



**EXECUTIVE MANAGEMENT COMMITTEE
AUGUST 19, 2015**

SUBJECT: BOARD OF PODIATRIC MEDICINE (“BPM”) 2015/16 SUNSET REVIEW REPORT

ACTION: CONSIDER AND DISCUSS DRAFT SUNSET REVIEW REPORT COVERING SECTIONS 1-3, 9, 10, 11 AND 12

8

RECOMMENDATION

Discuss and consider the draft sections of the 2015/2016 Sunset Review Report.

ISSUE

The BPM Sunset Review Report for 2015/2016 must be completed and submitted to the Joint Legislative Sunset Review Committee (“JLSRC”) by December 1, 2015.

DISCUSSION

BPM is scheduled for automatic repeal on January 1, 2017, unless the Legislature extends the date for repeal before conclusion of the 2016 calendar year through the “Sunset Review” process.

The Sunset Review process was created in 1994. The process was an effort by both chambers of the State Legislature (Joint Committee) with oversight responsibilities over licensing entities with regulatory responsibilities over specific professions and occupations to ensure the proper execution, efficiency, effectiveness and protection against incompetent practice or illegal activities of state licensed professionals. The Joint Committee prepared and forwarded a series of inquiries the committee specifically seeks addressed in a Sunset Review Report. There are a total of 62 questions to be addressed by the Board. In addition, BPM must respond to sections querying Board action and response to prior sunset issues and any new issues facing the Board.

Draft responses to sections of the report falling under Executive Management Committee jurisdiction have been prepared and are included for review and consideration by committee. The present report contains sections that remain to be address but represents a preliminary draft response to the followings sections:

1. Section 1: Background and Description of Board and Regulated Profession
2. Section 2: Performance Measures and Customer Satisfaction Surveys

3. Section 3: Fiscal and Staff
4. Section 9: Current Issues
5. Section 10: Board Action and Responses to Prior Sunset Issues
6. Section 11: New Issues
7. Section 12: Attachments

Guidance and recommendations for sections yet to be completed in addition to revisions and/or further suggestions by committee will be incorporated appropriately and forwarded for final BPM Board review at its regularly scheduled meeting. Once approved by the Board, the Sunset Review Report will be finalized and submitted to the Joint Committee on or before the requested December 1st due date.

NEXT STEPS

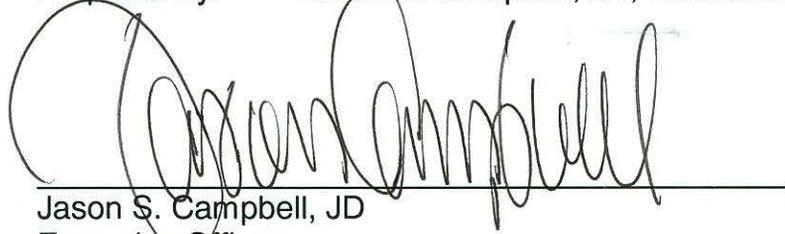
Staff will continue refining and drafting responses to questions as directed which are segregated into appropriate sections and reviewed by the respective BPM committees with subject matter jurisdiction over the particular subject areas.

Committee recommendations will in turn continue to be incorporated and submitted to the full board for consideration, discussion, input and/or approval at its regularly scheduled meeting in September.

ATTACHMENTS

- A. Draft Sunset Review Report Sections: 1, 2, 3, 9, 10, 11 & 12

Prepared by: Jason S. Campbell, JD, Executive Officer



Jason S. Campbell, JD
Executive Officer

Board of Podiatric Medicine Executive Management Committee

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

As of July 30, 2015

Section 1

Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.¹ Describe the occupation/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

History of the Board

The California Board of Podiatric Medicine (“BPM” or the “Board”) is a unit of the Medical Board of California (“MBC” or the “Medical Board”) that regulates the practice of podiatric medicine. BPM has historical roots that can be directly traced back to as early as 1957 when the Legislature authorized the creation of the Chiropody Examining Committee (“Chiropody Committee”). Prior to that time DPM licensure had been handled directly by the Board of Medical Examiners; or the forerunner of today’s Medical Board of California (“Medical Board”). Accordingly, the state’s first podiatric medical doctors were licensed by MBC and the earliest extant license in Board archives dated to 1926 to a Doctor of Surgical Chiropody.

The Chiropody Committee was created in response to podiatric medical association petitions for an independent licensing board. The legislative response was a committee intentionally structured under the auspices of the Medical Board. Originally composed of five licensed podiatric physicians and one member of the public, the Chiropody Committee was charged with receiving and approving applications; preparing and conducting examinations; and recommending persons for licensure to the Medical Board. BPM continues to operate independently under the jurisdiction of the Medical Board while making licensure recommendations for issuance of certificates to practice podiatric medicine to the Medical Board pursuant to section 2479 of the California Business and Professions Code (“B&P”).

As a result of Legislative amendments to section 2462 B&P governing membership of the Board passed in 1998, BPM is overseen today by a professional majority of four physicians holding valid certificates to practice podiatric medicine and is composed of seven members total. Each member serves four-year terms with no more than a maximum of two consecutive terms permitted. The

¹ The term “board” in this document refers to a board, bureau, commission, committee, department, division, program, or agency, as applicable. Please change the term “board” throughout this document to appropriately refer to the entity being reviewed.

Governor appoints four professional members and one public member, while the Senate Rules Committee and the Assembly Speaker each appoint one of the two remaining public members of the Board.

Notwithstanding having undergone slight changes to composition and name over the years, including the Podiatry Examining Committee in 1961 to its eventual present-day moniker established in 1986, the Board's paramount mission and commitment to public protection has never changed.

Function of the Board

Broadly speaking the purpose of BPM is to protect consumers through licensing of Doctors of Podiatric Medicine ("DPMs") and enforcement of the Podiatric Medicine Practice Act ("Article 22") of the Medical Practice Act. Accordingly, BPM is authorized to adopt, amend or repeal all regulations necessary to enable it to carry out the Podiatric Practice Act's statutory provisions pursuant to section 2470 of the California Business and Professions Code ("B&P").

