



**LICENSING 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 4 AND 11

6

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 Licensing 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 4: Licensing Program
2. Section 11: New Issues

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

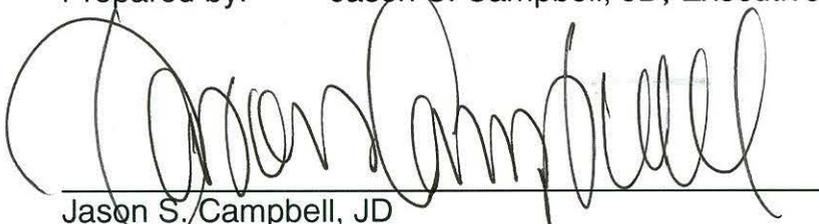
Staff will continue refining and drafting responses to questions as directed which are segregated into appropriate sections and reviewed by the respective BPM committees with subject matter jurisdiction over the particular subject areas.

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 4 and 11

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

A large, stylized handwritten signature in black ink, appearing to read "Jason S. Campbell". The signature is written over a horizontal line.

Jason S. Campbell, JD
Executive Officer

Section 4 Licensing Program

1. What are the board’s performance targets/expectations for its licensing¹ program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board’s performance target for license processing is to provide same-day issuance once all an applicant’s licensure requirements have been met. Applicants are personally guided through the process and in some instances are immediately telephoned with their new license number when issued which then appears on the system in real time. BPM’s focus on customer-centric processes has directly contributed to the creation of a personalized, streamlined and efficient licensing program that has eliminated delay and backlog for nearly 25 years.

2. Describe any increase or decrease in the board’s average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

Average license processing times—from the time of receipt of the application, all supplemental material and applicable fees to the time of approval and issuance—are wholly predicated on an applicant’s speed, ability and efficiency in having the required documentation proving qualification for licensure forwarded directly to BPM from source institutions.

“Exploration of regulation implementing electronic source verification.”

3. How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

[...]

Table 6. Licensee Population

		FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Doctor of Podiatric Medicine (DPM Permanent)	Active	1945	1955	1687	
	Out-of-State	-	-	-	
	Out-of-Country	-	-	-	
	Delinquent	120	118	145	
Resident	Active	225	225	108	
	Out-of-State	n/a	n/a	n/a	
	Out-of-Country	n/a	n/a	n/a	
	Delinquent	0	0	0	0
Fictitious Name Permit	Active	592	604	337	
	Out-of-State	n/a	n/a	n/a	
	Out-of-Country	n/a	n/a	n/a	

¹ The term “license” in this document includes a license certificate or registration.

	Delinquent	322	325	390	
--	------------	-----	-----	-----	--

Table 7a. Licensing Data by Type											
	Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2011/12	(Exam)					-	-	-	-	-	-
	(License)					-	-	-	-	-	-
	(Renewal)			n/a		-	-	-	-	-	-
FY 2012/13	(Exam)										
	(License)										
	(Renewal)			n/a							
FY 2013/14	(Exam)										
	(License)										
	(Renewal)			n/a							
FY 2014/15	(Exam)										
	(License)										
	(Renewal)										

* Optional. List if tracked by the board.

Table 7b. Total Licensing Data				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Initial Licensing Data:				
DPM Permanent – Initial License/Initial Exam Applications Received		69	60	
DPM Permanent – Initial License/Initial Exam Applications Approved		66	77	
DPM Permanent – Initial License/Initial Exam Applications Closed		66	77	
DPM Permanent – Total Licenses Issued				
RESIDENT – Initial License/Initial Exam Applications Received		45	51	
RESIDENT – Initial License/Initial Exam Applications Approved		45	47	
RESIDENT – Initial License/Initial Exam Applications Closed		45	47	
RESIDENT – Total Licenses Issued				
Initial License/Initial Exam Pending Application Data:				
Pending Applications (total at close of FY)		3	4	
Pending Applications (outside of board control)*		3	4	
Pending Applications (within the board control)*		0	0	
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):				
Average Days to Application Approval (All - Complete/Incomplete)				

Average Days to Application Approval (incomplete applications)*				
Average Days to Application Approval (complete applications)*				
License Renewal Data:				
License Renewed		1032	1226	
* Optional. List if tracked by the board.				

4. How does the board verify information provided by the applicant?

Since passage of AB1777 [Statutes 2003, Chapter 586], the Board standard has been 100% primary source verification. BPM thus requires all applicant provided information to be supplied directly from original sources alone. This standard ensures qualification and credential authenticity and accuracy and remains a critical tool for combatting document falsification.

a. What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?

Before any license to participate in a California podiatric residency program or to practice podiatric medicine in California is issued, BPM requires that a criminal record clearance be obtained through both the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

This process is facilitated through DOJ’s Live Scan Program; the State’s electronic fingerprinting system with automated background check and response. Live Scan is offered as an alternative to the traditional paper and ink fingerprint cards. Out-of-state applicants must contact the Board to request that fingerprint cards be mailed to them and completed with assistance of a local law enforcement office and submitted with the license application. While either option is available to applicants, those residing in California are strongly encouraged to use the Live Scan option as it provides quicker processing times usually taking 48 to 72 hours as opposed to 60 days for traditional fingerprint cards with processing costs being the same.

Applicants must also arrange to have the national disciplinary databank report sent directly to BPM which may disclose information regarding any existing malpractice suits filed or other adverse action taken against the applicant. Additionally, those applicants currently or previously licensed in another state or states are required to have each respective state licensing agency submit a license verification containing current status and any existing disciplinary actions or investigations directly to the Board.

b. Does the board fingerprint all applicants?

Yes. All applicants for licensure including those applying for a resident’s license are fingerprinted.

c. Have all current licensees been fingerprinted? If not, explain.

Yes. All current and existing licensees have been fingerprinted.

d. Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

Yes. There is a national disciplinary databank report sent directly to BPM from the Federation of Podiatric Medical Board that is reviewed for information regarding any existing malpractice suits filed or other adverse actions taken against an applicant as a qualification for licensure before issuance. Licensees renewing their certificates to practice podiatric medicine are required to disclose any convictions for any crimes in any state and/or disciplinary action taken by any government agency or other disciplinary body under penalty of perjury.

“Additional steps for renewal” [...]

e. Does the board require primary source documentation?

Yes. Having been an early champion and recommending primary source verification as a statutory requirement for licensing DPMs in California, BPM has fully adopted and implemented primary source documentation which remains the national gold standard in licensing and medical credentialing.

5. Describe the board’s legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

The statute delineating the Board’s legal requirements for processing out-of-state applicants to obtain licensure is section 2488 B&P. The statutory requirement was codified in 2003. In addition to requiring the absence of acts or crimes that would constitute grounds for denial of a license as for any other applicant, BPM’s credentialing provision calls for out-of-state applicants to have:

- graduated from a Board approved school or college of podiatric medicine;
- have passed either Part III of the examination administered by the National Board of Podiatric Medical Examiners or an examination recognized as equivalent by the Board within the last 10 years; and
- satisfactorily completed one year of post-graduate medical education as opposed to two.

The Council of Podiatric Medical Education (“CPME”) is recognized by the Board and the U.S. Department of Education as the national authority for accrediting schools or colleges of podiatric medicine. CPME requires a four-year didactic and clinical curriculum nearly identical to that of medical schools with the exception of focused emphasis on the lower extremity of the human body. There are only nine CPME accredited podiatric medical schools all existing within the United States alone.

To date there are no CPME accredited teaching institutions abroad. While it is reported that an international four-year program located in Canada reputed to be substantially patterned on U.S. podiatric medical curriculums may meet CPME standards of accreditation, BPM is unaware of any effort on behalf of the Universite de Quebec a Trois-Rivieres in Trois-Rivieres, Quebec to seek CPME certification.

[...] Podiatric professions outside the US are not in line with California training and education requirements. For example, UK Podiatrists graduate from a 3 or 4 year degree course with either a BSc (Hons) Podiatry or a BSc (Hons) Podiatric Medicine from an accredited University. However, further post graduate training must be sought for those wishing to become Podiatric Surgeons.

