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Board of Podiatric Medicine

Agency Profile 1

Board of Podiatric Medicine — Agency Profile

https://mn.gov/boards/podiatric-medicine/

AT A GLANCE

Credentialing Services

- 570 Licensees - 281 Doctors of Podiatric Medicine (DPM), 71 Orthotists, 20 Prosthetists, 122 Prosthetist Orthotists, 38 Pedorthists, 19 Fitters, 19 Assistants
- 139 DPM License Renewals (100% completed online)
- 30 Temporary Permits
- 58 New Applicants (98% completed online) - 18 DPM Applications, 5 Orthotists, 2 Prosthetists, 16 Prosthetist Orthotists, 3 Pedorthists, 1 Fitter, 3 Assistants, 10 Temporary Permits
- 2748 License Verifications (100% completed online)

Professional Development/Continuing Education

- Over 6,200 Continuing Medical Education (CME) hours reviewed
- Approved 6 CME Sponsorships
- Conducted 18 DPM Personal Interviews
- Administered 18 Jurisprudence Exams

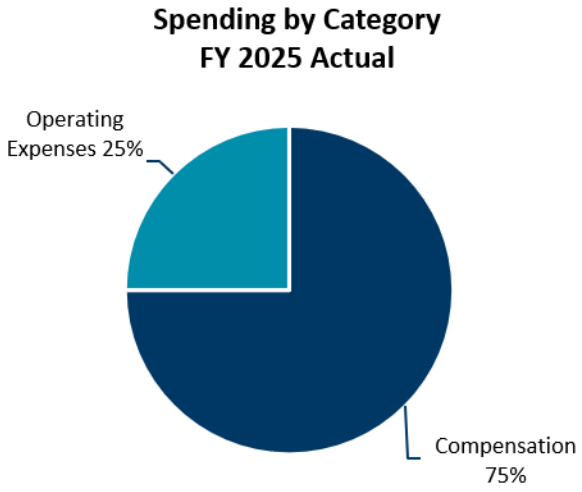
PURPOSE

The Minnesota Board of Podiatric Medicine was established in 1917. The Board's mission is to protect the public by extending the privilege to practice to qualified DPMs, orthotists, prosthetists, prosthetist orthotists, pedorthists, fitters, and assistants, and investigating complaints relating to their competency or behavior.

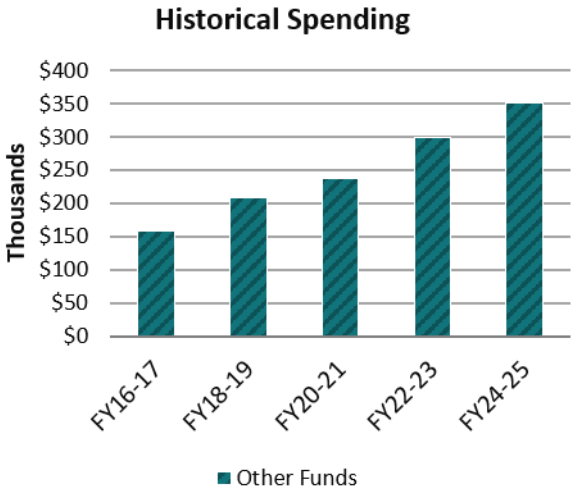
The Board accomplishes its mission by:

- 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 licensure.
- Providing information and education about licensure requirements and standards of practice to the public and other interested audiences.

BUDGET



Source: Budget Planning & Analysis System (BPAS)



Source: Consolidated Fund Statement

The Board is funded by licensure fees and receives no general fund dollars. Minnesota Statutes section 214.06, subdivision 1(a) compels the Board to collect fees in the amount enough 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.

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 (inter-board), Health Professionals Services Program (inter-board), Prescription Monitoring Program (Pharmacy Board), Office of the Attorney General for legal services, and the Criminal Background Check Program (inter-board).

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.
- Business functions will be delivered with efficiency, accountability, and a willingness to collaborate.

The Board's licensure strategies are accomplished through licensure of applicants who meet set standards of education, examination, supervised practice, continuing education, and ethical practice. The number of licensed DPMs in Minnesota has declined by approximately 2% over the past two years, as the number of retirees has slightly exceeded the number of new applicants. The demand for DPM services is expected to increase 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.

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. The Automated Licensing Information Management System (ALIMS) offers online applications, renewals and verifications and receives them in real time, creating significant efficiencies.

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 CRC more frequently.

RESULTS

Part A: Performance Data

Measure	Measure type	Measure data source	Historical trend (FY 2024)	Most recent data (FY 2026)
Number of DPM licensees	Quantity	Licensee Registration Book and ALIMS data	286 last period. Decrease of 2%. Retirements slightly exceed new applicants.	281
Number of new license applications	Quantity	Manual tally and ALIMS data	67 last period. Same trend as above.	58
Number and percent of license verifications made online	Quantity	ALIMS data	2,214. Near 100% for the last two periods, but improvements to ALIMS closed the last remaining 1% gap.	2,748/100%
Number of complaints received/investigated	Quantity	Manual tally and ALIMS data	19 in the last period. Down significantly, but this fluctuates from year to year.	11
Licenses granted within 2 days upon receipt of all documentation	Quality	ALIMS data	Remains consistent at 100%.	100%

Part B: Evidence of Effectiveness

The Board delivers services that have not yet been evaluated using randomized controlled trials or quasi-experimental methods. While the public protection functions of professional licensing boards are not typically subject to randomized controlled trials, substantial evidence supports the underlying theory that regulatory oversight reduces the risk of harm by establishing minimum qualifications, requiring continuing education, investigating complaints, and imposing corrective action when practitioners fail to meet professional standards.

The statutory authority for the Minnesota Board of Podiatric Medicine is located in:
Chapter 153.01 – 153.30 (https://www.revisor.mn.gov/statutes/cite/153) and
Chapter 153B.10 – 153B.85 (https://www.revisor.mn.gov/statutes/cite/153b).
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.