The regulatory function is supplemented by explicit legislative authority for establishing the minimum qualifications and levels of competency for podiatric medical licensure; for licensing applicants; for investigating complaints; for taking disciplinary enforcement action against licensees as warranted; and for periodically verifying compliance with relevant sections of the B&P as a means of protecting the public from unfit and incompetent doctors practicing in the podiatric medical field.

The Board's licensing, regulatory and disciplinary enforcement functions are spearheaded by the mission priority for advancing public protection above all else. This effort has been greatly assisted by a number of unique initiatives advanced and adopted by the Board over the years. These have included:

- Requiring candidates for licensure to possess a Certificate of Podiatric Medical Education, representing a minimum of 4,000 hours of academic instruction from a Board-approved school.
- Requiring applicants to pass Parts I, II and III of the national board exam for assessing a candidate's knowledge, competency, and skills.
- Requiring a Podiatric Resident's License for all participants of California-based podiatric graduate medical education residency programs.
- Requiring applicants to complete two years of graduate medical education residency for licensure as a podiatric physician rather than just merely one year as is standard for other physicians.
- Annual review of California-based podiatric graduate medical education residency programs.
- Requiring primary source verification of all licensing credentials before issuing certificates to practice podiatric medicine to applicants for licensure.
- Requiring licensed Doctors of Podiatric Medicine (DPMs) to complete 50 hours of approved continuing medical education every two years.

- Requiring DPMs to demonstrate compliance with Board-mandated continuing competency requirements; the only doctor-licensing board in the country to implement such a program over and above continuing education alone.

Profession Licensed and Regulated

The Board licenses and regulates Doctors of Podiatric Medicine (“DPMs”). As a specialty focus in the care and treatment of the human foot and ankle, the practice of podiatry as branch of medicine may be said analogous to what cardiology is to the human heart or ophthalmology is to the human eye. This highly specialized group of physicians comprises a licentiate base of approximately 2,000 practitioners statewide. The scope of podiatric medical practice is defined under section 2472 B&P. Accordingly, DPMs are licensed, authorized and expected to diagnose and treat conditions affecting the foot, ankle and related structures including the tendons that insert into the foot and whose practice authorization extends to the diagnosis and medical treatment of the muscles and tendons of the leg through all nonsurgical means and modalities.

Similar to medical doctors (MDs) California DPMs may order all anesthetics and sedations and may administer all except general anesthetics—just as no MD who is not an anesthesiologist would not. Once generals are administered DPMs perform all surgeries within their scope of practice and section 2472(e) B&P specifies the various peer-reviewed facilities in which ankle surgery may be performed. Accordingly, California podiatric surgeons routinely perform basic and complex reconstructive surgeries; repair fractures and treat injuries; perform amputations and may assist MDs and osteopathic doctors (“DOs”) in any type of surgery upon the human body including non-podiatric surgical specialties falling outside the normal DPM scope of practice pursuant to B&P section 2472(d)(1)(B).

Given their near unmatched training and education in the care and treatment of the lower extremity, DPMs are in high demand. Medical specialists in the community of practice including endocrinology, geriatrics, primary care, rheumatology and vascular medicine, among others, routinely refer patients to DPMs and podiatric physicians practice in specialized areas as varied as sports medicine, biomechanics, and care and management of diabetic foot. DPMs are fully authorized and expected to perform comprehensive history and physical examinations; independently prescribe medications and controlled substances; prescribe and perform physical therapy; prescribe and fit orthotics; and perform and interpret X-rays and other imaging studies.

1. Describe the make-up and functions of each of the board’s committees (cf., Section 12, Attachment B).

The Board currently has five standing Committees as listed below. Broadly speaking, the committee structure exists as a means to research issues, develop preliminary policy plans, and to provide the necessary foundation information for discussion of pertinent issues during public meetings of the full Board. The committee structure also serves as a mechanism to address succession planning. The Board President generally assigns two individual Board members to each committee and as new

members are brought aboard they are ideally appointed to serve on committees that are chaired by more senior members who are able to impart their knowledge and expertise.

All BPM committees are advisory in nature with the exception of the executive committee which may exercise the authority of the board delegated to it by the body. None are statutorily mandated and each is generally composed of two members each. Individual committee functions are as described immediately as follows.

Executive Committee

Members of the Executive Committee include the Board's president and vice-president (elected annually), the ranking member of the Board and such other member or members as appointed by the Board president. As elected officers, this Committee may make interim (between Board meetings) decisions as necessary. This Committee also provides guidance to administrative staff for the budgeting and organizational components of the Board and is responsible for directing the fulfillment of recommendations made by legislative oversight committees.

Enforcement Committee

Members of the Enforcement Committee are responsible for the development and review of Board-adopted policies, positions and disciplinary guidelines. Although members of the Enforcement Committee do not review individual enforcement cases they are responsible for policy development of the enforcement program, pursuant to the provisions of the Administrative Procedure Act (APA).

Licensing Committee

Members of the Licensing Committee are responsible for the review and development of regulations regarding educational and course requirements for initial licensure and continuing education programs. Essentially, they monitor various education criteria and requirements for licensure taking into consideration new developments in technology, podiatric medicine and current activity in the health care industry.

Legislative Committee

Members of the Legislative Committee are responsible for monitoring and making recommendations to the Board with respect to legislation impacting the Board's mandate. They may also recommend pursuit of specific legislation to advance the mandate of the Board or propose amendments or revisions to existing statutes for advancing same.

Public Education/Outreach Committee

Members of the Public Education/Outreach Committee are responsible for the development of consumer outreach projects, including the Board's newsletter, web site, e-government initiatives and outside organization presentations on public positions of the Board. These members may act as good will ambassadors and represent the Board at the invitation of outside organizations and programs.

Very recently—following a hiatus nearly a decade long without separately convened meetings of the standing and advisory committees of the Board—consideration of issues associated with non-convening committees led the Board to approve a quarterly meeting schedule with separate open and noticed committee meetings for the 2015 calendar year. This more fully open and transparent posture has brought forth a number of significant benefits not least of which include greater opportunities for public engagement; increased occasions to address issues that are important to the practice community; and lending a more active and engaged standing committee structure.

