



**PUBLIC EDUCATION COMMITTEE  
OCTOBER 21, 2015**

**SUBJECT: PUBLIC EDUCATION PROGRAM REPORT**

**5**

**ACTION: RECEIVE AND FILE STATUS REPORT**

**RECOMMENDATION**

Receive and file the quarterly status report on public outreach efforts and education.

**ISSUE**

This report summarizes key activities and other items of note in the executive offices of the Board of Podiatric Medicine pertaining to Public Education and Outreach activity. The report provides committee with progress updates on special projects and/or Board directed tasks and highlights ongoing operations and key accomplishments.

**DISCUSSION**

**A. ADMINISTRATIVE SUMMARY**

The Public Education Committee last convened on August 19, 2015. Dr. Judith Manzi, Chair of the Public Education Committee and Kristina Dixon, President of the Board of Podiatric Medicine, appearing via teleconference. Staff members Jason Campbell, Executive Officer and Dianne Dobbs, Legal Counsel, were in attendance in Sacramento. The report was then presented to BPM at the September 18, 2015 Board Meeting. Below are current updates regarding Board public education and outreach activities.

**B. STAKEHOLDER INQUIRY STATISTICS & RESPONSES OF THE EXECUTIVE OFFICER**

BPM statistics for the volume of concerns, comments, suggestions and/or inquiries regarding programs and services are provided in the following tables:

Table 1 below details a summary of total email inquiries received for Quarter One (1) of FY 15/16. Additionally, as a result of the Cha motion recently approved by the Board at the September 18 meeting, Attachment A entitled Scope of Practice Responses of the Executive Officer accompanies the table and provides the questions received including their source and offers the answers/interpretations provided in response. These will in turn will be provided to the full Board at the next meeting as directed.

Table 2 provides FY 15/16 Quarter One (1) calls answered and handled by Medical Board call center staff concerning BPM inquiries.

Table 3 tracks the call volume and inquiry type for incoming calls handled by BPM staff for the same period.

**Table 1 – Q1 STAKEHOLDER INQUIRY STATISTICS**

| <b>INQUIRY SUBJECT</b>              | <b>July 2015</b> | <b>August 2015</b> | <b>September 2015</b> |
|-------------------------------------|------------------|--------------------|-----------------------|
| <b>Scope of Practice</b>            |                  |                    |                       |
| <i>Ankle Surgery</i>                | -                | -                  | -                     |
| <i>Practice Act—General</i>         | -                | -                  | -                     |
| <i>Anesthetics</i>                  | -                | -                  | -                     |
| <i>Above Ankle Procedure</i>        | <b>2</b>         | -                  | -                     |
| <i>Physical Therapy</i>             | <b>1</b>         | -                  | -                     |
| <i>Treatment of the Hand</i>        | -                | -                  | <b>1</b>              |
|                                     |                  |                    |                       |
| <b>DPM Classification</b>           | <b>1</b>         | -                  | -                     |
| <b>Films &amp; X-Rays</b>           | -                | -                  | -                     |
| <b>Licensing</b>                    | -                | <b>1</b>           | -                     |
| <b>CME</b>                          | -                | -                  | -                     |
| <b>Billing Practices</b>            | -                | -                  | -                     |
| <b>Code of Ethics</b>               | -                | -                  | -                     |
| <b>Standard of Care</b>             | -                | -                  | -                     |
| <b>Renewals</b>                     | -                | -                  | -                     |
| <b>Residency</b>                    | -                | -                  | -                     |
| <b>Hyperbaric Oxygen Therapy</b>    | -                |                    | <b>1</b>              |
| <b>Case Law Inquiry</b>             | -                | -                  | -                     |
| <b>Telehealth</b>                   | -                | -                  | -                     |
| <b>Complaints</b>                   | -                | -                  |                       |
| <b>Enforcement</b>                  | -                | -                  | -                     |
| <b>Skin Grafts</b>                  | -                | -                  | -                     |
| <b>Supervision</b>                  |                  | -                  | -                     |
| <b>Prescribing</b>                  | <b>2</b>         | <b>1</b>           | -                     |
| <b>Medical Spas</b>                 | -                | -                  | -                     |
| <b>Fictitious Name Permit (FNP)</b> | -                | -                  | -                     |
| <b>Medical Assistant</b>            | -                | <b>1</b>           | <b>1</b>              |
| <b>Nurse Practitioner</b>           | -                | <b>1</b>           | -                     |
|                                     |                  |                    |                       |
| <b>TOTALS</b>                       | <b>6</b>         | <b>4</b>           | <b>3</b>              |
| <b>Q1 TOTALS</b>                    | <b>13</b>        |                    |                       |

