

**ENFORCEMENT COMMITTEE
MAY 11, 2016**

SUBJECT: DPM DEMOGRAPHIC INFORMATION

**ACTION: DISCUSSION AND CONSIDERATION OF DPM DEMOGRAPHIC
INFORMATION**

5

RECOMMENDATION

Discuss and consider DPM demographic information submitted by the California Podiatric Medical Association (CPMA).

ISSUE

DPM Demographic Information.

DISCUSSION

Previously, an optional and voluntary Equal Employment Opportunity survey was developed and distributed to the current panel of experts and consultants in order to evaluate current demographic groups under service with BPM. Of the 43 individuals the survey was distributed to, 24 responded.

Further to these efforts, BPM received additional gender and ethnicity data for practicing DPM's in California voluntarily provided by CPMA. Attached are two separate files one that includes active DPM association demographic distribution and a second file that includes all DPM is association records. While some factors such as current status may be unknown, the data does provide additional information to supplement previous efforts.

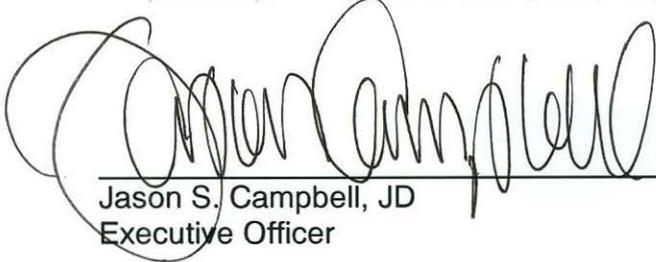
Finally, licensees will soon be receiving a License Verification Survey with their renewal packets. Participation in this informational survey is entirely voluntary. The information will be treated confidentially. No personal or identifying information will be shared with payers or other parties. A draft of the survey is included as an attachment in this report.

The solicited data is intended to be used to assist BPM in tracking diversity patterns and determine where the agency may desire to seek out underutilized demographics in targeted recruitment efforts.

ATTACHMENTS

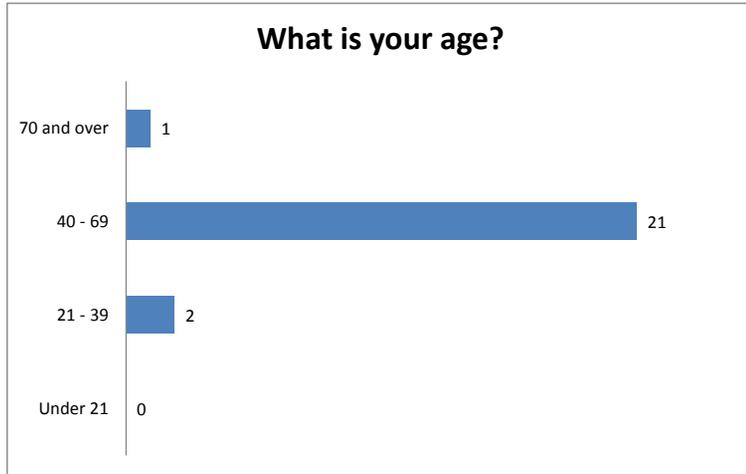
- A. EEO Consultant and Expert Panel Survey Results
- B. Current member and resident demographics
- C. DPM demographics (non-member inclusive)
- D. Voluntary Renewal Survey

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



Jason S. Campbell, JD
Executive Officer

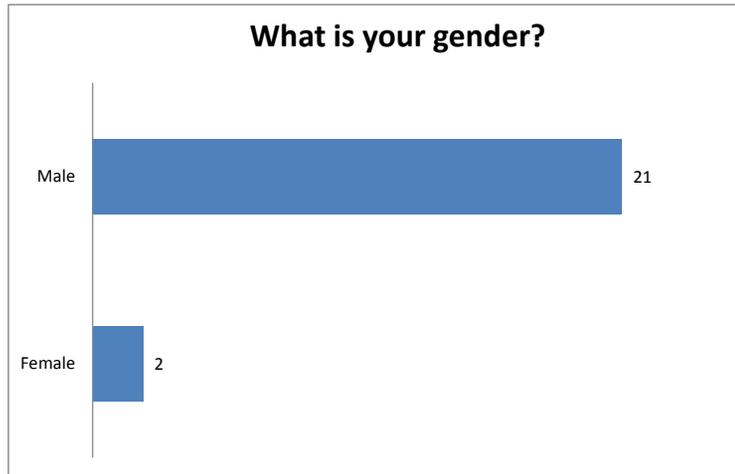
Equal Employment Opportunity Questionnaire



Q1 What is your age?