For reference and review, Tables 1a and 1b follow immediately below and provide member attendance records and member roster dating from the last Sunset Review in 2011.

Table 1a. Attendance (Last Sunset Review 2011)			
Edward E. Barnes			
Date Appointed:	June 15, 2011		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2012	02/24/2012	Sacramento, CA	Yes
	07/20/2012	Los Angeles, CA	No
	11/16/2012	Sacramento, CA	Yes
Board Meetings 2013	02/22/2013	Orange, CA	Yes
	05/10/2013	Sacramento, CA	Yes
	09/13/2013	Los Angeles, CA	Yes
Board Meetings 2014	02/21/2014	Sacramento, CA	Yes
	05/02/2014	Sacramento, CA	Yes
	08/08/2014	Sacramento, CA	Yes
	11/07/2014	Sacramento, CA	Yes
Board Meetings 2015	12/19/2014	Sacramento, CA	No
	03/06/2015	Los Angeles, CA	No
	06/05/2015	Sacramento, CA	Term Ended 6/1/2015
Legislative Committee Meetings 2015	09/18/2015	Sacramento, CA	#
	02/18/2015	Tustin, CA - via teleconference	No
	05/20/2015	Tustin, CA – via teleconference	No
Enforcement Committee Meetings 2015	02/18/2015	Tustin, CA - via teleconference	No
	05/20/2015	Tustin, CA – via teleconference	No
# Did not seek reappointment			

John Cha, DPM

Date Appointed:	December 21, 2012		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2013	02/22/2013	Orange, CA	Yes
	05/10/2013	Sacramento, CA	Yes
	09/13/2013	Los Angeles, CA	Yes
Board Meetings 2014	02/21/2014	Sacramento, CA	Yes
	05/02/2014	Sacramento, CA	Yes
	08/08/2014	Sacramento, CA	Yes
	11/07/2014	Sacramento, CA	Yes
	12/19/2014	Sacramento, CA	Yes
Committee Meeting – (Licensing)	02/19/2015	Cerritos, CA - via teleconference	No
Board Meeting	03/06/2015	Los Angeles, CA	Yes
Committee Meeting – (Executive Management)	05/20/2015	Inglewood, CA – via teleconference	Yes
Committee Meeting – (Licensing)	05/21/2015	Inglewood, CA - via teleconference	Yes - no meeting due to lack of quorum
Board Meeting	06/05/2015	Sacramento, CA	Yes
Committee Meeting – (Executive Management)	08/19/2015	via teleconference	TBD
Committee Meeting – (Licensing)	08/19/2015	via teleconference	TBD
Board Meeting	09/18/2015	Sacramento, CA	TBD
Committee Meeting – (Executive Management)	10/21/2015	via teleconference	TBD
Committee Meeting – (Licensing)	10/21/2015	via teleconference	TBD
Board Meeting	11/13/2015	Sacramento, CA	TBD

Kristina Dixon, MBA

Date Appointed:	November 15, 2010		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2012	02/24/2012	Sacramento, CA	Yes
	07/20/2012	Los Angeles, CA	Yes
	11/16/2012	Sacramento, CA	Yes
Board Meetings 2013	02/22/2013	Orange, CA	Yes
	05/10/2013	Sacramento, CA	Yes
	09/13/2013	Los Angeles, CA	Yes
Board Meetings 2014	02/21/2014	Sacramento, CA	Yes
	05/02/2014	Sacramento, CA	Yes
	08/08/2014	Sacramento, CA	Yes
	11/07/2014	Sacramento, CA	Yes
	12/19/2014	Sacramento, CA	Yes
Committee Meeting – (Legislative)	02/18/2015	Cerritos, CA – via teleconference	Yes

Committee Meeting – (Enforcement)	02/18/2015	Cerritos, CA – via teleconference	Yes
Board Meeting	03/06/2015	Los Angeles, CA	No
Committee Meeting – (Legislative)	05/20/2015	San Bernardino, CA – via teleconference	Yes
Committee Meeting – (Enforcement)	05/20/2015	San Bernardino, CA – via teleconference	Yes
Committee Meeting – (Executive Management)	05/20/2015	San Bernardino, CA – via teleconference	Yes
Board Meeting	06/05/2015	Sacramento, CA	Yes
Committee Meeting – (Legislative)	08/19/2015	via teleconference	TBD
Committee Meeting – (Enforcement)	08/19/2015	via teleconference	TBD
Committee Meeting – (Executive Management)	08/19/2015	via teleconference	TBD
Board Meeting	09/18/2015	Sacramento, CA	TBD
Committee Meeting – (Legislative)	10/21/2015	via teleconference	TBD
Committee Meeting – (Enforcement)	10/21/2015	via teleconference	TBD
Committee Meeting – (Executive Management)	10/21/2015	via teleconference	TBD
Board Meeting	11/13/2015	Sacramento, CA	TBD

Neil Mansdorf, DPM

Date Appointed:	December 21, 2012		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2012	02/24/2012	Sacramento, CA	Yes
	07/20/2012	Los Angeles, CA	Yes
	11/16/2012	Sacramento, CA	Yes
Board Meetings 2013	02/22/2013	Orange, CA	Yes
	05/10/2013	Sacramento, CA	Yes
	09/13/2013	Los Angeles, CA	Yes
Board Meetings 2014	02/21/2014	Sacramento, CA	Yes
	05/02/2014	Sacramento, CA	Yes
	08/08/2014	Sacramento, CA	Yes
	11/07/2014	Sacramento, CA	Yes
	12/19/2014	Sacramento, CA	Yes
Committee Meeting – (Enforcement)	02/18/2015	Tustin, CA – via teleconference	Yes
Board Meeting	03/06/2015	Los Angeles, CA	Yes
Committee Meeting – (Enforcement)	05/20/2015	Orange, CA – via teleconference	Yes
Board Meeting	06/05/2015	Sacramento, CA	Yes
Committee Meeting – (Enforcement)	08/19/2015	via teleconference	TBD
Board Meeting	09/18/2015	Sacramento, CA	TBD
Committee Meeting – (Enforcement)	10/21/2015	via teleconference	TBD
Board Meeting	11/13/2015	Sacramento, CA	TBD