**Table 2 – Q1 MBC CALL CENTER STATISTICS FOR BPM RELATED MATTERS**

| OUTCOME CODE           | July 2015 | August 2015 | September 2015 |
|------------------------|-----------|-------------|----------------|
| BPM – All Others       | 3         | 0           | 1              |
| BPM – Lic Verification | 9         | 6           | 10             |
|                        |           |             |                |
| <b>TOTALS</b>          | <b>10</b> | <b>6</b>    | <b>11</b>      |
| <b>Q1 TOTALS</b>       | <b>29</b> |             |                |

**Table 3 – Q1 BPM CALL STATISTICS**

| INQUIRY TYPE         | July 2015  | August 2015 | September 2015 |
|----------------------|------------|-------------|----------------|
| Licensing – General  | 43         | 31          | 31             |
| Licensing – Renewals | 22         | 20          | 20             |
| CME                  | 1          | -           | 3              |
| Residency            | 13         | 1           | 1              |
| Complaints           | 4          | -           | 2              |
| Enforcement          | 8          | 2           | 6              |
| Scope of Practice    | 5          | 4           | 2              |
| FNP                  | 2          | 1           | 6              |
| <b>TOTALS</b>        | <b>98</b>  | <b>59</b>   | <b>71</b>      |
| <b>Q1 TOTALS</b>     | <b>228</b> |             |                |

### **C. WEBSITE STATISTICS UPDATE**

The following website statistics are provided to assist the Board analyze current BPM website traffic. As previously reported, use of analytic tools and information will assist the Board to determine popular content pages, stagnant pages and gain insight into visitor information or trends for developing new and existing pages.

#### **1. CONTENT SUMMARY REPORT**

Table 4 below assists in determining whether the website has become more or less effective at visitor retention for a determined date range. In this case, FY15/16 Quarter 1 running from July through September 2015 as compared against FY 14/15 Quarter 4 running from April through June 2015 is presented.

The first column in table 4 shows 1) Entrances; 2) Exits; and 3) Most Visited and provides figures for the Top 5 content sites for each. Included are the percentage increases or decreases for FY15/16 Q1 compared to Q4 of the previous fiscal year.

The second column consisting of 1) bounces; 2) page views; and 3) page views shows the number of immediate exits (bounces) from BPM's top five entrance pages, and the number of times BPM's exit pages and most visited pages were viewed during Q1. The green or red arrows and percentage change indicates the increase or decrease from Q4 figures.

Finally, the third column shows the 1) bounce rate; 2) the exit rate; and 3) the average visit time for BPM's top entrance pages, exit pages, and most visited pages, respectively, during Q1. Again, the green or red arrow percentages indicate the increase or decrease from Q4.

**DEFINITIONS**

- a. **Entrances:** First entrance page accessed on a website when visited
- b. **Bounce Rate:** Single interaction visit to a website without visiting other pages
- c. **Exits:** Leaving the webpage
- d. **Page Views:** Content that is viewed when visiting a page

**Table 4 – Q1 BPM WEBSITE CONTENT SUMMARY REPORT**

| <b>Top 5 Entrances</b>    | <b>Entrances</b> | <b>%±</b> | <b>Bounces</b>   | <b>%±</b> | <b>Bounce Rate</b>     | <b>%±</b> |
|---------------------------|------------------|-----------|------------------|-----------|------------------------|-----------|
| Homepage                  | 7,477            | ↓ -4%     | 5,178            | ↑ 2%      | 69.25%                 | ↑ 7%      |
| Orthotics                 | 1,903            | ↓ -3%     | 1,722            | ↓ -2%     | 90.49%                 | ↑ 1%      |
| MA Informtn               | 1,013            | ↓ -6%     | 872              | ↓ -9%     | 86.08%                 | ↓ -4%     |
| Licensing Info            | 1,008            | ↓ -2%     | 686              | ↑ 13%     | 68.06%                 | ↑ 15%     |
| Recent Discpl             | 979              | ↑ 4%      | 771              | ↑ 3%      | 78.75%                 | ↓ -1%     |
|                           |                  |           |                  |           |                        |           |
| <b>Top 5 Exits</b>        | <b>Exits</b>     | <b>%±</b> | <b>Pageviews</b> | <b>%±</b> | <b>Exit Percentage</b> | <b>%±</b> |
| Homepage                  | 5,804            | ↓ 0%      | 9,476            | ↓ -7%     | 61.25%                 | ↑ 7%      |
| Orthotics                 | 1,885            | ↓ -1%     | 2,635            | ↓ -5%     | 71.54%                 | ↑ 4%      |
| Recent Discpl             | 1,164            | ↑ 1%      | 1,867            | ↑ 3%      | 62.35%                 | ↓ -1%     |
| Licensing Info            | 1,004            | ↓ -4%     | 2,195            | ↓ -15%    | 45.74%                 | ↑ 13%     |
| MA Info                   | 965              | ↓ -8%     | 1,339            | ↓ -4%     | 72.07%                 | ↓ -4%     |
|                           |                  |           |                  |           |                        |           |
| <b>Top 5 Most Visited</b> | <b>Visits</b>    | <b>%±</b> | <b>Pageviews</b> | <b>%±</b> | <b>Average Time</b>    | <b>%±</b> |
| Homepage                  | 8,115            | ↓ -6%     | 9476             | ↓ -7%     | 00:02:17               | ↑ 27%     |
| Orthotics                 | 2,489            | ↓ -4%     | 2,635            | ↓ -5%     | 00:01:55               | ↑ 19%     |
| Licensee Info             | 1,823            | ↓ -7%     | 2,195            | ↓ -15%    | 00:01:50               | ↑ 48%     |
| Recent Discpl             | 1,681            | ↑ 2%      | 1,867            | ↑ 3%      | 00:02:38               | ↑ 13%     |
| MA Informtn               | 1,253            | ↓ -4%     | 1,339            | ↓ -4%     | 00:03:07               | ↑ 27%     |

**D. WEBSITE REDESIGN**

Website redevelopment efforts continue. Previous expected timelines for completion were estimated at three to four months. However, staff time and resources had been temporarily refocused to facilitate timely completion of Sunset Review. Roll-out of the redesign was therefore expected to be extended by approximately two months or more. With recent completion of the Fee Audit and with the Sunset Report nearing completion, previously diverted staff time and resources have now been reassigned to redesign efforts. Further updates will of course continue to be reported.

**E. LEGISLATIVE OUTREACH UPDATE**

Members of the BPM Legislative Committee were invited to participate in visits to legislators at the Capitol on September 18, 2015. Board President Kristina M. Dixon, MBA, and Board member Dr. Michael A Zapf, DPM, were able to meet with staffs of several electeds including the offices Assembly Members Bill Dodd and Scott Wilk in addition to Senators Tony Mendoza and Patricia Bates.

Topics of discussion included background information on the Board of Podiatric Medicine and its continued mission of consumer protection in addition to issues surrounding current post-graduate educational limitations imposed on doctors of podiatric medicine. Proposed creation of a single scope of DPM licensure through elimination of reference to ankle certification on and after January 1, 1984, in section 2472 B&P and the possible need to increase the board's schedule of service fees pending findings contained in a forthcoming Fee Study were also addressed.

In a sustained effort to continue building increased opportunities for interaction and outreach with members of the Legislature, staff continues to arrange Legislative Outreach Days for members of the BPM Legislative Committee. The next round of meetings are planned to take place on November 13, 2015.

#### **F. CURES UPDATE – AB 679**

The Board may recall that in 2013, AB 110 and SB 809 authorized funding and specific requirements for an upgraded and modernized prescription drug database. The Controlled Substance Utilization Review and Evaluation System (“CURES”) is California’s first online prescription drug monitoring program created in response to the onset of a contemporary prescription drug abuse epidemic.

As previously reported, the planned CURES 2.0 upgrade will be rolled out to users in phases over the next several months. Notwithstanding phased roll-out, SB 809 requires all prescribers and dispensers in California to register with the system by January 1, 2016.

In recent developments however, emergency clause amendments to AB-679 may extend the registration deadline from January to July 1, 2016. The bill has passed both houses and was enrolled and presented to the Governor on September 23, 2015. If the Governor signs the bill health care providers who are authorized to prescribe, order, administer, furnish or dispense controlled substances would have until July 1, 2016 to register for CURES.

This includes:

- 1) ALL LICENSED DOCTORS OF PODIATRIC MEDICINE (“DPM”) PRACTICING IN CALIFORNIA;
- 2) WITH A DRUG ENFORCEMENT ADMINISTRATION CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE (“DEA Certificate”).

DPM registration may be currently be completed by visiting the website:  
[https://pmp.doj.ca.gov/pmpreg/RegistrationType\\_input.action#](https://pmp.doj.ca.gov/pmpreg/RegistrationType_input.action#)

Additional developments will be provided to the Board in addition to releasing any developments to the public via the Board's website as they become available.

### **G. BPM QUARTERLY TIMELINE**

Provided for Committee planning purposes and review is a 3-month timeline to enhance Committee situational awareness of pertinent upcoming dates and/or approaching deadlines.

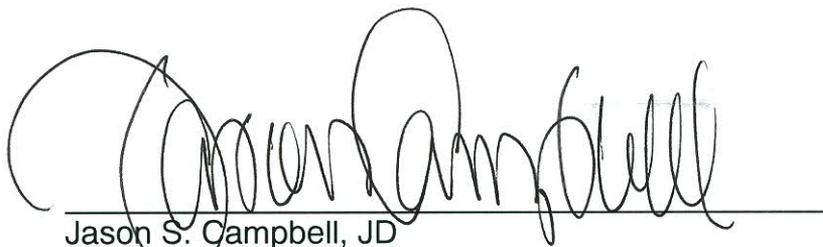
### **NEXT STEPS**

Staff continues with ongoing website redesign efforts in addition to working towards re-launching the BPM newsletter with an expected Q2 FY 15/16 publication release date.

### **ATTACHMENTS**

- A. Scope of Practice Responses of the Executive Officer
- B. BPM – 3-month timeline

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Jason S. Campbell, JD  
Executive Officer

## Q1 FY 2015/2016

**Scope of Practice Responses of the Executive Officer****FIRST INQUIRY:****SUBJECT – ABOVE ANKLE PROCEDURE; WOUND CARE****SOURCE – IN STATE HMO**

With number of DPMs treating wounds and diabetic foot care, there has been an increase in referral for lower extremity wounds. What is the board's stance on treatment of leg wounds below the knee whether they be post surgical complications from podiatric reconstruction or venous stasis in nature? Is there a clear delineation?

**RESPONSE:**

Thank you again for contacting the Board of Podiatric Medicine (BPM).

We appreciate your patience as we formalized a response to your inquiry. Toward that end, the relevant statute in this case is section 2472 of the California Business and Professions Code which defines podiatric medicine to include the foot, ankle and related structures including the muscles and tendons of the leg governing the functions of the foot. Surgical treatment of the ankle and tendons is authorized at the level of the ankle. In this case, superficial conditions above the ankle are not explicitly specified in the scope of practice. Further, the Board has not chosen to specifically address the statutory silence through the aid of an interpretative regulation.

While we do recognize that many facilities and medical staffs do refer, allow and prefer DPMs to perform wound care procedures that fall well above the level of the ankle in many instances for the sake of quality and efficient care of patients already in the podiatric medical department due to their often best-in-class competency and training in wound treatment and care, it is nevertheless well settled that scope of practice is neither controlled by the customs or practices of the medical profession nor expanded by consideration of a medical professional's knowledge, skill or experience. Such cases may be reasonably interpreted to exceed the scope of podiatric medical practice. Having said this, DPMs are licensed, authorized and expected to treat all podiatric medical conditions affecting the foot, ankle and related structures subject to the community standard of care and a professional's training and competence. When surgical procedures within the scope of practice are performed, any post-operative issues or complications must be addressed by the podiatric surgeon or referred to appropriate specialists as appropriate.

We hope this is helpful and we thank you again for the opportunity to be of service.

**SECOND INQUIRY:****SUBJECT – CONTROLLED SUBSTANCE PRESCRIBING****SOURCE – HEALTH & LIFE SCIENCE SERVICE COMPANY**

Thank you for returning my call. My question is whether doctors of podiatric medicine can prescribe both legend and controlled substances in the state of California? I looked through the laws and regulations on the website but was not able to find this information. Any assistance you may be able to provide would be of great help.

**RESPONSE:**

Thank you again for contacting the Board of Podiatric Medicine.

California drugs laws are codified in the state Uniform Controlled Substances Act (UCSA) contained in sections 11000-11651 of the California Health and Safety Code. While California does not generally use the term "legend" drugs to describe prescription medications, the state generally defines a controlled substance as a drug that is included in one of the five federal schedules. Pursuant to sections 11150-11154 of the USCA, any appropriately licensed California doctor of podiatric medicine—just as any other licensed independent physician—is fully authorized and expected to prescribe controlled substances and/or prescription medications in the care and treatment of podiatric conditions affecting the lower extremity in the regular course of practice to persons specifically under their care and after an appropriate prior examination.

We hope this is helpful.

