

[mn.gov/boards/podiatric-medicine/](http://mn.gov/boards/podiatric-medicine/)

**AT A GLANCE**

**Credentialing Services**

- 244 licensees in FY16
- 21 new licenses Issued FY15/FY16
- 2 license reinstatements FY15/FY16
- 37 temporary permits Issued FY15/FY16
- 958 license verifications Issued FY16

**Professional Development/Continuing Education**

- 5,280 Continuing Medical Education (CME) hours reviewed FY16
- Approved 7 CME Sponsorships FY16
- Conducted 12 DPM Interviews FY15/FY16
- Administered 21 Jurisprudence Exams FY15/FY16

**Complaint Review**

- 10 complaints investigated FY16
- 2 complaints resulting in formal actions FY16

**PURPOSE**

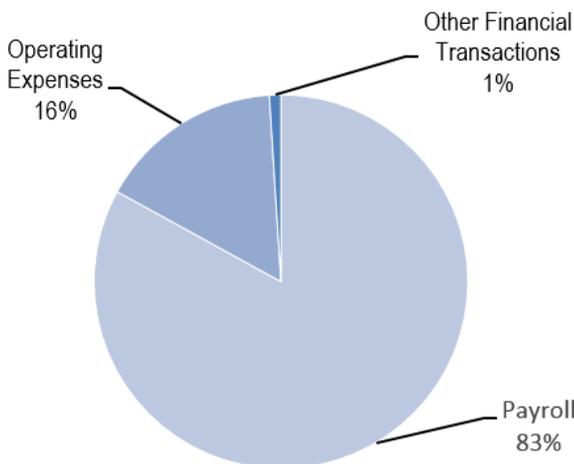
The Minnesota Board of Podiatric Medicine was established in 1916 and is mandated by MS §153.01 - §153.26 and Minnesota Rules 6900. The Board mission is to protect the public by extending the privilege to practice to qualified doctors of podiatric medicine (DPM) and investigating complaints relating to their competency or behavior. These activities contribute to the statewide outcomes that people in **Minnesota are safe and have optimal health, and have access to efficient and accountable government services.**

The Board accomplishes its mission by:

- Responding to public and agency inquiries, complaints and reports regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners;
- Reviewing allegations of statute and rule violations, holding disciplinary conferences with licensees, and
- Taking formal action to suspend or revoke the licenses of DPM who fail to meet standards; Setting and administering educational requirements and examination standards for DPM licensure; and Providing information and education about licensure requirements and standards of practice to the public and other interested audiences.

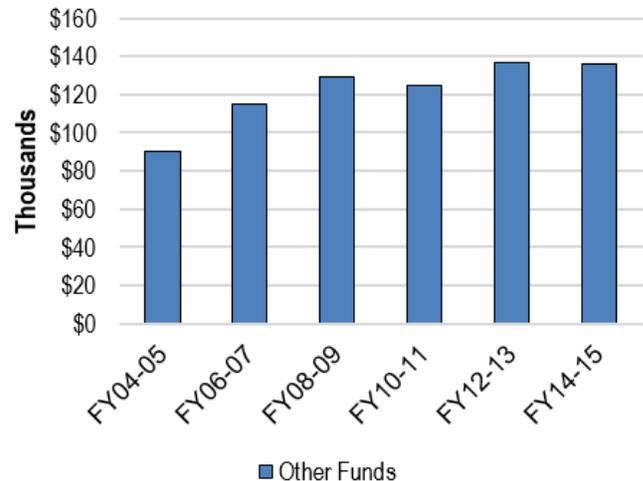
**BUDGET**

**Spending by Category  
FY 15 Actual**



Source: BPAS

**Historical Spending**



Source: Consolidated Fund Statement

The Board is funded by licensure fees. Minnesota Statutes section 214.06, subdivision 1(a) compels the Board to collect fees in the amount sufficient to cover direct and indirect expenditures. Funds are deposited as non-dedicated revenue into the state government special revenue fund. From this fund, the Board receives a direct appropriation to pay for agency expenses such as salaries, rent, costs associated with disciplinary/contested cases and operating expenditures. It also pays statewide indirect costs through an open appropriation. The Board receives no general fund dollars.

In addition to Board operations, licensure fees fund activities that support multiple boards and/or other agencies. Some of these are: the Administrative Services Unit (interboard), Health Professionals Services Program (interboard), Prescription Monitoring Program (Pharmacy Board), Office of the Attorney General for legal services, and the Criminal Background Check Program (interboard).

## STRATEGIES

The Board of Podiatric Medicine is guided by these principles:

- Responsibility for public protection will be fulfilled with respect for due process and adherence to laws and rules;
- Customer services will be delivered in a respectful, responsive, timely, communicative, and nondiscriminatory manner;
- Government services will be accessible, purposeful, responsible, and secure; and
- Business functions will be delivered with efficiency, accountability and a willingness to collaborate.

The Board's licensure strategies are accomplished through licensure of DPM who meet set standards of education, examination, supervised practice, continuing education, and ethical practice. The number of licensed DPM in Minnesota has increased another 7% over the past two years. This reflects the growing need for their services and the demand is expected to continue with an aging population.

The Board's Complaint Resolution Committee (CRC) is authorized by Minnesota Statutes, Chapter 214 to receive, investigate and resolve complaints regarding conduct or standard of care. Ten complaints were received and investigated in FY16, resulting in two formal actions.

The Board's administrative strategies are advanced through responsive, efficient, and cost-effective services that include a commitment to technology upgrades, helping to achieve this goal. It recently implemented a new database, the Automated Licensing Information Management System (ALIMS), allowing us to absorb the increase in licenses issued, renewals and license verifications in the past two years without additional staffing. Online verifications are now received in real time and 100% were completed in 2 business days.

The Board is comprised of seven volunteer members appointed by the Governor - five DPM and two public members who receive a per diem and mileage reimbursement for meetings. The full Board meets quarterly and the Complaint Review Committee (CRC) more frequently.

## RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Number of licensees	227	244	FY13 FY16
Quality	Number of new license applications	18	22	FY13 FY16
Quantity/Quality	Percent of license verification made online	96% 822	95% 958	FY13 FY16
Quantity	Number of complaints received/investigated	8	10	FY13 FY16

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Licenses granted within 2 days upon receipt of all documentation.	NA This is a new measure developed in 2014.	100%	FY16

---

The statutory authority for the Minnesota Board of Podiatric Medicine is located in Chapter 153.01 – 153.26:  
<https://www.revisor.mn.gov/statutes/?id=153>

The rules are located in MN Rules Chapter 6900. <https://www.revisor.mn.gov/rules/?id=6900>

Additional statutes pertaining to all health licensing boards are found in Chapters 13, 16, and 214.