Melodi Masaniai, DPM

Date Appointed:	April 05, 2013
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Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2013	05/10/2013	Sacramento, CA	Yes
	09/13/2013	Los Angeles, CA	Yes
Board Meetings 2014	02/21/2014	Sacramento, CA	Yes
	05/02/2014	Sacramento, CA	Yes
	08/08/2014	Sacramento, CA	Yes
	11/07/2014	Sacramento, CA	Yes
	12/19/2014	Sacramento, CA	Yes
Committee Meeting – (Public Education)	02/19/2015	San Jose, CA – via teleconference	Yes
Committee Meeting – (Licensing)	02/19/2015	San Jose, CA via teleconference	Yes - no meeting due to lack of quorum
Board Meeting	03/06/2015	Los Angeles, CA	Yes*
Committee Meeting – (Public Education)	05/21/2015	San Jose, CA – via teleconference	No
Committee Meeting – (Licensing)	05/21/2015	San Jose, CA - via teleconference	No
Board Meeting	06/05/2015	Sacramento, CA	No
Committee Meeting – (Public Education)	08/19/2015	via teleconference	TBD
Committee Meeting – (Licensing)	08/19/2015	via teleconference	TBD
Board Meeting	09/18/2015	Sacramento, CA	TBD
Committee Meeting – (Public Education)	10/21/2015	via teleconference	TBD
Committee Meeting – (Licensing)	10/21/2015	via teleconference	TBD
Board Meeting	11/13/2015	Sacramento, CA	TBD

**Attendance representing less than 50% _____ is marked accordingly*

Michael Zapf, DPM

Date Appointed:	December 21, 2012		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2013	02/22/2013	Orange, CA	Yes
	05/10/2013	Sacramento, CA	Yes
	09/13/2013	Los Angeles, CA	Yes
Board Meetings 2014	02/21/2014	Sacramento, CA	Yes
	05/02/2014	Sacramento, CA	Yes
	08/08/2014	Sacramento, CA	Yes
	11/07/2014	Sacramento, CA	Yes
	12/19/2014	Sacramento, CA	Yes
Committee Meeting – (Legislative)	02/18/2015	Cerritos, CA – via teleconference	Yes
Board Meeting	03/06/2015	Los Angeles, CA	Yes
Committee Meeting – (Legislative)	05/20/2015	Thousand Oaks, CA – via teleconference	Yes
Board Meeting	06/05/2015	Sacramento, CA	Yes
Committee Meeting – (Enforcement)	08/19/2015	via teleconference	TBD
Board Meeting	09/18/2015	Sacramento, CA	TBD
Committee Meeting – (Enforcement)	10/21/2015	via teleconference	TBD
Board Meeting	11/13/2015	Sacramento, CA	TBD

Judith Manzi, DPM

Date Appointed:	September 03, 2014		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2014	11/07/2014	Sacramento, CA	No
	12/19/2014	Sacramento, CA	No
Committee Meeting – (Public Education)	02/19/2015	Sacramento, CA	Yes
Board Meeting	03/06/2015	Los Angeles, CA	Yes
Committee Meeting – (Enforcement)	05/20/2015	Sacramento, CA	Yes
Board Meeting	06/05/2015	Sacramento, CA	Yes
Committee Meeting – (Enforcement)	08/19/2015	via teleconference	TBD
Board Meeting	09/18/2015	Sacramento, CA	TBD
Committee Meeting – (Enforcement)	10/21/2015	via teleconference	TBD
Board Meeting	11/13/2015	Sacramento, CA	TBD

James J. Longobardi, DPM

Date Appointed:	January 26, 2010		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2012	02/24/2012	Sacramento, CA	Yes
	07/20/2012	Los Angeles, CA	Yes
	11/16/2012	Sacramento, CA	Yes
Board Meetings 2013	02/22/2013	Orange, CA	term ended 12/21/2012 - No longer on board

Karen Wrubel, DPM

Date Appointed:	December 21, 2010		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2012	02/24/2012	Sacramento, CA	Yes
	07/20/2012	Los Angeles, CA	Yes
	11/16/2012	Sacramento, CA	No
Board Meetings 2013	02/22/2013	Orange, CA	Yes
	05/10/2013	Sacramento, CA	Yes
	09/13/2013	Los Angeles, CA	Yes
Board Meetings 2014	02/21/2014	Sacramento, CA	Yes
	05/02/2014	Sacramento, CA	Yes
	08/08/2014	Sacramento, CA	Yes
	11/07/2014	Sacramento, CA	term ended 6/1/14 – no longer on board

Table 1b. Board/Committee Member Roster (Last 4 FY 11/12 – 14/15)

Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Edward Barnes	06/15/2011		06/01/2015	Senate Rules	Public
John Y. Cha	12/31/2012		06/01/2016	Governor	Professional
Kristina M. Dixon	02/02/2010	11/15/2010 11/24/2014	06/01/2014 06/01/2018	Speaker	Public
Neil B. Mansdorf	01/26/2010	12/21/2012	06/01/2016	Governor	Professional
Melodi Masaniai	04/05/2013	06/06/2014	06/01/2018	Governor	Public
Judith Manzi	09/03/2014		06/01/2018	Governor	Professional
Senate Rules Appointee - Vacant	06/01/2015		06/01/2019	Senate Rules	Public
James J. Longobardi	01/26/2010		12/21/2012	Governor	Professional
Karen Wrubel	05/16/2007	12/21/2010	06/01/2014	Governor	Professional

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

Yes.

3. Describe any major changes to the board since the last Sunset Review, including:

- **Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)**

New Board members

New Executive Officer

New Strategic Plan

New Active and Open Committee Structure

New Board Administrative Manual

New Board Website (under development)

New Board Newsletter (under development)

- **All legislation sponsored by the board and affecting the board since the last sunset review.**

The following list below delineates all regulatory changes approved by the Board since the last Sunset Review.

[...]

[...]

- **All regulation changes approved by the board the last sunset review. Include the status of each regulatory change approved by the board.**

The following list below delineates all regulatory changes approved by the Board since the last Sunset Review.

[...]

[...]

4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).