**THIRD INQUIRY:**

**SUBJECT – CONTROLLED SUBSTANCE PRESCRIBING**

**SOURCE – OUT OF STATE CREDENTIALING & THIRD PARTY CONTRACTING COMPANY**

Can a podiatrist dispense non-controlled medication out of his or her office in the state of California?

**RESPONSE:**

Thank you for contacting the Board of Podiatric Medicine.

Please know that we are appreciative of the opportunity to assist with your inquiry. Toward that end, licensed California doctors of podiatric medicine are authorized to dispense medications under the conditions specified in section 4170 of the California Business and Professions Code. The pertinent text of the applicable statutes are provided immediately below for your convenient reference. For further future reference and study, we have also included the link to the California Pharmacy Law Book published by the California Board of Pharmacy which contains all applicable statutes and regulations pertaining to, among other things, the prescribing and dispensing of medications in California at [http://www.pharmacy.ca.gov/laws\\_regs/lawbook.pdf](http://www.pharmacy.ca.gov/laws_regs/lawbook.pdf)

4025. Drug

"Drug" means any of the following:

- (a) Articles recognized in the official United States Pharmacopoeia, official National Formulary or official Homeopathic Pharmacopoeia of the United States, or any supplement of any of them.
- (b) Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals.
- (c) Articles (other than food) intended to affect the structure or any function of the body of humans or other animals.
- (d) Articles intended for use as a component of any article specified in subdivision (a), (b), or (c).

[...]

4170. Dispensing by Prescriber: Requirements and Restrictions; Enforcement

(a) No prescriber shall dispense drugs or dangerous devices to patients in his or her office or place of practice unless all of the following conditions are met:

- (1) The dangerous drugs or dangerous devices are dispensed to the prescriber's own patient, and the drugs or dangerous devices are not furnished by a nurse or physician attendant.

- (2) The dangerous drugs or dangerous devices are necessary in the treatment of the condition for which the prescriber is attending the patient.
  - (3) The prescriber does not keep a pharmacy, open shop, or drugstore, advertised or otherwise, for the retailing of dangerous drugs, dangerous devices, or poisons.
  - (4) The prescriber fulfills all of the labeling requirements imposed upon pharmacists by Section 4076, all of the recordkeeping requirements of this chapter, and all of the packaging requirements of good pharmaceutical practice, including the use of childproof containers.
  - (5) The prescriber does not use a dispensing device unless he or she personally owns the device and the contents of the device, and personally dispenses the dangerous drugs or dangerous devices to the patient packaged, labeled, and recorded in accordance with paragraph (4).
  - (6) The prescriber, prior to dispensing, offers to give a written prescription to the patient that the patient may elect to have filled by the prescriber or by any pharmacy.
  - (7) The prescriber provides the patient with written disclosure that the patient has a choice between obtaining the prescription from the dispensing prescriber or obtaining the prescription at a pharmacy of the patient's choice.
- [...]
- (b) The Medical Board of California, [...] shall have authority with the California State Board of Pharmacy to ensure compliance with this section, and those boards are specifically charged with the enforcement of this chapter with respect to their respective licensees.
- (c) "Prescriber," as used in this section, means a person, who holds [...] a certificate to practice podiatry, and who is duly registered by the Medical Board of California, [...]

Thank you again for this opportunity to be of service and we hope you have a pleasant weekend.

**FOURTH INQUIRY:**

**SUBJECT – DOCTOR OF PODIATRIC MEDICINE CLASSIFICATION**

**SOURCE – OUT OF STATE MEDICAL CONSULTANT**

Are podiatrists classified as physicians in California?

**RESPONSE:**

Thank you for contacting the Board of Podiatric Medicine.

Yes. Doctors of Podiatric Medicine (DPMs) are independently licensed and fully authorized and expected to diagnose and treat medically those diseases, deformities, and injuries that relate to the foot and/or ankle. Further, they are also independently authorized to prescribe drugs and medications in the course of their practice. Thus, as fully independent practitioners of the healing arts in California, a podiatrist—a term which has largely fallen out of use to describe a Doctor of Podiatric Medicine—is considered a physician. We hope that is helpful. In the interim, should you have any additional questions or require further assistance, please feel free to contact us via email us at [BPM@dca.ca.gov](mailto:BPM@dca.ca.gov) or via telephone at 916.263.2647 and we will be happy to assist.

Thank you again for contacting BPM.

