

**Agency Purpose**

The Minnesota Board of Podiatric Medicine (Board) was established in 1916 and is mandated by M.S. 214, M.S. 153.01 – 153.26 and Minnesota Rules 6900. The Board is responsible for the regulation of podiatrists in the state of Minnesota. Regulation is accomplished through licensure examination and renewal, as well as by the investigation of complaints.

The mission of the Board is to:

- ◆ extend the privilege to practice to qualified applicants; and
- ◆ investigate complaints relating to the competency or behavior of individual licensees or individuals with permits issued by the board.

**At A Glance**

**Minnesota Board of Podiatric Medicine  
License Statistics  
(As of June 30, 2008)**

Total Licensed Podiatrists:.....197  
 Total Temporary Permits:.....7  
 FY08 Complaints received:.....11  
 Complaints Resolved in FY08:.....8  
 Board Members:.....7  
 (Five podiatrists and two public members  
 Appointed by the Governor)

In addition, the board responds to inquiries regarding scope of practice, provides license verification information to credentialing agencies, and initiates legislative changes, as needed to update the practice act for podiatric medicine.

The Board’s activities are guided by the following principles:

- ◆ responsibility for public safety 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.

**Core Functions**

The Board regulates the practice of podiatric medicine by:

- ◆ responding to public and agency inquiries, complaints and reports regarding licensure and conduct on applicants, permit holders, licensees and unlicensed practitioners;
- ◆ reviewing complaints of alleged violations of statutes and rules, holding disciplinary conferences with licensees, and taking legal action to suspend or revoke the licenses of podiatrists who fail to meet standards;
- ◆ setting and administering educational requirements and examination standards for licensure as a podiatrist; and
- ◆ providing information and education about licensure requirements and standards of practice to the public and other interested audiences.

**Operations**

Services are delivered by issuing licenses to qualified individuals, renewal certificates to licensees meeting continuing education requirements, temporary permits to individuals completing residencies, and license verifications to credentialing services and medical facilities. The agency protects the public by investigating complaints and holding educational and disciplinary conferences with licensees. Board orders for disciplinary actions and Agreements for Corrective Action further protect the public.

**Key Goals**

- ◆ maintain excellence in the practice of podiatric medicine;
- ◆ allow licensees, permit holders and citizens online access to information about podiatric medicine;
- ◆ keep licensees informed of changes affecting the practice of podiatric medicine;
- ◆ respond in a timely manner to requests for license verifications;
- ◆ promptly report disciplinary actions to the national databank and to all who have requested such notification;
- ◆ provide immediate access to information on the complaint process and to the printing of complaint forms through the board’s website;

- ◆ offer online payment for license verifications through the board's website;
- ◆ provide immediate access to application forms, license renewal forms, board newsletters, names and contact information for board members, and copies of the board's statutes and rules through the web site.

### Key Measures

- ◆ 80% of the requests for license verifications are fulfilled within 48 hours of receipt at the Board office;
- ◆ residencies in Minnesota have decreased from four podiatric residencies to three residencies over the past five years (a loss of one residency position); however, one podiatric residency plans to increase its incoming class from two residents to three residents in July of 2009;
- ◆ all residency programs in Minnesota have migrated from one or two year residencies to three year surgical residencies in order to offer more extensive instruction in various medical specialties, and the development of increased skills in the surgical and conservative management of foot and ankle pathology;
- ◆ the Board office has seen an increase of 21 licensed podiatrists from 176 in June of 2003 to 197 licensed podiatrists at the end of June 2008 (an increase of 12%);
- ◆ of the podiatrists in active practice at this time, 70% are under 50 years old, and only 7% are over 60 years of age;
- ◆ over the past five years, an average of 11 complaints have been received each year; however, as the number of licensed podiatrists has increased by 12%, the average number of complaints received on an annual basis has declined by 1%.

### Budget

Total direct and indirect expenditures for FY 2008-09 are estimated to be \$175,000, which includes .50 full time equivalent employees. Direct expenditures include salaries, rent and other operating expenditures. The Board receives a direct appropriation for these costs. Indirect expenditures include costs of services received by the Attorney General's Office, Health Professional Services Program, and the Administrative Services Unit. The Board is responsible for collecting sufficient revenue to cover both direct and indirect expenditures.

The Board is estimated to collect \$173,000 in FY 2008-09, which is deposited as non-dedicated revenue into the state government special revenue fund. Revenue is collected from fees charged to applicants, licensees, and sponsors of continuing education programs.

### Contact

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Dollars in Thousands

	Current		Forecast Base		Biennium 2010-11
	FY2008	FY2009	FY2010	FY2011	
<b><u>Direct Appropriations by Fund</u></b>					
<b>State Government Spec Revenue</b>					
Current Appropriation	54	63	63	63	126
<b>Forecast Base</b>	<b>54</b>	<b>63</b>	<b>56</b>	<b>56</b>	<b>112</b>
Change		0	(7)	(7)	(14)
% Biennial Change from 2008-09					-4.3%
<b><u>Expenditures by Fund</u></b>					
<b>Carry Forward</b>					
State Government Spec Revenue	3	0	0	0	0
<b>Direct Appropriations</b>					
State Government Spec Revenue	51	66	56	56	112
<b>Open Appropriations</b>					
State Government Spec Revenue	6	8	8	8	16
<b>Total</b>	<b>60</b>	<b>74</b>	<b>64</b>	<b>64</b>	<b>128</b>
<b><u>Expenditures by Category</u></b>					
Total Compensation	39	50	40	40	80
Other Operating Expenses	21	24	24	24	48
<b>Total</b>	<b>60</b>	<b>74</b>	<b>64</b>	<b>64</b>	<b>128</b>
<b><u>Expenditures by Program</u></b>					
Podiatry, Board Of	60	74	64	64	128
<b>Total</b>	<b>60</b>	<b>74</b>	<b>64</b>	<b>64</b>	<b>128</b>
<b>Full-Time Equivalentents (FTE)</b>	<b>0.5</b>	<b>0.5</b>	<b>0.5</b>	<b>0.5</b>	

**PODIATRY BOARD**

Agency Revenue Summary

*Dollars in Thousands*

	<b>Actual FY2008</b>	<b>Budgeted FY2009</b>	<b>Current Law</b>		<b>Biennium 2010-11</b>
			<b>FY2010</b>	<b>FY2011</b>	
<b><i>Non Dedicated Revenue:</i></b>					
<b>Departmental Earnings:</b>					
State Government Spec Revenue	91	85	96	86	182
<b>Total Non-Dedicated Receipts</b>	<b>91</b>	<b>85</b>	<b>96</b>	<b>86</b>	<b>182</b>
<b><i>Dedicated Receipts:</i></b>					
<b>Total Dedicated Receipts</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Agency Total Revenue</b>					
	<b>91</b>	<b>85</b>	<b>96</b>	<b>86</b>	<b>182</b>