A major formal study conducted by the Board since the last Sunset Review includes a Fee Audit commissioned by the Executive Officer on July 14, 2015, after a motion for authorization to pursue an independent fee rate analysis for determining the long term sustainability of the board's existing fee structure was approved by BPM at its June 6, 2015 meeting of the Board. The study and its findings and conclusions are further discussed in response to Question 9 of Section 3 below. A copy of the report has also been provided for review as part of the oversight hearing process as requested under Section 12 – Attachments and labeled Exhibit C.

5. List the status of all national associations to which the board belongs.

BPM holds membership with the Federation of Podiatric Medical Boards (FPMB). The FPMB is responsible for providing state podiatric licensing boards with score results for Part III of the national licensing examination and also serves as a clearinghouse of disciplinary action data to state boards and other designated entities. The FPMB is the only national organization to which BPM is a member.

- **Does the board's membership include voting privileges?**

Yes. The Board's FPMB membership includes voting privileges at the national association's Annual Meeting held out of state. However, state travel restrictions which preclude non-mission critical travel continue to remain in effect and inhibit attendance and exercise of voting privileges.

- **List committees, workshops, working groups, task forces, etc., on which board participates.**

BPM has not actively participated in national association committees, workshops, task forces, etc..

- **How many meetings did board representative(s) attend? When and where?**

Given the current participation level discussed immediately above, there is nothing to report regarding meeting attendance by board representatives at this time.

- **If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?**

BPM is not directly involved in the development, scoring, analysis or administration of the American Podiatric Medical Licensing Examination (AMPLE), Parts I, II, and III. Notwithstanding,...

Section 2

Performance Measures and Customer Satisfaction Surveys

6. Provide each quarterly and annual performance measure report for the board as published on the DCA website.

Quarterly and annual performance measure reports as published on the DCA website for BPM are provided for review as requested and may be found under Section 12 and labeled as Exhibits H through

7. Provide results for each question in the board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.

Customer satisfaction surveys have been sent consistently with every complainant closure letters and encourage consumers to respond.

Due to the low amount of consumer complaints per year, since the average survey return is very low BPM does not have any data for the customer satisfaction surveys.

Section 3

Fiscal and Staff

Fiscal Issues

Existing solely to serve the public, the Board's mission is accomplished without reliance on taxpayer monies from the State's General Fund. Through careful fiscal and budgetary discipline, the Board operates within funding levels generated exclusively from fees set by State statute and collected from licensees and applicants.

8. Describe the board's current reserve level, spending, and if a statutory reserve level exists.

[...]

[...]

9. Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

[...]

[...]

Table 2. Fund Condition

(Dollars in Thousands)	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Beginning Balance						

Revenues and Transfers						
Total Revenue	\$	\$	\$	\$	\$	\$
Budget Authority						
Expenditures						
Loans to General Fund						
Accrued Interest, Loans to General Fund						
Loans Repaid From General Fund						
Fund Balance	\$	\$	\$	\$	\$	\$
Months in Reserve						

10. Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?

The history of BPM general fund loans is provided in BPM Table 2a. As may be noted below there has been only a single loan made in nearly two decades. The loan was fully satisfied including interest in FY 00/01.

BPM Table 2a. General Loan Fund History			
Fiscal Year	Loan	Repayments	Balance
91/92	\$625,000	-	\$625,000
92/93 – 95/96	-	-	-
96/97	-	\$140,000	\$547,442
97/98	-	-	-
98/99	-	\$438,550	\$140,113
99/00	-	-	-
00/01	-	\$140,115	\$0

11. Describe the amounts and percentages of expenditures by program component. Use Table 3. Expenditures by Program Component to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

[...]

[...]

Table 3. Expenditures by Program Component								(list dollars in thousands)	
	FY 2011/12		FY 2012/13		FY 2013/14		FY 2014/15		
	Personnel Services	OE&E							
Enforcement									
Examination									
Licensing									
Administration *									
DCA Pro Rata									
Diversion (if applicable)									
TOTALS	\$	\$	\$	\$	\$	\$	\$	\$	

*Administration includes costs for executive staff, board, administrative support, and fiscal services.

12. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

[...]

[...]

Table 4. Fee Schedule and Revenue								(list revenue dollars in thousands)	
Fee	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue		

13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

There have not been any Budget Change Proposals submitted by the Board in the last four fiscal years.

Table 5. Budget Change Proposals (BCPs)				
BCP ID #	Fiscal	Description of	Personnel Services	OE&E

	Year	Purpose of BCP	# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
-	-	-	-	-	-	-	-	-

Staffing Issues

14. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

Two Vacancies 2014 [...]

Turnover of Licensing Analyst [...]

Promotion of Office Technician to Licensing Desk [...]

Reclassification of Office Technician to Program Technician [...]

Turnover of Administration Analyst [...]

Reclassification of Administration Analyst to SSA/AGPA [...]

Recruitment and Selection of new Administration Analyst [...]

15. Describe the board's staff development efforts and how much is spent annually on staff development (cf., Section 12, Attachment D).

[...]

Section 9 Current Issues

16. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

[...]

Mirroring the efforts undertaken by MBC, BPM revised its Manual of Disciplinary Guidelines with Model Disciplinary Orders to incorporate some but not all of the 16 standards propounded by the Committee. The effort resulted in revisions to Conditions 9, 10 and 11, of the Board's disciplinary guidelines which expanded the definition of "biological fluid testing" and permitted the Board to impose a "cease practice" order for a positive drug or alcohol result on a biological fluid test in addition to requiring a timely filing for administrative action in order to preserve due process rights. Also included were revisions to the recommended range of penalties for probation violations in order to maintain consistency with MBC. These revisions were adopted by the Board on September 23, 2011, with the central intent of updating the Board's previous 2005 edition of its model disciplinary guidelines.

In accordance with SB 523 (Stats. 1995, Chapt. 938; Kopp), which prohibits a penalty in an administrative disciplinary action from being based on a guideline unless it has been specifically adopted as a regulation, the Board approved and sought to incorporate the revised 2011 model disciplinary guidelines into regulation by reference and initiated the regulatory process for accomplishing same. This effort would have implemented some but not all of the Uniform Standards required by SB 1441 in addition to reestablishing consistency with

MBC and their then current 2010 Manual of Model Disciplinary Orders and Disciplinary Guidelines with respect to licensee rehabilitation as a condition of probation.