As chiropody and podiatry schools in the United Kingdom continue to advance. Legislative proposals may be appropriate in the future as the standards approach U.S. standards in some cases.

There have been preliminary, exploratory discussions at the Federation of Podiatric Medical Boards (FPMB) and other professional bodies with U.K. podiatric medical representatives.

[...]

6. Describe the board’s process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.
 - a. Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?
 - b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?
 - c. What regulatory changes has the board made to bring it into conformance with BPC § 35?
 - d. How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?
 - e. How many applications has the board expedited pursuant to BPC § 115.5?

“Efforts underway.”

[...]

[...]

7. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

Yes. Pursuant to Penal Code section 11105.2, the Board continues to send No Longer Interested notifications to DOJ for licensees with canceled, surrendered, revoked or deceased status.

“there is no backlog to report or address.” [...]

[...]

Examinations

Table 8. Examination Data				
California Examination (include multiple language) if any: (EXAM DISCONTINUED FY 02/03)				
License Type		DPM		
Exam Title		California Oral Clinical Examination		
FY 2011/12	# of 1 st Time Candidates	-	-	-
	Pass %	-	-	-
FY 2012/13	# of 1 st Time Candidates	-	-	-
	Pass %	-	-	-
FY 2013/14	# of 1 st Time Candidates	-	-	-
	Pass %	-	-	-
FY 2014/15	# of 1 st time Candidates	-	-	-

	Pass %	-	-	-
	Date of Last OA	-	-	-
	Name of OA Developer	-	-	-
	Target OA Date	-	-	-
National Examination (include multiple language) if any:				
	License Type	RESIDENT		DPM
	Exam Title	APMLE Parts I and II		APMLE Part III
FY 2011/12	# of 1 st Time Candidates			41
	Pass %			93%
FY 2012/13	# of 1 st Time Candidates			51
	Pass %			98%
FY 2013/14	# of 1 st Time Candidates			42
	Pass %			98%
FY 2014/15	# of 1 st time Candidates			60
	Pass %			91%
	Date of Last OA			
	Name of OA Developer			
	Target OA Date			

8. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required?

The examinations required for podiatric licensure by BPM include Parts I, II and III of the American Podiatric Medical Licensing Examination (“APMLE”). APMLE is a national examination administered by the National Board of Podiatric Medical Examiners (“NBPME”) and its use is mandated by section 2486 B&P.

Applicants must sit for and pass APMLE Parts I and II while attending podiatric medical school in order to qualify for a Resident’s License before participating in California based post-graduate medical training as required by section 2475.1 B&P. During post-graduate residency training an applicant must also sit and pass APMLE Part III, which is the clinical competence component of National Board examination, in order to satisfy the requirements for full licensure to practice podiatric medicine.

With the passage of SB 1955, APMLE Part III replaced the California specific examination as a means for determining entry-level competence of knowledge and clinical skills evaluating, diagnosing, and treating patients consistent with sound medical practice and consumer protection. Use of BPM’s oral clinical examination was therefore discontinued and is no longer required for State licensure as recommended by the Joint Committee in 2002.

9. What are pass rates for first time vs. retakes in the past 4 fiscal years? (Refer to Table 8: Examination Data)

[...]

10. Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

While the Board does not administer its own examination, all parts of the national examination administered by the NBPME are computer based tests.

Exams are comprised of a set number of questions. NBPME reports that each question is presented only one time. Once an examinee advances to a subsequent question, he or she is precluded from returning to the previous question. Questions are presented to the examinee in four different formats which include: 1) single answer multiple choice; 2) check all applicable choices; 3) drag and drop panels for correct sequencing; and 4) image click the correct area depicted. Credit is received for correctly answered questions alone.

Test center locations for each examination are located and reserved within a fifty miles radius of the nine schools of podiatric medicine. Exam takers may register online and check for exam center locations near them. For the 2015 calendar year, Parts I and III are scheduled to be held twice during the year with Part II being administered three times.

11. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

There are no existing statutes that are believed to hinder the efficient and effective processing of applications at this time.

“New Breeze Configurations require clearance of check funds before license issuance lending 3-5 day lag time not previously imposed with legacy system.” [...]

[...]

School approvals

12. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

The statutes delineating the Board’s legal requirements regarding school approvals are contained within sections 2470 and 2483 B&P. The Board may approve and develop equivalency standards for extending approval to any schools or colleges offering an adequate medical curriculum related to podiatric medicine extended over a period of four years or 32 actual months of instruction representing a minimum of 4,000 course hours of study.

Accordingly, through exercise of its regulatory authority, the Board has required teaching institutions to be accredited by the Council of Podiatric Medical Education (“CPME”) pursuant to section 1399.662 of BPM’s podiatric medicine regulations. CPME holds designated accrediting status nationally and has held official recognition as the national authority for accrediting first professional degree programs in podiatric medicine from the United States Department of Education since 1952.

While the Bureau of Private Postsecondary Education (“BPPE”) serves an important and vital mission in promoting and protecting the interests of students and consumers through effective oversight of

private postsecondary educational institutions. As of this writing BPPE does not approve medical or podiatric medical schools or colleges.

13. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

There are only nine CPME accredited and Board approved podiatric medical schools and colleges in existence within the United States alone. Periods of accreditation may extend no longer than a maximum of eight years based upon comprehensive on-site visits and continued demonstration of compliance with CPME standards.

If warranted CPME may institute focused evaluations and/or place accredited educational institutions on probationary status in order to address specific concerns. Eight year accreditation cycles may be abbreviated in instances where deterioration or substantial programmatic changes have occurred, a complaint has been filed, or whenever circumstances require review in the discretion of the accrediting agency which may impact existing accreditation periods.

The Board may remove its approval of any school notwithstanding CPME accreditation if it is determined that the school or college does not meet statutory or regulatory requirements pursuant to BPM podiatric medicine regulation section 1399.662(b).

14. What are the board's legal requirements regarding approval of international schools?

Pursuant to BPM Podiatric Medicine Regulations, podiatric medical schools and colleges are required to be accredited by CPME under sections 1399.662 and 1399.666. CPME criteria and guidelines require a four-year didactic and clinical curriculum nearly identical to that of medical schools with the exception of focused emphasis on the lower extremity of the human body. There are currently no CPME accredited teaching institutions located abroad in other countries.

Notwithstanding, BPM is aware of unsubstantiated reports of an international four-year program located in Canada that is reputed to be substantially patterned on U.S. podiatric medical curriculums that may meet CPME standards of accreditation that is offered by the Universite de Quebec a Trois-Rivieres in Trois-Rivieres, Quebec.

UK Podiatrists graduate from a 3 or 4 year degree course with either a BSc (Hons) Podiatry or a BSc (Hons) Podiatric Medicine from an accredited University. Further post graduate training is available for those wishing to become Podiatric Surgeons.

[...]

[...]

The podiatric professions abroad have not been on par with that in the U.S. As chiropody and podiatry schools in the United Kingdom continue advancing, this could become a matter for legislative proposals in the future. Podiatric medicine in the UK is approaching U.S. standards in some cases.

There has been preliminary, exploratory discussion at the Federation of Podiatric Medical Boards (FPMB) and other professional bodies with U.K. podiatric medical representatives.

[...]

Continuing Education/Competency Requirements

15. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

The statute and regulations delineating the requirements of the Board's continuing education and competency programs are found in section 2496 B&P and section 1399.669 of the Podiatric Medicine Regulations.

[...]

- a. **How does the board verify CE or other competency requirements?**
- b. **Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.**
- c. **What are consequences for failing a CE audit?**
- d. **How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?**
- e. **What is the board's course approval policy?**
- f. **Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?**
- g. **How many applications for CE providers and CE courses were received? How many were approved?**
- h. **Does the board audit CE providers? If so, describe the board's policy and process.**
- i. **Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.**

[...]

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.**