

Exhibit

A

BPM MISSION

The mission of the Board of Podiatric Medicine is to ensure protection of consumers under the laws of California through the setting and enforcement of contemporary standards and the provision of accurate and timely information that promotes sound consumer decision-making.

Approved March 3, 2006

Exhibit B



KAREN L. WRUBEL, D.P.M., *President*
ALEIDA GERENA-RIOS, M.B.A.

RAYMOND K. CHENG, A.I.A.
JAMES J. LONGOBARDI, D.P.M.

KRISTINA M. DIXON, M.B.A.
NEIL B. MANSDORF, D. P. M.

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3 **California Board of Podiatric Medicine**
4 **Public Board Meeting Minutes**
5 **Los Angeles, California**
6 **October 15, 2010**
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9 A public meeting of the California Board of Podiatric Medicine (BPM) was held October 15,
10 2010 in Room 1010, Los Angeles City Hall, 200 N. Spring Street, Los Angeles, CA.
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12 Due notice had been sent to all known interested parties.
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15 **1. Call to order/Member roll call**
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17 President Wrubel called the meeting to order at 9:27 AM.
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19 A quorum was established with the following Members present:
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- 21 • Karen L. Wrubel, DPM
- 22 • Kristina M. Dixon, MBA
- 23 • James J. Longobardi, DPM
- 24 • Neil B. Mansdorf, DPM
- 25

26 Dr. Wrubel introduced and welcomed public attendees:
27

- 28 • Betsy Couch, Center for Public Interest Law (CPIL)
- 29 • Gil DeLuna, Department of Consumer Affairs
- 30 • Carlos Ramirez, Department of Justice
- 31 • Jeffrey Haupt, DPM, California Podiatric Medical Association
- 32

33 The Board's Legal Counsel Gary Duke and Executive Officer Jim Rathlesberger also were
34 present.
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37 **2. DCA Director's Report**
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39 Mr. Gil DeLuna spoke on behalf of Brian Stiger, the Director of the Department of Consumer
40 Affairs. He gave an overview of the the hiring freeze, SB 1111, the Consumer Protection
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3 Enforcement Initiative, the proposed departmental data system BreEZe, performance measures
4 and SB 1441.
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7 **3. Attorney General's Report**

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9 Senior Assistant Attorney General Carlos Ramirez briefed the Board on his implementation of
10 the vertical prosecution model, which as originally proposed--and endorsed by BPM--would
11 have transferred Medical Board investigators to the Attorney General's Office. It was
12 discussed how that might facilitate greater efficiency and retention of investigators.
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14 **4. President's Report**

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17 Dr. Longobardi moved and Dr. Mansdorf seconded a motion approving the July 26 minutes,
18 which passed 4-0.
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20 The Board directed staff to draft a revision and update of its *Strategic Plan* for the next
21 meeting.
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23 **5. BPM Policies**

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26 With a motion by Dr. Longobardi seconded by Dr. Wrubel, the Board voted 4-0 to amend its
27 Policy regarding promotional references to include consultants and practice monitors.
28

29 The Policy on minimum requirements for new consultants, experts and examiners was
30 amended by Dr. Mansdorf's motion seconded by Dr. Wrubel and passed 4-0 to add an
31 additional requirement, i.e., that they be active in the practice of podiatric medicine in the
32 subject area being reviewed.
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34 **6. Enforcement Committee**

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37 Dr. Jeffrey Haupt, the California Podiatric Medical Association Board's designated liaison to
38 BPM, presented some recommendations for the Board's consideration regarding its medical
39 consultants.
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41 Following discussion, the Board directed staff to prepare for its next meeting a draft Policy
42 enhancing standards for the selection, training and evaluation of consultants. The Board noted
43 a new evaluation form exhibited for consultants.
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3 **7. Election of Officers for 2011**
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5 Dr. Wrubel was elected to a second term as President upon Ms. Dixon’s motion seconded by
6 Dr. Longobardi and passed 4-0.