Revised model guidelines were disapproved by DCA in 2011 on the grounds that BPM selectively incorporated the Uniform Standards required by SB 1441. Three legal opinions were cited including that of the Office of Legislative Counsel, the Office of the Attorney General in addition to the Department's own Legal Affairs Office, which concluded that compliance with section 315 of the Business and Professions Code was mandatory. Further, the proposed guidelines that BPM proposed to incorporate were found inconsistent with requirements of the law because they provided the Board additional discretion to deviate from those Uniform Standards. Thus, BPM's attempted regulatory effort to incorporate the revised 2011 guidelines by reference failed.

New efforts to complete undertaken 2015 and regulatory rulemaking process is currently in process. [...]

17. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

[...] SB 1111 and SB 544 proposed health boards enforcement enhancements which were previously incorporated by BPM and MBC under the Presley bills under SB 2375 of 1990. While BPM spearheaded support both bills failed.

[...] Notwithstanding BPM had already previously incorporated CPEI authorities and has found no need for additional BPM regulations. [...]

[...] The incorporated enhancements are as follows. [...]

18. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

BPM successfully participated in and implemented Release 1 of DCA's BreEZe online database for the Board's licensing and enforcement functions in 2013. All BPM licensing and enforcement functions are up and successfully running on the new data system. The Board's successful adoption and migration to the new BreEZe system has offered both consumers and licensees improved data quality, technology, customer service and enhanced Board licensing and enforcement efficiencies.

Section 10 Board Action and Response to Prior Sunset Issues

Include the following:

- 1. Background information concerning the issue as it pertains to the board.**
- 2. Short discussion of recommendations made by the Committees/Joint Committee during prior sunset review.**
- 3. What action the board took in response to the recommendation or findings made under prior sunset review.**
- 4. Any recommendations the board has for dealing with the issue, if appropriate.**

BPM was last reviewed in 2011. A total of 12 issues were raised by the Committees/Joint Committee at that time. The following section covers prior issues drawn from the March 12, 2012 Oversight Hearing and provides a short background discussion; recommendations made by the Committees/Joint Committee; and a current status update. Board recommendations for issues not successfully addressed are provided where appropriate.

Background information, recommendations and status are as follows:

- 1) Amendment to section 2472(d)(1) of the California Business and Professions Code (“BPC”) to eliminate reference to “ankle certification [...] on or after January 1, 1984” to confirm a single scope of DPM licensure.**

Background

Legislation passed in 1983 (chapter 305, Statutes of 1983) clarified that treatment of the ankle was included in the licensed scope of practice for doctors of podiatric medicine (“DPMs”). DPMs that passed a rigorous and sophisticated oral examination for ankle certification administered by BPM were licensed to surgically treat the ankle in addition to the human foot. Subsequent legislation passed in 1998 (Greene, Chapter 736, Statutes of 1998) simply authorized all DPMs licensed by BPM after January 1, 1984, to perform ankle surgery by repealing the requirement that DPMs obtain an ankle certificate.

Enactment of AB 932 in 2004 removed outdated statutory language that prohibited DPMs from performing partial foot amputations. The law also essentially created a two-tier system of licensure between DPMs who were ankle certified on or after January 1, 1984, and permitted to perform amputations from those who were not. In response, BPM offered non-ankle certified DPMs 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. Due to lack of demand from the podiatric medical profession, ankle certification examinations were again discontinued in 2010.

Surgical treatment of the ankle had been part of the legitimate licensed scope of practice DPMs for nearly (30) thirty years. All DPMs licensed since 1984 have been automatically authorized to perform ankle surgery as a standard matter of record. BPM therefore recommended that reference to ankle certification be removed from the statute.

2012 JLSRC Staff Recommendation

The Committee should consider amending BPC Section 2472(d)(1) to remove reference to “ankle certification by the BPM on and after January 1, 1984” thereby confirming a single scope of licensure for doctors of podiatric medicine.

Current Status

While reference to “ankle certification on and after January 1, 1984” was not removed from B&P Section 2472(d)(1) following the last Sunset Review, BPM has continued to intently review the issue.

Most recently an informal internal study to obtain in depth data regarding the agency's non-ankle certified licensee population that includes both a detailed OIS data extraction in addition to a targeted research survey was undertaken.

BPM Recommendation

BPM recommends that B&P section 2472(d)(1) be amended to remove reference to "ankle certification by BPM on or after January 1, 2984" thus confirming a single scope of podiatric medical licensure.

2) Consideration of amendment to remove an obsolete provision from BPC 2472 prohibiting a DPM from performing an admitting history and physical examination.

Background

B&P Section 2472(f) prohibited a DPM from performing an admitting history and physical examination ("H&P") of a patient in an acute care hospital if performance violated Medicare regulations. The California Attorney General issued an opinion in 2010 (Opinion No. 09-0504) opining that B&P Section 2472(f) did not preclude a DPM from performing an H&P and failure to perform an H&P could amount to a departure from the medical standard of care.

2012 JLSRC Staff Recommendation

Section 2472 of the Business and Professions Code should be amended to repeal paragraph (f), thereby removing an obsolete provision prohibiting a DPM from performing an admitting history and physical exam at an acute care hospital.

Current Status

BPC 2472 was successfully amended to remove the obsolete provision.

3) Consideration of amendment to section 2475 B&P to eliminate a four-year limit on DPM post-graduate training.

Background

While all graduates of a podiatric medical school with a resident's training license are required to receive a podiatric medical license within 3 years from the start of post-graduate training program, section 2475 B&P limited post-graduate medical education to four years alone. Podiatric resident's seeking post-graduate medical education lasting beyond four years would be prohibited from doing so under California law.

2012 JLSRC Staff Recommendation

The BPM should provide more information regarding the proposal to amend Section 2475 B&P to remove the four-year cap on DPM postgraduate resident's license.

Current Status

The four year cap on post-graduate medical education was successfully raised to eight years.