**FIFTH INQUIRY:**

**SUBJECT – ABOVE ANKLE PROCEDURE; INTRAVASCULAR ATHERECTOMY**

**SOURCE – IN STATE ATTORNEY**

Assuming that the purpose of the procedure was to treat eschemic conditions of the foot, and further assuming that the DPM was appropriately trained and established competence in order to obtain

privileges to do so at a facility, would be within the scope of practice for a DPM to perform an atherectomy of arteries in the lower leg, i.e., a minimally invasive method of using a shaver device on the end of a catheter to remove and collect plaque within the arteries of the lower legs to restore blood flow to the feet? My question to you is, what is the Board's position on this?

**RESPONSE:**

We appreciate your effort in reaching out to the Board of Podiatric Medicine ("BPM").

While BPM has not specifically addressed endovascular atherectomy in the care and treatment of lower extremity arterial insufficiency, the Board does recognize that the DPM scope of practice is not a restriction as to the types of treatments that may be employed. The Board licenses doctors of podiatric medicine ("DPMs") in California so that they may use their competence and training to treat Californians using all appropriate methods.

As you are aware, the scope of practice for podiatric medicine in California is prescribed in section 2472 of the California Business and Professions Code and is defined to include the foot, ankle and related structures including the muscles and tendons of the leg governing the functions of the foot. It is commonly known that DPMs are often the front line in treatment of diabetics with leg ulcerations as well as non-diabetics with lower limb ischemia; both main risks factors for amputation. Having said this, California DPMs—as licensed independent physicians—are fully authorized and expected to employ all means and modalities within the standard of care to treat the foot and ankle and any other podiatric conditions affecting the lower extremity subject to their own training and competence. This necessarily includes revascularization treatments of the foot whether through laser or mechanical atherectomy techniques.

The executive office would therefore agree that an atherectomy is not a prohibited procedure for licensed California DPMs when implemented to treat podiatric conditions within scope subject to the community standard of care and a professional's training and competence. We hope this is helpful and we thank you again for the opportunity to be of service.

Please let us know if you have any additional question and we will be pleased to help address them.

**SIXTH INQUIRY:**

**SUBJECT – PHYSICAL THERAPY**

**SOURCE – LICENSEE**

Can a podiatrist hire a physical therapist as a physician extender for nail and Wound debridments and physical therapy?

**RESPONSE:**

Thank you again for contacting the Board of Podiatric Medicine.

We appreciate your patience as we formalized a response to your inquiry. Toward that end, we wanted to provide a response as promised. As you may know, the scope of practice for California doctors of podiatric medicine ("DPMs") is defined by section 2472 of the California Business and Professions Code which authorizes the diagnosis and treatment of ailments of the human foot and ankle. Accordingly, a California DPM may employ and supervise licensed physical therapists to perform podiatric physical therapy on their podiatric patients. In addition, a DPM may retain the services of a licensed physical

therapy to perform all permissible treatments within the physical therapist's scope of practice. Having said this, please recognize that it is the Physical Therapy Board of California ("PTB") that is the agency responsible for interpreting the scope of practice for licensed physical therapists in California and not the Board of Podiatric Medicine. Therefore, we kindly refer you to PTB for further guidance on the appropriate modes and modalities of treatment permitted within the physical therapy scope. PTB may be reached by calling (916) 561-8200 or via email at [PT@dca.ca.gov](mailto:PT@dca.ca.gov).

Thank you again for contacting us and we hope you have a wonderful rest of the week.

**SEVENTH INQUIRY:**

**SUBJECT – MEDICAL ASSISTANTS**

**SOURCE – IN STATE HEALTH FACILITY**

My question is does a licensed Professional Who Trains the MA Have To Have any Special Credentials other than their Professional license and also Do they have to Register with any One to Start training. IM asking Because My Facility would like To Train a Few Of Our Floor staff as MAs.

**RESPONSE:**

Thank you for contacting the Board of Podiatric Medicine (BPM).

Medical assistant training may only be administered under the umbrella of: 1) a licensed physician or doctor of podiatric medicine, or under a registered nurse, licensed vocational nurse, a physician assistant or a qualified medical assistant; or 2) in a secondary, post-secondary, or adult education program in a public school authorized by the Department of Education, in a community college program provided for in the Education Code, or a post-secondary institution accredited or approved by the Bureau for Private Postsecondary and Vocational Education in the Department of Consumer Affairs. Additionally, to answer your point in question, any medical assistant endeavoring to train other medical assistants must be certified by one of the approved certifying organizations under Title 16 of the Medical Practice Regulation section 1366.3 as codified by the Medical Board of California (MBC). Further information may be obtained by contacting MBC directly or by visiting their website at the link provided below.

[http://www.mbc.ca.gov/Licensees/Physicians\\_and\\_Surgeons/Medical\\_Assistants/](http://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Medical_Assistants/)

We hope this is helpful and thank you for contacting us.

**EIGHTH INQUIRY:**

**SUBJECT – NURSE PRACTITIONER SCOPE OF PRACTICE**

**SOURCE – NURSING BOARD LICENSEE**

I would like to know if I can perform laser hair removal and skin resurfacing in [a podiatric] practice? It is under my scope of practice as a Nurse Practitioner?

**RESPONSE:**

Thank you again for contacting the Board of Podiatric Medicine (BPM).

We appreciate your patience while a response addressing your inquiry was prepared and sincerely apologize for the slight delay. BPM is not the agency authorized to define or interpret the scope of practice for nurse practitioners nor the authority for counseling on the development of nursing standardized procedures. We can refer you to the Board of Registered Nursing (“BRN”) for more specific information on nurse practitioner regulations at [www.rn.ca.gov](http://www.rn.ca.gov). Additionally, we have attached an informational fact sheet published by BRN regarding nurse practitioner practice for your convenience.

We hope this assists in pointing you in the right direction and thank you again for contacting us.

**NINTH INQUIRY:**

**SUBJECT – PRESCRIBING AUTHORITY**

**SOURCE – DIVERSIFIED GLOBAL PHARMACEUTICAL COMPANY**

Can Podiatrists in the State of California purchase and/or receive samples of Botox Cosmetic? Could you provide us with information relating to such?

**RESPONSE:**

Thank you again for contacting BPM.

We appreciate your patience as a response was finalized. Toward that end, any appropriately licensed California doctor of podiatric medicine—just as any other licensed independent physician—is fully authorized and expected to prescribe drugs, controlled substances and/or prescription medications and to employ all means and modalities within the community standard of care to treat the foot and ankle and any other podiatric conditions affecting the lower extremity subject to their own training and competence to persons specifically under their care and after appropriate prior examination.

We hope this is helpful.

**TENTH INQUIRY:**

**SUBJECT – LICENSING**

**SOURCE – OUT OF STATE DPM**

Can California pass some sort of law allowing license reciprocity for older board certified podiatrists that were denied access to residencies and possibly were discriminated against because of their old age?

Is there any way to pass a law to not use a 2 year residency requirement that accepts outdated training to screen out applicants that are board certified by ABPM and that have more than 30 years’ experience in another state?

**RESPONSE:**

Thank you again for contacting the Board of Podiatric Medicine (“BPM”).

In order to answer your question in the most straight-forward and singular fashion possible, the response to your inquiry regarding the availability of shortened residency requirements for licensure of out-of-state doctors of podiatric medicine (“DPMs”) is a qualified yes. In 2003, BPM sponsored Senate Bill 363 (Figueroa, Statutes of 2003, Chapter 874) which codified “licensure by credentialing” under section 2488 of the California Business and Professions Code (“B&P”). While not reciprocity licensure per se, section 2488 B&P permits DPMs licensed in another State to be licensed in California with only one year of post-graduate medical education—rather than two—with successful passage of part III—rather than parts I, II and III—of the National Board exam administered within the last 10 years. We have attached the Board’s Summary and Checklist of Out-of-State Licensure Requirements for your convenient reference and review. Additionally, all materials may be conveniently referenced and accessed on our website at the link provided below. We hope this is both helpful and informative.

<http://www.bpm.ca.gov/applicants/index.shtml>

Please do not hesitate to contact us with any additional questions and thank you for this opportunity to be of service.

**ELEVENTH INQUIRY:**

**SUBJECT – MEDICAL ASSISTANTS**

**SOURCE – NURSE PRACTITIONER**

Can a Medical Assistant working in our office and under the supervision of our podiatrist trim and thin nails?

**RESPONSE:**

Thank you again for contacting the Board of Podiatric Medicine.

We appreciate your inquiry and thank you for the opportunity to assist. Toward that end, we wanted to provide a response as promised. As you know, a Medical Assistant (MA) is a person who while unlicensed is nonetheless authorized to perform basic administrative, clerical and technical supportive services under the supervision of a licensed doctor of podiatric medicine or medical doctor. An MA may perform certain supportive services where the supervising doctor of podiatric medicine: 1) certifies that the MA has completed specified training and meets specific competency levels; and 2) continues to maintain responsibility for the patient's care. Below and for your convenience, we have included a link to the Medical Board of California’s (MBC) FAQs webpage which may be helpful.