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8 Effective immediately, Dr. Mansdorf was elected Vice President on a motion by Dr. Wrubel
9 seconded by Dr. Longobardi and passed 4-0.
10

11
12 **8. 2011 Meeting Dates**
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14 The Board indicated the proposed meeting dates were acceptable as exhibited:
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- 16 • February 11 -- San Jose
- 17 • June 17 -- Sacramento
- 18 • September 23 -- Southern California
19
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21 **9. Adjournment**
22

23 Upon completing its agenda and acting on all action items, the Board adjourned at 11:54 AM.
24

25 Submitted to the Board for approval February 11, 2011.

APPROVED:

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President
California Board of Podiatric Medicine

Exhibit C



STRATEGIC PLAN

2011-2014

February 11, 2011 Discussion Draft

OUR MISSION

The mission of the Board of Podiatric Medicine is to ensure protection of consumers under the laws of California through the setting and enforcement of contemporary standards and the provision of accurate and timely information that promotes sound consumer decision-making.

OUR VISION

The Board's public policy leadership will enhance continuing competence standards, informed consumer choice, and open access to high-quality foot and ankle care.

OUR VALUES

BPM values . . .

- representing the public
- responsiveness to consumers and licensees
- public access to information, assistance and service
- integrity and competence in serving the public
- collaboration with other organizations
- proactive approaches that prevent patient harm

GOALS AND OBJECTIVES

GOAL 1. *Maintain excellence of service within current resources.*

Objectives:

1.1 Continue operations without backlogs.

Major activities:

- Manage licensing and enforcement programs to stay current daily without additional staff
- Support licensing and enforcement coordinators as chief program officers of Board
- Keep focused on core functions of licensing and enforcement

1.2 Maintain the issuance of licenses the same day all requirements met.

Major activities:

- Maintain close communication with applicants
- ~~Pursue housekeeping amendments to Regulations for clarity~~
- Maintain Sponsor primary source verification ~~legislation~~ and enforce it

1.3 Keep expediting investigation of consumer complaints and prosecution of open cases.

Major activities:

- Support Enforcement Coordinator
- Achieve Staff Manager promotion recognizing breadth of responsibility
- Continue monitoring enforcement matrix reports on case processing timeframes

1.4 Maintain quality probation monitoring.

Major activities:

- Continue retired annuitant program
- ~~Assess alternatives for cost and effectiveness~~
- Insure Board's final orders are effectively enforced

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1.5 Support Maintain national leadership in Continuing Competence program initiatives.

Major activities:

- ~~As the only doctor licensing program in the nation implementing this long recommended reform in the organized medicine literature, do it well~~
- Support the Licensing Coordinator, recognizing ~~her critical core contributions~~ the importance of good licensing in Licensing Board effectiveness in consumer protection and efficient use of public resources
- Monitor the longitudinal decline in consumer complaints and respond appropriately to opportunities to serve as ambassadors for preventing patient harm rather than responding to it once harm has been done
- Urge Federation of Podiatric Medical Boards (FPMB) to encourage other State licensing agencies to implement its Model Law Continuing Competence provisions
- Support Department of Consumer Affairs (DCA) and other boards in Continuing Competence as appropriate

1.6 Continue licensure of all residents and annual review and approval of ~~schools and~~ graduate medical education programs.

Major activities:

- Maintain the Residency License requirement ~~ever minimizing the occasional incidents of unlicensed residency practice that disserve all involved~~
- Seek sunseting of the four-year cap on graduate medical training
- Consider whether ~~school and~~ residency approvals should be nationalized now or in the future, or if California's program should be maintained

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GOAL 2. *Maintain credibility and respect of BPM's integrity.*

Objectives:

2.1 Continue the public-service ethic so many have contributed to over succeeding decades, realizing BPM as an institution is of great importance to patients and the profession.

Major activities:

- **Emphasize the statutory mission**
- **Support Board development and the Members' importance as a Board**
- **Promote the goals and objectives of the Board**

2.2 Remain open, candid and responsive.

Major activities:

- **Maintain unspotted positive press coverage**
- **Build on confidence from profession to enhance consumer outreach**
- **Support Departmental programs**

2.3 Represent the public

Major activities:

- **Maintain BPM culture that licensee and lay Board Members are equal**
- **Maintain BPM culture that licensee and lay Board Members have same statutory role**
- **Maintain BPM culture that licensee and lay Board Members all represent the public at large**

2.4 Maintain good government values

Major activities:

- **Reflect well on California State government**
- **Focus on the positive aspects and developments**
- **Take opportunities as they present themselves to advance public policy**

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3 GOAL 3. *Work collaboratively with other organizations.*

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5 Objectives:

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7 3.1 Utilize Departmental services and follow its lead.