BPM Recommendation

Notwithstanding having successfully raised the post-graduate medical education cap to eight years, it is the Board's position—borrowing from a well-known contemporary axiom of education—that there is no such thing as too much medical education and training. BPM therefore recommends that the current limitation on post-graduate education should be removed in its entirety. This issue is also more fully discussed below in Section 11.

4) Consideration of amendment to BPC 2477 to clarify that a medical license is required to diagnose and prescribe corrective shoes and appliances.

Background

Section 2477 B&P provides that the provisions of the Article 22 (Podiatric Medicine) of the Medical Practice Act are not intended to prohibit recommendations, manufacture or sale of orthotics. Orthotics generally refers to custom made corrective shoes or appliances for the human feet that are prescribed for wear by DPMs, MDs and DOs after a full medical examination and diagnosis. BPM proposed that section 2477 be amended to clarify that only licensed medical professionals were authorized to diagnosis and prescribe orthotics.

2012 JLSRC Staff Recommendation

The BPM should more thoroughly discuss with the Committee the need for this proposed change. The BPM should document the necessity for this change and further explain the reasons behind its proposal.

Current Status

While the proposed amendment was solely intended to underscore that the referenced provision did not authorize the unlicensed practice of medicine, BPM's recommended amendment to BPC 2477 was not incorporated into law.

BPM Recommendation

What is the Board's position today?

5) Consideration of amendment to BPC 2493 to eliminate requirement for a specific examination score of one standard deviation of measurement higher than the national passing scale score for licensure.

Background

Section 2493 B&P required a passing score one deviation of measurement higher than the national passing scale score on the American Podiatric Medical Licensing Examination ("AMPLE") Part III,

administered by the National Board of Podiatric Medicine Examiners (“NBPME”) and used for licensure in California. Requiring passing scores one standard error of measurement higher than national scale scores was found to slightly lower overall California podiatric passage rates, inordinately delay or block some physicians from podiatric licensure in the state and result in job loss for others. After NBPME announced and reported that revised testing specifications were raised to reflect competency of a candidate with one year of post-graduate training, BPM recommended removal of the score requirement from the statute.

2012 JLSRC Staff Recommendation

As recommended by the BPM, BPC Section 2493 should be amended to repeal subdivision (b).

Current Status

BPC 2493 was successfully amended to eliminate the requirement for a specific examination score equaling one standard deviation of measurement higher than the national passing scale score.

6) Consideration of amendment to BPC 2335 to eliminate the two-vote requirement for deferring a final disciplinary decision until consideration and discussion by the full Board.

Background

Section 2335 B&P required two members of the Board to vote to defer a final disciplinary decision of an Administrative Law Judge (“ALJ”) pending a full hearing and discussion before BPM. BPM believed the two-vote requirement essentially prevented Board members from fulfilling their role as a jury in administrative disciplinary matters because discussion among members before a vote to uphold a decision was precluded even in cases where an issue may have been identified by a member who desired to discuss the matter before voting. BPM therefore recommended eliminating the two-vote requirement to empower the Board’s role in disciplinary matters.

2012 JLSRC Staff Recommendation

The BPM should provide more information regarding the proposal to amend BPC Section 2335 to remove the two-vote requirement for a disciplinary decision to be discussed by the BPM as a whole.

Current Status

BPC 2335 was successfully amended to permit one vote of the Board to defer a final disciplinary decision until consideration and discussion by the full body.

7) Consideration of amendment of BPC 2497.5 granting BPM authority to increase costs when a proposed administrative law judge decision is not adopted.

Background

Section 2497.5 provided statutory authority for cost recovery as a standard condition in administrative disciplinary cases. BPM believed ALJs were inconsistent in cost recovery matters across all cases

and not in line with recovering actual and reasonable costs of disciplinary proceedings to the agency. It was also felt that provisions restricting ALJs from increasing recovery of costs even when cases were remanded was not quite rational as a policy matter. Therefore it was posited that cost recovery restrictions served to put undue upward pressure on licensing fees. BPM thus recommended amendments to section 2497.5 to permit BPM exercise discretionary cost recovery increases in cases where the Board voted to non-adopt an ALJ proposed decision in order to ensure the recovery of actual and reasonable costs.

2012 JLSRC Staff Recommendation

BPC Section 2497.5 should be amended to authorize the BPM to increase costs assessed when a proposed decision is not adopted by the BPM and the BPM finds grounds for increasing the assessed costs.

Current Status

BPC 2497.5 was successfully amended to permit assessment of additional costs when a proposed decision was not adopted by BPM and BPM found grounds for increasing.

8) Status of BreEZe implementation.

Background

The BreEZe Project was envisioned to provide DCA boards, bureaus and committees with a new enterprise-wide enforcement and licensing system to replace an outdated legacy system.

2012 JLSRC Staff Recommendation

The BPM should update the Committee about the current status of its implementation of BreEZe.

Current Status

BPM successfully participated in and implemented Release 1 of DCA's BreEZe online database for the Board's licensing and enforcement functions in 2013. Other than current issues related to significant increases in BreEZe expenses to BPM as a result of contractual cost overruns with DCA's technology project, there are no negative implementation impacts to report. The Board's successful adoption and migration to the new BreEZe system has offered both consumers and licensees improved data quality, technology, customer service and enhanced Board licensing and enforcement efficiencies.

9) Consideration of the justification for passing credit card transaction fees to licensees for the convenience of online license renewal on the BreEZe system.

Background

In a significant advance over the legacy system previously used by BPM for the administration of podiatric medical licenses, the new BreEZe database offers licensees an advanced feature that offers online license renewal. Assuming an 80% user rate with 1,000 renewals yearly at \$900 each,

implementation of the online credit card transaction feature incurs an approximate \$15,000 in additional administrative costs to BPM. The amount is based on a 2% surcharge assessed on the total renewal fee amount per transaction for the capability of offering online renewal. BPM had previously suggested passing the additional credit card transaction fee to licensees electing to use online renewal in order to preserve its fund balance, maintain solvency, and avoid cutting licensing or enforcement programs.

