that DCA and its member healthcare boards assure, as best as practicable, that healthcare consumers are:
 - a. Evaluated and Managed by California licensees practicing within their scope of practice, and defined by law or regulation;
 - b. Evaluated and managed by licensees who are in compliance with all applicable federal state and local laws and regulations;
 - c. Evaluated and managed by competent licensees, practicing within community standards of care; and,
 - d. Entitled to be evaluated and managed in accordance with the highest standard of care applicable to any of the licensed or certificated practitioners.
- 3) The Board holds that all California Consumers should know the background, training, education, certification and history of disciplinary actions of any healthcare provider that they may consider seeing.
- 4) The Board recommends that any legislatively proposed expansion of scope of practice include criteria to be met regarding education, training, proctoring, certification and continuing oversight of any practitioner who obtains expanded scope. First and foremost consumers must be protected and any proposed scope expansion must assure adequate mechanisms and oversight to reduce patient risk of harm. Care provided to patients in California should be of the same quality, regardless of who is providing the care.

CONTINUING MEDICAL EDUCATION (CME)

Policy Statement

The Board opposes the concept of mandated CME topics. The Board believes that each licensed physician should decide which type of continuing education is most appropriate for their particular practice.

FUNDING FOR THE EDUCATION OF DOCTORS OF PODIATRIC MEDICINE

Policy Statement

The Board supports additional funding for the education of doctors of podiatric medicine, including funding for additional residency positions and funding schools educating doctors of podiatric medicine in California.