

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

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VACANT

Exhibit B



KAREN L. WRUBEL, D.P.M., *President*
KRISTINA M. DIXON, M.B.A.

RAYMOND K. CHENG, A.I.A.
ALEIDA GERENA-RIOS, M.B.A.

NEIL B. MANSDORF, D.P.M., *Vice President*
JAMES J. LONGOBARDI, D.P.M.

California Board of Podiatric Medicine Public Board Meeting Minutes San Jose, California February 11, 2011

A public meeting of the California Board of Podiatric Medicine (BPM) was held February 11, 2011 in Room 106 of the Alfred E. Alquist State Building, San Jose, California.

Due notice had been sent to all known interested parties.

1. Call to order/Member roll call

President Wrubel called the meeting to order at 12:02 PM.

A quorum was established with all Members present:

- Raymond K. Cheng, AIA
- Kristina M. Dixon, MBA
- Aleida Gerena-Rios, MBA
- James J. Longobardi, DPM
- Neil B. Mansdorf, DPM
- Karen L. Wrubel, DPM

Dr. Wrubel introduced and welcomed public attendees:

- Betsy Couch, Center for Public Interest Law (CPIL)
- Kimberly Kirchmeyer, Deputy Director, Department of Consumer Affairs
- Michael Cornelison, DPM, President, California Podiatric Medical Association
- Anthony Hoffman, DPM
- Stuart A. Slamowitz, DPM

The Board's Legal Counsel Gary Duke and Bethany DeAngelis and Jim Rathlesberger of the Board staff also were present.

2. DCA Director's Report

Acting Chief Deputy Director Kirchmeyer presented the Director's report, briefing the meeting on the DCA Executive Office's activities. Ms. Kirchmeyer highlighted BPM's national leadership on Continuing Competence, and said the Department would hold a meeting especially on this subject, now being discussed by other boards.

Ms. Kirchmeyer also presented a plaque to Mr. Cheng, recognizing the leadership he brought to BPM through two terms as the Gubernatorial lay-member appointee to BPM.

3. President's Report

Dr. Mansdorf moved and Dr. Longobardi seconded a motion approving the October 15 minutes, which passed 5-0. Ms. Gerena-Rios abstained from voting as she was not able to attend the October meeting.

The Board approved amendments as exhibited to its *Strategic Plan* on a motion by Ms. Gerena-Rios seconded by Mr. Cheng and passed 6-0.

The Board approved amendments as exhibited to its policy on Minimum Requirements for New Medical Consultants, Experts and Examiners on a motion by Dr. Mansdorf seconded by Dr. Longobardi and passed 6-0.

The Board adopted a new policy on Selection, Training and Evaluation of Medical Consultants on a motion by Mr. Cheng seconded by Ms. Gerena-Rios and passed 6-0. Before its adoption, the exhibited text was amended on line 24 to read "5. Consultants shall be evaluated at least on an annual basis."

4. Enforcement Committee

The Board discussed Business & Professions Code Section 2335(c)(2) which requires two Board Members to vote to hold in order for the Board to discuss a pending enforcement decision in person as a jury, in closed session. Ms. Gerena-Rios moved and Dr. Longobardi seconded a motion passed 5-0 asking staff to address this in its draft of BPM's 2011 Sunset Review Report. Kim Kirchmeyer indicated the Board would probably receive the Sunset Questionnaire from the Legislature in March.

5. Public Outreach Committee

The Board suggested two edits to the draft of *You and Your DPM*. Specifically, Dr. Mansdorf suggested explaining the meaning and significance of "primary source verification" and adding the term "publicly" to the reference of disclosing referrals to the Attorney General. The other Board Members concurred.

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6. Budget Savings

In order to further reduce spending during the State budget difficulties, the Board cancelled its June 17 meeting. The next meeting will be September 23 in southern California.

7. Adjournment

Upon completing its agenda and acting on all action items, the Board adjourned at 2:30 PM.

Submitted to the Board for approval September 23, 2011.

APPROVED:

.....
President
California Board of Podiatric Medicine

DRAFT

Exhibit C



STRATEGIC PLAN

2011-2014

Adopted February 11, 2011

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
- Maintain primary source verification 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
- Insure Board's final orders are effectively enforced

1.5 Support Continuing Competence initiatives.

Major activities:

- Support the Licensing Coordinator, recognizing 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 graduate medical education programs.

Major activities:

- Maintain the Residency License requirement
- Seek sunseting of the four-year cap on graduate medical training
- Consider whether residency approvals should be nationalized now or in the future, or if California's program should be maintained

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

GOAL 3. *Work collaboratively with other organizations.*

Objectives:

3.1 Utilize Departmental services and follow its lead.

Major activities:

- Implement BreEZe in 2012-13 for online credit card transactions
- Distribute *You and Your DPM* brochure
- Pursue Spanish language *You and Your DPM*
- Participate in DCA Board and Bureau Conferences

3.2 Maintain liaison with California Podiatric Medical Association.

Major activities:

- Maintain good liaison with CPMA Board
- Continue participation at House of Delegates
- Continue exhibiting at Western Foot and Ankle Conference

3.3 Continue involvement with Federation of Podiatric Medical Boards.

Major activities:

- Seek election of a California representative on FPMB Board
- Support updates to *Model Law* as indicated, e.g., equivalent exams

GOAL 4. *Remove barriers to podiatric medical care.*

Objectives:

4.1 Support Legislative consideration of full FPMB *Model Law* scope of practice for benefit of Californians.

Major activities:

- Coordinate with CPMA in five-year follow-up to AB 932 of 2004
- Support efficient delivery of high quality care in all California health facilities
- Work with the profession as it develops its evolution, standards and direction for the future

4.2 Support inclusion in State's publicly-supported health science teaching centers.

Major activities:

- Support complementary CPMA and podiatric medical school initiatives
- Keep focus on obtaining UC-sponsored podiatric medical residency programs

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



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

Medical Board of California
BOARD OF PODIATRIC MEDICINE

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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



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

Licensees 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



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

1. Hold a current, valid and unrestricted California license to practice podiatric medicine.
2. Be active in the practice of podiatric medicine in the subject area being reviewed.
3. Have completed a postgraduate medical education program approved by the Council on Podiatric Medical Education.
4. Be certified by the American Board of Podiatric Surgery and must maintain a current certificate.
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.
10. Must not misrepresent his or her credentials, qualifications, experience or background.

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
February 11, 2011



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 at least on an annual 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: February 11, 2011