2012 JLSRC Staff Recommendation

The BPM should discuss with the Committee its authority to charge additional fees such as the convenience fees contemplated by the BPM. Does the BPM currently have sufficient authority to charge such a fee? Is any legislative change needed to clarify the authority of the BPM to charge an additional fee to cover the cost of a credit card convenience fee? Should or can the fee be reduced?

Current Status

While some discussion regarding online credit card transaction fees were initiated with DCA following the 2012 Sunset Hearing, online renewal transactions have not yet been implemented by BPM. The Board, however, has previously voted unanimously to pass the 2% assessment for online renewals to licensees. DCA Legal has also previously opined that Government Code section 6159(g) provides the Board the legal authorization to do so. Implementation of online renewals remains a priority. A goal for implementation has been newly adopted by the Board on March 6, 2015 as an objective to complete in its 2015-2018 Strategic Plan.

10) Consideration of justification for increasing the BPM schedule of service fees.

Background

BPM's statutorily set schedule of service fees contained in section 2499.5 B&P has been at its legislatively mandated limit for over 20 years. Further, in 2004 the DCA Budget Office recommended that the Board's schedule of service fees be adjusted in order to: 1) relieve upward pressure on the license renewal fee which accounted for more than 90% of BPM operating revenue; 2) assist stabilizing the BPM fund condition; and 3) appropriately recover actual and reasonable costs for services provided.

2012 JLSRC Staff Recommendation

The BPM should discuss its fund projections, and whether the current fee structure will generate sufficient revenues to cover its administrative, licensing and enforcement costs and to provide for adequate staffing levels for critical program areas into the foreseeable future. The BPM should demonstrate the level of need for the proposed fee increase by completing the Committee's "Fee Bill Worksheet."

Current Status

BPM solvency has been extended for decades through shrewd fiscal management. By all indications there is no reason to believe that the careful, "lean and mean" fiscal management history of BPM will

not be carried well into the future under the leadership of its new executive officer. Now into the second year of the new administration, BPM has managed to return \$###,### to its special fund or the equivalent of a ###% increase in monies returned year over last. Current financial analysis also project maintenance of a positive fund balance in years to come.

All things being equal a number of contemporary issues lend support to the fiscal wisdom of adjusting user based service fees to recover actual and reasonable costs for services provided. This includes recent DCA planning, development and implementation issues with BreEze—the information technology system—which has contributed to thousands in increased project costs across all boards DCA wide and lead to significant increases in expenses for BPM in addition to anticipated increased expenses for BPM when online renewals are implemented as planned if transaction costs are not passed on to licensees. These issues are also more fully discussed under Section 11.

11) Consideration of justification for permitting continued licensing and regulation of podiatric medical profession by BPM.

Background

The Board is responsible for the regulation and licensing of podiatric physicians in the State of California. Consumer welfare and safety is best protected when physicians are regulated and overseen by an efficient and effective regulatory board. BPM has proven itself to be a valuable resource committed to the health, welfare and safety of all Californians.

2012 JLSRC Staff Recommendation

Recommended that doctors of podiatric medicine continue to be regulated by the current BPM members under the jurisdiction of the MBC in order to protect the interests of the public and be reviewed once again in four years.

Current Status

BPM concurred with continued regulation of doctors of podiatric medicine by the Board.

BPM Recommendation

BPM persists in its belief that regulation of the profession by the Board continues to be in the best interests of the citizens and residents of the State of California and that it warrants an extension of its grant of consumer protection.

12) Consideration of several BPM proposals for technical language cleanup of Podiatric Medical Act.

Background

Four technical corrections to specific provisions of the Business and Professions Code were raised for administrative cleanup including sections 2465, 2484, 3496 and 2470.

2012 JLSRC Staff Recommendation

Amendments should be made to make the technical cleanup changes identified by the BPM and recommended by Committee staff.

Current Status

Technical cleanup of several provisions of the Podiatric Medical Act, including BPC sections 2465, 2484, 3496 and 2470 were successfully accepted and implemented.

Section 11 New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

- 1. Issues that were raised under prior Sunset Review that have not been addressed.**
- 2. New issues that are identified by the board in this report.**
- 3. New issues not previously discussed in this report.**
- 4. New issues raised by the Committees.**

Elimination of Reference to Ankle Certification

[...]

Removal of Limitation on Post-Graduate Medical Education

All post-graduates in California residencies must obtain full podiatric medical licensure within three years of starting their residency programs in California else all privileges and exemptions pertaining to their resident's licenses will cease. Medical education is the very foundation upon which high-quality health care is built. Medical educational limitations of any duration are detrimental and preclude advancement of evolving knowledge and science in the state. This is particularly true in California in two important respects.

First, BPM requires all licensed DPMs to demonstrate compliance with Board-mandated continuing competency requirements. The current California restriction on post-graduate podiatric medical education can possibly remove one of the available pathways for podiatric physicians to demonstrate continuing competency. BPM is the only doctor-licensing board in the country to implement such a program. However, once a physician's mandated post-graduate educational limit is reached, a pathway for demonstrating continuing competency through successful completion of an approved residency program would be essentially eliminated as an option. The educational limitation is the only statutory educational prohibition known to exist in the country.

Second, the state's leading practitioners are ostensibly precluded from advancing in their field through limitations on participation in formal programmatic options available for the acquisition of advanced medical knowledge. [...]

Increase to BPM Schedule of User Service Fees

[...]

Section 12 Attachments

Please provide the following attachments:

A. Board's administrative manual.

Please see the attached draft copy of the Board's Administrative Manual accompanying this report and labeled as Exhibit A.

B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).

Please see a copy of the Board's organizational chart presenting BPM's Board and Committee member composition and structure accompanying this report and labeled as Exhibit B.

C. Major studies, if any (cf., Section 1, Question 4).

Please see a copy of the Board's Fee Audit accompanying this report and labeled as Exhibit C.

D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

Please see copies of the Board's year end organization charts for the last four fiscal years consisting of fiscal years 11/12, 12/13, 13/14, and 14/15 and labeled as Exhibits D, E, F, and G, respectively.

Additionally, quarterly and annual performance measure reports as published on the DCA website for BPM are provided for review as requested by Question 6 under Section 2 and labeled as Exhibits H through [...]