| | | |
|-------------|----|--------|
| Under 21 | 0 | 0.00% |
| 21 - 39 | 2 | 8.33% |
| 40 - 69 | 21 | 87.50% |
| 70 and over | 1 | 4.17% |

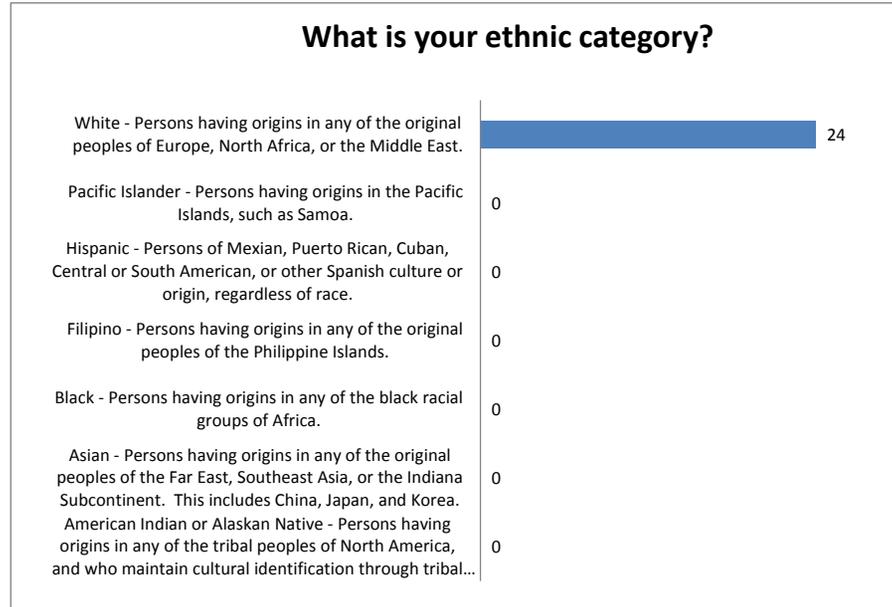
Total 24



Q2 What is your gender?

| | | |
|-------------------|----|--------|
| Female | 2 | 8.33% |
| Male | 21 | 91.30% |
| No answer/skipped | 1 | |

Total 24

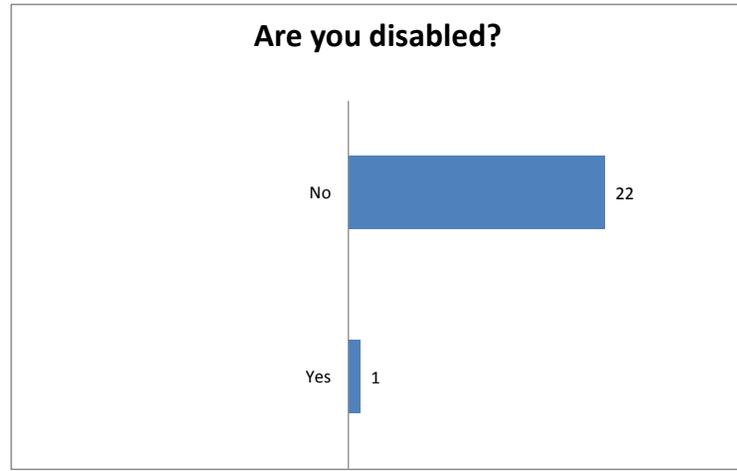
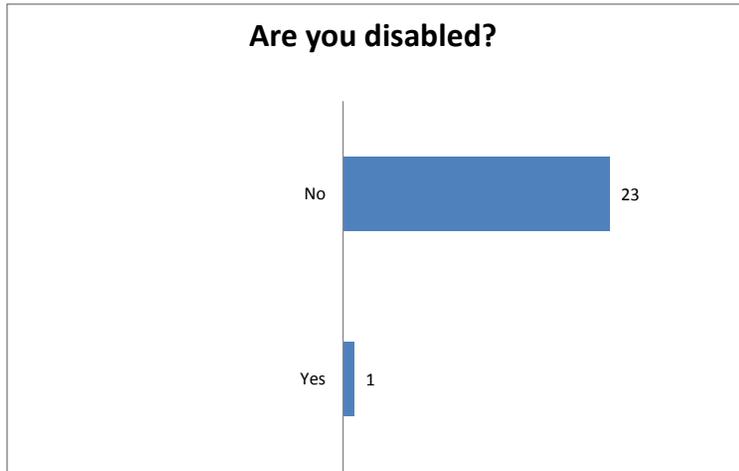