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9 Major activities:

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11 ~~• Fine tune Applicant Tracking System (ATS)~~
12 • Implement ~~i-Licensing in 2009~~ BreEZe in 2012-13 for online credit card transactions
13 • Distribute You and Your DPM ~~orthotics brochure and Departmental press release~~
14 • Pursue Spanish language You and Your DPM ~~brochure on diabetic foot care~~
15 • Participate in ~~annual~~ DCA Board and Bureau Conferences
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17
18 3.2 Maintain liaison with California Podiatric Medical Association.

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20 Major activities:

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22 • Maintain good liaison with CPMA Board
23 • Continue participation at House of Delegates
24 • Continue exhibiting at Western Foot and Ankle Conference ~~Podiatric Medical Congress~~
25

26 3.3 Continue involvement with Federation of Podiatric Medical Boards.

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28 Major activities:

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30 • Seek election continuation of a California representative on FPMB Board
31 ~~• Maintain dues and attendance at FPMB Annual Meeting~~
32 • Support updates to *Model Law* as indicated, e.g., equivalent exams
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4 GOAL 4. *Remove barriers to podiatric medical care.*

5 Objectives:

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7 ~~4.1 Consider sponsoring reciprocity statute (facilitating alternative exams).~~

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9 ~~Major activities:~~

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11 ~~• Develop options, pros & cons for Board vote~~
12 ~~• Liaison with organized podiatric medicine, Department and Legislature~~
13 ~~• Facilitate easier movement of California licensees to other States and reciprocity of qualified~~
14 ~~out of State licensees in California~~

15
16 4.2 Support Legislative consideration of full FPMB *Model Law* scope of practice for benefit of
17 Californians.

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19 Major activities:

- 20
21 • Coordinate with CPMA in five-year follow-up to AB 932 of 2004
22 • Support efficient delivery of high quality care in all California health facilities
23 • Work with the profession as it develops its evolution, standards and direction for the future
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26 4.3 Support inclusion in State's publicly-supported health science teaching centers.

27 Major activities:

- 28
29 • Support ~~Western University~~ complementary CPMA and podiatric medical school initiatives
30 ~~• Encourage CPMA's participation in coalitions for UC Merced and UC Riverside~~
31 • Keep focus on obtaining UC-sponsored podiatric medical residency programs
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OUR STAKEHOLDERS -- THEIR NEEDS AND WANTS

BPM's success depends on a clear understanding of our statutory mission and the needs of the public. Our public stakeholders include:

- Consumers, who seek accurate and timely information about providers.
- Licensees, who seek expeditious and accurate services, fair administration of the law, and timely and accurate communication on issues of interest to them.
- Applicants, who seek expeditious and accurate services, fair administration of the application process, and timely and accurate communication on issues of concern.
- Health facilities, which seek clear licensing information.
- Staff, who seek clear direction, recognition by management, and training programs to better serve our stakeholders and grow professionally.
- Other state agencies, which seek accurate and timely information.
- The Legislature, exercising its lawmaking, authorization, budgeting and oversight roles.

ENVIRONMENTAL SCAN

External environment factors include:

- Fiscal Challenges -- BPM must do the best job possible with the resources available.
- Accountability -- BPM seeks to follow the soundest possible administrative procedures.
- Advancing Technology -- BPM attempts to stay current to the fullest extent practicable.
- Business and the Economy -- As an agency that licenses doctors treating millions of Californians annually, the health care community expects BPM to operate efficiently and partner to protect podiatric medical patients.
- Changing Demographics -- California's population is increasing, aging and growing more diverse every day.