[http://www.mbc.ca.gov/Licensees/Physicians\\_and\\_Surgeons/Medical\\_Assistants/Medical\\_Assistants\\_FAQ.aspx](http://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Medical_Assistants/Medical_Assistants_FAQ.aspx)

Please let us know if you have any additional questions and it will be our pleasure to assist.

**TWELFTH INQUIRY:**

**SUBJECT – HYPERBARIC OXYGEN THERAPY**

**SOURCE – LICENSEE**

What is our scope of practice when it comes to supervision of patients that are having hyperbaric oxygen treatment?

**RESPONSE:**

Thank you again for contacting the Board of Podiatric Medicine (BPM).

There is no specific reference in state law or regulation regarding this modality for physicians. Further, California doctors of podiatric medicine (DPMs), as licensed independent physicians, are authorized and expected to employ all means and modalities within the standard of care to treat the foot and ankle and any other podiatric conditions affecting the lower extremity subject to their own training and competence. Having said this, the DPM scope of practice is not a restriction as to the types of treatments that may be employed. Therefore, the prescription and supervision of HBOT is a permissible practice for licensed California DPMs when implemented to treat conditions within the scope subject to the community standard of care and a professional's training and competence.

Please let us know if you have any additional questions and we will be pleased to address them.

**THIRTEENTH INQUIRY:  
SUBJECT – TREATMENT OF THE HAND  
SOURCE – LICENSEE**

I have a scope question. I had a patient request that I laser her fingernails for fungus involvement. [Her attorney] would write a release of all liability for treatment letter that would absolve me of all risk. I had previously referred her to a Dermatologist, but she was unhappy with the service, and I had previously treated her feet with success. [...]I would like your opinion on the scope issue.

**RESPONSE:**

Thank you again for contacting the Board of Podiatric Medicine.

A Doctor of Podiatric Medicine (DPM) is licensed to diagnose and treat the foot, ankle and related structures including the muscles and tendons of the leg governing the functions of the lower extremity. DPMs are licensed, authorized and expected to use all means and modalities to treat podiatric conditions affecting the foot and ankle subject to the community standard of care and a professional's training and competence. Conditions affecting the hand, however, are strictly speaking outside a DPM's legal scope of medical practice and it cannot be expanded through execution of a release of patient liability.

Having said this, a licensed DPM may assist a Medical Doctor (MD) and/or Doctor of Osteopathic Medicine (DO) during surgical practices in any other matters. In this latter role, as codified by section 2472(d)(1)(B) of the California Business and Professions Code, a DPM may perform as an assistant at surgery under the direct supervision of a physician and surgeon performing surgical procedures that are beyond the scope of a DPM. Under this direct supervision a DPM may perform surgical services on the hand including the use of laser procedures for treatment of non-podiatric fungal nails. Note that the authorization to perform as an assistant at surgery is not to be construed as permission to function as a "primary" beyond a DPM's regular scope of practice.

I hope this is helpful and do please let us know if you have any additional questions and we will be pleased to help address them.

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# 2015 Quarterly Calendar

| October                                                                                        | November                                                                        | December                                           |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------|
| <p><b>Oct 11</b><br/>Last day for Governor to sign or veto bills passed by the Legislative</p> | <p><b>Nov 11</b><br/>Veterans Day</p>                                           | <p><b>Dec 1</b><br/>BPM Sunset Report deadline</p> |
| <p><b>Oct 21</b><br/>BPM Committee Meetings</p>                                                | <p><b>Nov 13</b><br/>BPM Board Meeting</p>                                      | <p><b>Dec 25</b><br/>Christmas Day</p>             |
|                                                                                                | <p><b>Nov 13</b><br/>Legislative Committee Visits State Capitol</p>             |                                                    |
|                                                                                                | <p><b>Nov 26 &amp; 27</b><br/>Thanksgiving Day &amp; Day after Thanksgiving</p> |                                                    |
|                                                                                                |                                                                                 |                                                    |
|                                                                                                |                                                                                 |                                                    |
| <p>Legislative Committee</p>                                                                   | <p>Enforcement Committee</p>                                                    | <p>Legislative Committee</p>                       |
| <p>Public Education Committee</p>                                                              | <p>Licensing Committee</p>                                                      | <p>Committee Chairs</p>                            |
| <p>State Holidays</p>                                                                          | <p>BPM Staff</p>                                                                | <p>CA Legislature</p>                              |
| <p>DCA Information</p>                                                                         |                                                                                 |                                                    |