Q3 What is your ethnic category? (Please check the box that best describes your race/ethnicity):

| | | |
|--|----|---------|
| American Indian or Alaskan Native - Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community. | 0 | 0.00% |
| Asian - Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea. | 0 | 0.00% |
| Black - Persons having origins in any of the black racial groups of Africa. | 0 | 0.00% |
| Filipino - Persons having origins in any of the original peoples of the Philippine Islands. | 0 | 0.00% |
| Hispanic - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. | 0 | 0.00% |
| Pacific Islander - Persons having origins in the Pacific Islands, such as Samoa. | 0 | 0.00% |
| White - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. | 24 | 100.00% |

Total 24

Equal Employment Opportunity Questionnaire



Q4 Are you disabled? - A person with a disability is an individual who:
 (1) has a physical or mental impairment that substantially limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working, ...;
 (2) has a record of such an impairment; (3) is regarded as having such an impairment.

| | | |
|--------------|-----------|--------|
| Yes | 1 | 4.17% |
| No | 23 | 95.83% |
| Total | 24 | |

Q5 Are you a military veteran; widow or widower of a veteran; or a spouse of a 100% disabled veteran?

| | | |
|-------------------|-----------|--------|
| Yes | 1 | 4.35% |
| No | 22 | 95.65% |
| No answer/skipped | 1 | |
| Total | 24 | |

| | Gender | | Age Group | | Ethnicity |
|--------------|-------------|---------|-------------|--------------------------------|-------------|
| Male | 785 | Unknown | 5 | Unknown | 385 |
| Female | 220 | 26-35 | 175 | American Indian | 3 |
| Unknown | 43 | 36-45 | 179 | Asian/Pacific | 116 |
| | | 46-55 | 174 | Black or African-American | 8 |
| | | 56-65 | 261 | Caucasian | 521 |
| | | 66-75 | 178 | Spanish/Hispanic/Latino/Latina | 15 |
| | | 76-85 | 51 | Other | 0 |
| | | 86-95 | 23 | | |
| | | 96-105 | 2 | | |
| TOTAL | 1048 | | 1048 | | 1048 |

| | Gender | | Age Group | | Ethnicity |
|---------|--------|---------|-----------|--------------------------------|-----------|
| Male | 1351 | Unknown | 1832 | Unknown | 2823 |
| Female | 435 | 26-35 | 224 | American Indian | 3 |
| Unknown | 1723 | 36-45 | 361 | Asian/Pacific | 116 |
| | | 46-55 | 387 | Black or African-American | 8 |
| | | 56-65 | 384 | Caucasian | 541 |
| | | 66-75 | 235 | Spanish/Hispanic/Latino/Latina | 16 |
| | | 76-85 | 57 | Other | 2 |
| | | 86-95 | 26 | | |
| | | 96-105 | 3 | | |
| TOTAL | 3509 | | 3509 | | 3509 |



Doctor of Podiatric Medicine Survey

Dear Licensee,

The Board of Podiatric Medicine (BPM) is seeking information regarding Doctors of Podiatric Medicine (DPM) practice in California. Your participation in this endeavor is voluntary and the information will not affect the timing or any other aspect of your license renewal. If desired, you may elect to have the information included in your physician profile on BPM’s website by answering “Yes” to Question #9. The supplied information will be analyzed and the findings will be presented only in aggregate. No personal or identifying information will be shared with payers or other parties, and a specified protocol will be followed to safeguard the information you provide.

We would greatly appreciate your answering the following questionnaire and including your responses, along with your other license renewal information, in the envelope provided.

Please answer each question by completely shading the appropriate box.

1. Are you retired?

Yes No

2. ACTIVITIES IN MEDICINE Please fill in one box for each line.

| Hours | None | 1 - 9 | 10- 19 | 20 – 29 | 30 – 39 | 40 + |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Patient Care | <input type="checkbox"/> |
| Telehealth | <input type="checkbox"/> |
| Administration | <input type="checkbox"/> |
| Research | <input type="checkbox"/> |
| Teaching | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

3. ARMED FORCES PERSONNEL (Military Status) if you currently hold an Armed Forces Personnel/Military status license, please update the following information:

*For internal use only, this will **not** be released for public viewing.*

Expected date of discharge and/or retirement from active service or full-time training:

Date: _____

4. POSTGRADUATE TRAINING Years completed.

0 1 2 3 4 5 6 7 8

5. POSTGRADUATE TRAINING TYPE Residency Program Type.

- RPR – Rotating Podiatric Residency
- PSR – Podiatric Surgical Residency
- POR – Podiatric Orthopedic Residency
- PPMR – Primary Podiatric Medical Residency
- PMSR – Podiatric Medicine and Surgery Residency
- PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstruction Rearfoot / Ankle
- PSR-12 – Podiatric Surgery Residency – 12 months
- PSR-24 – Podiatric Surgery Residency – 24 months
- PSR-24+ – Podiatric Surgery Residency – 24+ months
- PM&S-24 – Podiatric Medicine and Surgery Residency – 24 months
- PM&S-36 – Podiatric Medicine and Surgery Residency – 36 months

6. BOARD CERTIFICATIONS Please mark any Board Certification that you may have. If you have no current certificates, mark here: None

American Board of Foot and Ankle Surgery (ABFAS)

- Foot and Ankle Surgery (ended in 1990)
- Foot Surgery (began in 1991 – prerequisite to Reconstructive Rearfoot/Ankle Surgery certification)
- Reconstructive Rearfoot/Ankle Surgery

The American Board of Podiatric Medicine (ABPM)

- Podiatric Medicine and Orthopedics
- Primary Podiatric Medicine

American Board of Multiple Specialties in Podiatry (ABMSP)

- Primary Care in Podiatric Medicine
- Foot and Ankle Surgery
- Prevention and Treatment of Diabetic Foot Wounds
- Limb Preservation and Salvage

7. PRACTICE LOCATION If you have hours for Patient Care (including Telehealth), enter the primary and secondary practice location(s).

| | Primary Practice location | | Secondary Practice location | |
|--------------|---------------------------|--------|-----------------------------|--------|
| | Zip Code | County | Zip Code | County |
| Patient Care | _____ | _____ | _____ | _____ |
| Telehealth | _____ | _____ | _____ | _____ |

| California County Codes | | 12 | Humboldt | 24 | Merced | 36 | San Bernardino | 48 | Solano |
|-------------------------|--------------|----|-------------|----|------------|----|-----------------|----|--------------|
| 01 | Alameda | 13 | Imperial | 25 | Modoc | 37 | San Diego | 49 | Sonoma |
| 02 | Alpine | 14 | Inyo | 26 | Mono | 38 | San Francisco | 50 | Stanislaus |
| 03 | Amador | 15 | Kern | 27 | Monterey | 39 | San Joaquin | 51 | Sutter |
| 04 | Butte | 16 | Kings | 28 | Napa | 40 | San Luis Obispo | 52 | Tehama |
| 05 | Calaveras | 17 | Lake | 29 | Nevada | 41 | San Mateo | 53 | Trinity |
| 06 | Colusa | 18 | Lassen | 30 | Orange | 42 | Santa Barbara | 54 | Tulare |
| 07 | Contra Costa | 19 | Los Angeles | 31 | Placer | 43 | Santa Clara | 55 | Tuolumne |
| 08 | Del Norte | 20 | Madera | 32 | Plumas | 44 | Santa Cruz | 56 | Ventura |
| 09 | El Dorado | 21 | Marin | 33 | Riverside | 45 | Shasta | 57 | Yolo |
| 10 | Fresno | 22 | Mariposa | 34 | Sacramento | 46 | Sierra | 58 | Yuba |
| 11 | Glenn | 23 | Mendocino | 35 | San Benito | 47 | Siskiyou | 98 | Out of State |

8. CULTURAL BACKGROUND Select one or more that best describes your cultural background.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Fijian | <input type="checkbox"/> Mexican | <input type="checkbox"/> South American |
| <input type="checkbox"/> African American | <input type="checkbox"/> Filipino | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Native American | <input type="checkbox"/> Thai |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Black | <input type="checkbox"/> Indian | <input type="checkbox"/> Other Hispanic | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other (Not listed) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Puerto Rican | |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Laotian/Hmong | <input type="checkbox"/> Samoan | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> European | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Singaporean | |

9. FOREIGN LANGUAGE PROFICIENCY In addition to English, indicate other languages in which you are proficient.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Hindi | <input type="checkbox"/> Persian (Farsi) | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Hmong | <input type="checkbox"/> Polish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Ilocano | <input type="checkbox"/> Russian | <input type="checkbox"/> Xiang Chinese |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Italian | <input type="checkbox"/> Scandinavian | <input type="checkbox"/> Yoruba |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Serbian | <input type="checkbox"/> Other Chinese |
| <input type="checkbox"/> Formosan (Amis) | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other Non-English |
| <input type="checkbox"/> French | <input type="checkbox"/> Lao | <input type="checkbox"/> Swahili | <input type="checkbox"/> Other Sign Language |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Other (Not listed) |
| <input type="checkbox"/> German | <input type="checkbox"/> Mien | <input type="checkbox"/> Telugu | |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Mon-Khmer (Cambodian) | <input type="checkbox"/> Thai | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> Gujarati | <input type="checkbox"/> Navajo | <input type="checkbox"/> Tonga | <input type="checkbox"/> None |

10. WEB SITE PROFILE Do you want the following information included in your physician profile on BPM's website?

- Yes No

11. EMAIL ADDRESS Please print e-mail address below. *For internal use only, this will **not** be released for public viewing.*

E-Mail: _____