Exhibit D



POSTION DESCRIPTION FOR BOARD MEMBERS

As a **Board of Directors**, the Board is responsible for good governance of the agency. Appointed as representatives of the **public**, the Board presses for realization of opportunities for service and fulfillment of its obligations to all constituencies. The Board meets fiduciary responsibility, guards against the taking of undue risks, determines priorities, and generally directs organizational activity. It delegates administration to its executive officer, but remains involved through oversight and policy making. The board members are ultimately accountable for all agency actions.

As a **judicial body**, the Board serves as a jury. The members must be careful to avoid *ex parte* communications with licensees, attorneys, and staff regarding upcoming proposed decisions from administrative law judges that the Board must review based only on the legal record.

Specific Contributions

1. Articulate agency mission, values, and policies.
2. Review and assure executive officer's performance in faithfully managing implementation of Board policies through achievement of staff goals and objectives.
3. Ensure that staff implementation is prudent, ethical, effective, and timely.
4. Assure that management succession is properly being provided.
5. Punctuate ongoing review of executive officer performance with annual evaluation against written Board policies at a noticed public meeting.
6. Ascertain that management effectively administers appropriate staff policies including a code of ethics and conflict of interest statements.
7. Ensure staff compliance with all laws applicable to the Board.
8. Maximize accountability to the public.

Adopted by the Board of Podiatric Medicine 12/6/91



POSITION DESCRIPTION FOR BOARD PRESIDENT

The President is responsible for the effective functioning of the Board, the integrity of Board process, and assuring that the Board fulfills its responsibilities for governance. The President instills vision, values, and strategic thinking in Board policy making. She/he sets an example reflecting the Board's mission as a state licensing and law enforcement agency. She/he optimizes the Board's relationship with its executive officer and the public.

Specific Contributions

1. Chair meetings to ensure fairness, public input, and due process.
2. Appoint Board committees.
3. Support the development and assist performance of Board colleagues.
4. Obtain the best thinking and involvement of each Board member. Stimulate each one to give their best.
5. Coordinate evaluation of the executive officer.
6. Continually focus the Board's attention on policy making, governance, and monitoring of staff adherence to and implementation of written Board policies.
7. Facilitate the Board's development and monitoring of sound policies that are sufficiently discussed and considered and that have majority Board support.
8. Serve as a spokesperson.
9. Be open and available to all, remaining careful to support and uphold proper management and administrative procedure.

Adopted by the Board of Podiatric Medicine 12/6/91



POSITION DESCRIPTION FOR EXECUTIVE OFFICER

The chief executive officer reports and is accountable to the full Board. He/she accepts responsibility for the success or failure of all Board operations.

Specific Contributions

1. Lead staff planning to achieve Board goals and ensure that implementation adheres to Board policies, and is effective, prudent, ethical, and timely.
2. Ensure that the Board is properly informed on the condition of the agency and major factors influencing it, without bogging it down in detailed staff work or with unorganized information.
3. Annually evaluate the agency's performance.
4. Make certain there is adequate funding to achieve the Board's policies.
5. Manage agency's enforcement program so as to ensure both (a) vigorous prosecution of Medical Practice Act violations and (b) fairness, due process, and proper administrative procedures as required under the Administrative Procedure Act.
6. See that there is adequate, effective staffing. Motivate staff. Develop training, professional development, and career ladder opportunities. Build teamwork. Delegate responsibilities without abdicating accountability.
7. Develop an office climate and organizational culture that attracts and keeps quality people.
8. Provide for management succession.
9. Develop annual goals and objectives and other appropriate staff policies.
10. Serve as the agency's chief spokesperson and see that the Board is properly presented to its various publics.

Adopted by the Board of Podiatric Medicine 12/6/91

Exhibit E



POLICY DECISION: Delegation of Authority Concerning Stay Orders

The authority to approve or deny a Petition for Stay Order is delegated to the board's executive officer.

Method of Adoption: Board Vote

Date of Adoption: May 5, 1995

Exhibit F



POLICY DECISION: Promotional Reference to the Board of Podiatric Medicine (BPM) by Consultants, Expert Reviewers/Witnesses, Practice Monitors and Examination Commissioners

Licenses acting as medical consultants, expert reviewers/witnesses, practice monitors and/or examination commissioners shall not reference their affiliation with the BPM in any promotional activity or advertisement.

Method of Adoption: Board Vote

Date of Adoption: February 28, 1986

Revision Date: May 3, 2002
October 15, 2010

Exhibit G



POLICY DECISION: Minimum Requirements for New Medical Consultants, Experts, and Examiners

1. Hold a current and valid California license to practice podiatric medicine.
2. Be active in the practice of podiatric medicine in the subject area being reviewed.
3. Have completed at least one year of postgraduate medical education with two years preferred up until 2010, at which time it will be mandatory.
4. Be certified by the American Board of Podiatric Surgery.
5. Have surgical staff privileges in at least one general acute care hospital facility.
6. Must not have been subject to disciplinary action by the BPM, i.e., the filing of an Accusation or Statement of Issues that was not withdrawn or dismissed.
7. Must not be under BPM investigation for a violation of any laws relating to the practice of medicine at the time of appointment or be the subject of such a case pending in the Attorney General's office.
8. Must not have been the subject of a field investigation by the BPM within the last five (5) years that was not closed and deleted from Medical Board records.
9. In the event of a conflict of interest, must recuse themselves from the review or examination.

Method of Adoption: Board Vote
Date of Adoption: June 5, 1987
Revision Date(s): December 7, 1990
January 25, 1994
November 6, 1998
May 5, 2000
November 3, 2000
June 6, 2003
October 15, 2010



8 **POLICY DECISION: Minimum Requirements for New Medical**
9 **Consultants, Experts, and Examiners**

- 10
11 1. Hold a current, and valid and unrestricted California
12 license to practice podiatric medicine.
13
14 2. Be active in the practice of podiatric medicine in the
15 subject area being reviewed.
16
17 3. Have completed ~~at least one year of postgraduate~~
18 ~~medical education with two years preferred up until~~
19 ~~2010, at which time it will be mandatory program~~
20 approved by the Council on Podiatric Medical
21 Education.
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23 4. Be certified by the American Board of Podiatric Surgery
24 and must maintain a current certificate.
25
26 5. Have surgical staff privileges in at least one general
27 acute care hospital facility.
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29 6. Must not have been subject to disciplinary action by
30 the BPM, i.e., the filing of an Accusation or
31 Statement of Issues that was not withdrawn or
32 dismissed.
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34 7. Must not be under BPM investigation for a violation of
35 any laws relating to the practice of medicine at the
36 time of appointment or be the subject of such a case
37 pending in the Attorney General's office.
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39 8. Must not have been the subject of a field investigation
40 by the BPM within the last five (5) years that was not
41 closed and deleted from Medical Board records.
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43 9. In the event of a conflict of interest, must recuse
44 themselves from the review or examination.
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46 10. Must not misrepresent his or her credentials,
47 qualifications, experience or background.
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49 Method of Adoption: Board Vote
50 Date of Adoption: June 5, 1987
51 Revision Date(s): December 7, 1990
52 January 25, 1994
53 November 6, 1998
54 May 5, 2000
55 November 3, 2000
56 June 6, 2003
57 October 15, 2010

Exhibit

H



POLICY DECISION: Selection, Training and Evaluation of Board of Podiatric Medicine (BPM) Medical Consultants

1. Potential DPM Medical Consultants shall be reviewed and nominated to the Consultant pool by the Board's Enforcement Committee.
2. New candidates must be approved by unanimous vote of the Board Members present at a noticed public meeting.
3. Following approval by the Board, Consultants shall certify in writing prior to beginning work that they have received and read the current *BPM Enforcement Manual*.
4. Likewise, all consultants shall so certify receipt and reading of each revision to the *BPM Enforcement Manual*.
5. Consultants shall be evaluated on an ongoing basis.
6. Staff shall organize training sessions for consultants every two years as practicable, and each working consultant must have participated in a BPM training session before beginning work and within the past four years at all times.
7. Consultants may serve for eight consecutive years, and have at least a two-year break in service before being eligible for re-nomination by the Enforcement Committee.

Method of Adoption: Board Vote

Date of Adoption: