MISSION STATEMENT:
To be a leader in improving the quality, safety, and integrity of podiatric medical health care by promoting high standards for podiatric physician licensure, regulation, and practice.

GET TO KNOW YOUR FELLOWS — Fellowships in Podiatric Medicine and Surgery are on the Rise

This additional year of training after residency provides advanced knowledge, experience, and training in a specific area within podiatric medicine and surgery. These fellowships exist nationwide. Currently some programs are recognized by the American College of Foot and Ankle Surgeons (ACFAS) while others are approved by the Council of Podiatric Medical Education (CPME). Unlike podiatric residencies Member Boards have little, if any, interaction with these fellowships.

The Federation of Podiatric Medical Boards (FPMB) promotes high standards for the podiatric physician licensure, regulation, and practice. Member Boards approve the residencies in their states and license their resident doctors. Member Boards should be aware of what fellowships programs exist in their state and foster a relationship of support for these programs. A well-trained physician is an asset to the community they serve.

To help build this awareness, the FPMB has compiled a Podiatry Fellowship Reference focused on ACFAS- and CPME-listed fellowships. The reference is published on page 11 of this issue, and your feedback is always welcomed.

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“The first and most important choice a leader makes is the choice to serve, without which one’s capacity to lead is severely limited.” -Robert Greenleaf

The Federation of Podiatric Medical Boards (FPMB) has served its Member Boards for over 80 years. During this time, there have been political, economic, social, technological, environmental, and legal changes that have impacted both occupational licensure and podiatry.

“The pessimist complains about the wind. The optimist expects it to change. The leader adjust the sails.” -John Maxwell

The FPMB’s strength in serving its Member Boards, while adjusting to constant change, is derived from its leadership. The Executive Board is comprised of members or employees of the Member Boards, thus ensuring that the FPMB maintains its alignment with its membership. This alignment is critical to the promotion and protection of the public’s podiatric health, safety,

(Continued on page 6)
Podiatric Physicians Re-Entry Program (PPREP)

When the newest college of podiatric medicine opened its doors to students in 2009, the focus was on educating future podiatric physicians and surgeons. But soon after a new and pressing need presented itself to the administration – practicing podiatrists who were facing censure by their state medical boards.

The PACE Program (Physician Assessment and Clinical Education), housed at the University of California at San Diego School of Medicine, had been assessing and retraining medical personnel for years. They realized, however, that they did not have any in-office expertise in podiatric medicine and reached out to Western University of Health Sciences and its newly opened College of Podiatric Medicine. “The founding dean, Lawrence Harkless, and I had initiated a similar program when we were in Texas at the University of Texas Health Sciences Center at San Antonio and so it was not hard to make the transition to WesternU,” said current dean V. Kathleen Satterfield. This conversation grew into the Podiatric Physician Re-Entry Program (PPREP).

Working with PACE, Dr. Satterfield, who created the program, designed a rigorous assessment plan to determine a practitioner’s competency in podiatric knowledge. The PACE professionals conducted health and psychological screenings. Each person who is required to complete the program, as determined by a state medical board, has a unique program designed for them. If charting is a concern, the candidate is required to have chart audits and training. If a practitioner has made poor choices in prescribing opioids, for instance, he or she will have training in prescribing practices.

Regardless of the problem that brought them to a state medical board’s attention, each PPREP candidate goes through standardized patient (SP) encounters so that assessment professionals can see how they interact with a patient, their history taking skills, and basic examination techniques. Through a series of these SP encounters, weaknesses are identified and addressed.

At the heart of the process is the mandatory Root Cause Analysis, the candidate’s own review of what happened and why. “It is fascinating to see how some people are able to reflect on what action or inaction brought them to our offices and identify the point when things started to go wrong. But occasionally there will be someone who remains steadfast and does not take responsibility. We interview them, read their chart notes, and attempt to put ourselves into their position. At that point, through discussion, even the steadfast will usually let down their guard and be able to see why the courts and medical board made the decision they did. I’ve seen a lot of growth in practitioners who initially thought this was going to be a punitive process,” Dr. Satterfield said.

For more information about the PPREP program, interested parties may contact current PPREP director:

Dr. Jacqueline B. Truong
jbtruong@westernu.edu
909-706-3907

Dr. Satterfield was a featured presenter at the FPMB’s 2019 Annual Meeting. A copy of her Podiatric Physicians Re-Entry Program (PPREP) presentation can be downloaded here.
MEMBER BOARD BENEFITS

REPRESENTATION

The FPMB provides representation to:
• American Podiatric Medical Association (APMA)*
• American Society of Podiatric Executives (ASPE)
• Federation of State Medical Boards (FSMB)
• National Board of Podiatric Medical Examiners (NBPME)
• Professional Licensing Coalition (PLC)

PUBLIC POLICY & ADVOCACY

The FPMB supports its Member Boards by:
• Advocating for the restoration of antitrust immunity
• Monitoring and reporting on the increased focus on occupational licensing reform
• Increasing license portability (model law, licensure compact, etc.)

PRIMARY SOURCE VERIFICATION (Licensure)

The FPMB provides primary source verification of:
• APMLE Part I/II/III Score Reports
• Disciplinary Action Reports

UNDER 1 BUSINESS DAY: Median turnaround time from order placed to downloaded by Member Board

COLLABORATION & COMMUNICATION

The FPMB is a catalyst for its Member Boards by:
• Collecting and disseminating information that results in changes to requirements, regulatory structure, etc.
• Publishing key contact, general, licensure, and regulatory information to be viewed and compared
• Publishing a quarterly newsletter

*Continuing Education Committee (CEC) of the Council on Podiatric Medical Education
EDUCATION & WORKFORCE STATS

Colleges of Podiatric Medicine

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicants</td>
<td>1194</td>
<td>892</td>
<td>868</td>
<td>883</td>
<td>964</td>
</tr>
<tr>
<td>Enrollees</td>
<td>2418</td>
<td>2439</td>
<td>2392</td>
<td>2353</td>
<td>2358</td>
</tr>
<tr>
<td>Graduates</td>
<td>557</td>
<td>574</td>
<td>586</td>
<td>547</td>
<td>576</td>
</tr>
</tbody>
</table>

SOURCE:
American Association of Colleges of Podiatric Medicine

Podiatrist Work Environment

<table>
<thead>
<tr>
<th>Environment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offices of other health practitioners</td>
<td>63%</td>
</tr>
<tr>
<td>Offices of physicians</td>
<td>10%</td>
</tr>
<tr>
<td>Federal government, excluding postal service</td>
<td>9%</td>
</tr>
<tr>
<td>Self-employed workers</td>
<td>7%</td>
</tr>
<tr>
<td>Hospitals; state, local, and private</td>
<td>6%</td>
</tr>
</tbody>
</table>

SOURCE:
United States Department of Labor Bureau of Labor Statistics
REQUESTS FOR INFORMATION

The FPMB serves as an information and communication conduit across all Member Boards to collect and disseminate pertinent information. Often, this is executed via a Request for Information (RFI) process that has had a real impact on licensure and regulation. Examples of previous RFI topics include:

- AMA PRA Category 1 Credit(s) for License Renewal for Podiatrists
- Limited Licenses for Podiatry / Quality Assurance Programs
- NC v. FTC / Board Certification
- Newsletters & Advertising
- Opioid and Pain Management CME Requirements
- Part III (Licensure Reciprocity)
- Residencies / Board Meeting Frequency
- State Board Interpretation Requests
- State Laws or Regulations on Re-Entry into the Practice of Podiatry
- Survey Related to Restoring Board Immunity
- Temporary Licenses & Renewals
- Unprofessional Conduct Statutes / Podiatric Medical Assistants (NEW)

To initiate a “Request for Information,” contact the FPMB at fpmb@fpmb.org.

It is critical that Member Boards respond to each “Request for Information” for the FPMB to be able to provide a complete and accurate report out.

Past “Request for Information” report outs are available on the “Member Dashboard” webpage of the FPMB website.

EFFICIENCY IN LICENSURE

The FPMB is committed to its role in efficient licensure and has a median Part I/II/III and Disciplinary report processing time of under one business hour. Member Boards also have an opportunity to demonstrate efficiency via the timely download of these reports:

The FPMB recognizes the following Member Boards for the timely download of reports sent September through November 2019:

Within 4 Hours: Alabama, Arizona, Colorado, Connecticut, Illinois, Kentucky, Montana, Nebraska, New Jersey, Ohio, Pennsylvania, Utah

Within 1 Day: California, Florida, Hawaii, Idaho, Missouri, Nevada, New Hampshire, North Carolina, Oregon, South Dakota, Wisconsin

Within 2 Days: Indiana, Maryland, New York, Oklahoma, South Carolina, Virginia, Washington

NOTE: Member Boards not listed above took longer than 2 days to download reports -or- did not receive reports during this time period.

Timely downloads of reports enables the FPMB to provide metrics demonstrating efficiency in licensure by its Member Boards.
and welfare.

To meet the challenges the next decade shall bring, the FPMB is seeking nominees from its Member Boards to fill an Executive Board position at the May 2020 Annual Meeting (see “Opportunity to Serve on FPMB Executive Board” below). Please consider this opportunity to serve, lead, and make an impact!

**OPPORTUNITY TO SERVE ON FPMB EXECUTIVE BOARD**

The FPMB has an Executive Board position, director, to fill at the May 2020 Annual Meeting. The following is of interest to applicants:

**Who is the FPMB?**

The FPMB is an empowering leader, helping Member Boards work independently and collectively to promote and protect the public’s podiatric health, safety, and welfare.

**Who are the members of the FPMB?**

The FPMB is comprised of Member Boards. These are any board, committee, or other group created or appointed for licensure to practice podiatric medicine in accordance with law and empowered by the laws of the District of Columbia, of any State of the United States of America, or any territory or insular possessions of the United States of America which is empowered to discipline doctors of podiatric medicine and/or pass on the qualifications of applicants for licensure to practice podiatric medicine.

**What is the composition of the FPMB Executive Board?**

The FPMB Executive Board is comprised of five positions: President, Vice President, Secretary-Treasurer and two Directors.

**What are the requirements to be elected as an FPMB Executive Board member?**

Applicants must be members or employees of a member State Board at the time of election (May 1, 2020), and must not have previously served on the FPMB Executive Board during the previous three years. The applicant’s Member Board must be current with its dues.

**How long is the term for an FPMB Executive Board member?**

FPMB Executive Board members serve a four-year term. They may be elected to a second four-year term, provided they are still a member or employee of a Member Board that is current with its dues.

**Are FPMB Executive Board positions paid or volunteer?**

The FPMB Executive Board is comprised of volunteer positions.

**How to apply to serve on the FPMB Executive Board?**

Applications to apply to serve on the FPMB Executive Board will be sent in January 2020. Contact the FPMB Executive Office at fpmb@fpmb.org with your name, board, email address, and mailing address to receive an application.
RESTORING BOARD IMMUNITY
-FPMB & Professional Licensing Coalition (PLC)

The National Association of State Boards of Accountancy (NASBA), with the attorneys at Allen & Pin-nix, P.A., compiled a litigation snapshot relevant to the fallout from the N.C. Dental decision. Many of these cases include unspecified treble damages for damages sought. The following list is inclusive but not exhaustive:

2015
- Axcess Medical v. MS State Bd. of Medical Licensure
- Bauer v. Pa. State Bd. of Auctioneer Examiners
- Bd. of Professional Responsibility v. Reguli [Tennessee]
- Campbell v. Othoff [North Dakota]
- Coestervms.com, Inc. v. VA Real Estate Appraiser Bd.
- Colindres v. Battle [Georgia]
- Colonial Downs, L.P. v. VA Racing Commission
- Express Lien, Inc. v. Cleveland Metropolitan Bar Association [Louisiana]
- Gonzalez v. Dept. (Bureau) of Real Estate [California]
- Henry v. NC Acupuncture Licensing Board
- LegalZoom.com, Inc. v. NC State Bar
- Robb v. CT Bd. of Veterinary Medicine
- Rodgers v. LA State Bd. of Nursing
- Rosenberg v. State of Florida
- Salt River Project Agricultural Improvement & Power District v. SolarCity Corp. [Arizona]
- Seaman v. Duke University [North Carolina]
- Teladoc, Inc. v. TX Medical Bd.
- Walen v. St. Louis Metropolitan Taxicab Commission [Missouri]
- Walwyn v. Bd. of Professional Responsibility of the Supreme Court of TN
- WSPTN Corp. v. TN Dept. of Health, Council for Hearing Instrument Specialists

2016
- AmeriCare Med Services, Inc. v. City of Anaheim [California]
- Disciplinary Counsel v. Tamburino [Ohio]
- In re Judicial Review of Final Agency Decision of the NC Bd. of CPA Examiners in the Matter of Johnson
- Jemsek v. NC Medical Board
- Kinney v. State Bar of California
- KJAMS, LLC v. Ford Motor Co. [California]
- Serven v. Health Chiropractic, Inc. [Michigan]
- Strategic Pharmaceuticals Solutions, Inc. v. NV State Board of Pharmacy
- Texas v. Melton
- Turner v. Va. Dept. of Medical Assistance Services
- Veritext Corp. v. Bonin [Louisiana]

2017
- Alemu v. Dep’t of For-Hire Vehicles [District of Columbia]
- Allibone v. Texas Medical Board
- Barry v. State Bar of California
- Century Aluminum of S.C., Inc. v. S.C. Public Service Authority
- Colorado Real Estate Commission v. Vizzi
- Cooper v. Vaught [Indiana]
- DeJong v. Idaho State Bd. of Medicine
- In re La. Real Estate Appraisers Board
- Julien v. GA Board of Dentistry
- Lasher v. Neb. State Board of Pharmacy
- TIKD Services LLC v. Florida Bar
- Turner v. Va. Dept. of Medical Assistance Services

2018
- Allyn v. American Board of Medical Specialties, Inc. [Florida]
- Leeds v. Bd. of Dental Examiners of Alabama
- Smi1eDirectClub, LLC v. Ga. Board of Dentistry

2019
- La. Real Estate Appraisers Board v. FTC
- Manookian v. Flippin [Tennessee]
- Siva v. American Bd. of Radiology [Illinois]

“Occupational Licensing Board Antitrust Damages Relief Act”

The PLC is working on federal legislation to limit private antitrust damages against occupational licensing boards that meet appropriate oversight standards, to clarify those standards.
MEMBER BOARDS DATA SNAPSHOT

DATA SNAPSHOT:

DURATION OF LICENSE FEES

(_years)

Alabama .................................. 1
Alaska ...................................... 2
Arizona ..................................... 1
Arkansas .................................. 1
California ................................ 2
Colorado .................................. 1
Connecticut ................................. 1
Delaware .................................. 2
District of Columbia ..................... 2
Florida ..................................... 2
Georgia .................................... 2
Hawaii ..................................... 2
Idaho ....................................... 1
Illinois ..................................... 2
Indiana ..................................... 2
Iowa ........................................ 2
Kansas ..................................... 1
Kentucky .................................. 1
Louisiana .................................. 1
Maine ....................................... 1
Maryland .................................. 2
Massachusetts ............................. 1
Michigan ................................... 3
Minnesota ................................... 2
Mississippi ................................. 1
Missouri .................................... 2
Montana .................................... 2
Nebraska .................................... 2
Nevada ..................................... 1
New Hampshire ........................... 2
New Jersey ................................ 2
New Mexico ................................. 1
New York ................................... 3
North Carolina ............................ 1
North Dakota .............................. 1
Ohio ......................................... 2
Oklahoma .................................. 2
Oregon ..................................... 2
Pennsylvania .............................. 2
Puerto Rico ................................ 3
Rhode Island ............................... 2
South Carolina ............................ 2
South Dakota .............................. 1
Tennessee ................................... 2
Texas ........................................ 1
Utah .......................................... 2
Vermont .................................... 2
Virginia ..................................... 2
Washington ................................. 1
West Virginia .............................. 2
Wisconsin ................................... 2
Wyoming .................................... 1

NOTES: 1) More detail is available via the FPMB webpage, including additional requirements. 2) Member Boards data is reported voluntarily by Member Boards regulating the practice of podiatric medicine. Therefore, the FPMB makes no guarantee or warranties on its accuracy and does not assume responsibility for errors or omissions. For more specific information, the appropriate state agency should always be consulted.

MEMBER BOARDS INFO / COMPENDIUM

The FPMB’s data visualization page provides general, contact, licensure, and regulatory information about its Member Boards. The webpage contains the following sections:

MEMBER BOARDS INFO

Enables visitors to open an “information card” for an in-depth view of the contact, general, licensure, and regulatory information for any Member Board.

DATA POINTS

Enables visitors to compare 15+ general and licensure data points across all Member Boards. The data can be viewed in both map and table format.

COMPRENDIUM

Enables visitors to compare all 15+ general and licensure data points across all, or a subset of, Member Boards.

YOUR Accurate, Complete, and Current Data is CRITICAL!

Contact the FPMB if your data points have not been updated in the last 6-12 months (see darker shaded states below or visit the webpage).

Select a Data Point: Data Points Last Updated

Data Point Range
2/22/2014 10/11/2019
12/17/2016
LEGISLATIVE NEWS

Advocacy Network News from the Federation of State Medical Boards (FSMB)

TELEHEALTH LEGISLATION

Senator Marsha Blackburn (R-TN) introduced the Telehealth Across State Lines Act of 2019 (S. 2408), as part of her rural health package, which would bring together a group of stakeholders to create uniform best practices for the use of telehealth under the title "National Telehealth Program", create a grant program for expanding telehealth programs into rural areas and provide for a study of the results of the program, and direct the Center for Medicare and Medicaid Innovation (CMMI) to create a model to provide incentives for the adoption of telehealth for increased access to care in rural areas.

Rep. John Curtis (R-UT) introduced the Telehealth Innovation and Improvement Act of 2019 (H.R. 4013), which would require CMMI to test the effect of including telehealth services in Medicare health care delivery reform models, including testing non-applications of certain restrictions, including services furnished without regard to originating site and geographic location, and evaluating these enhanced service models - including identifying any impediments, such as "licensing or credentialing barriers."

Rep. Richard Neal (D-MA) introduced the Beneficiary Education Tools, Telehealth, and Extenders Reauthorization Act of 2019 (H.R. 3417), which includes a provision that would remove Medicare geographic location restrictions on mental telehealth services without waiving any applicable state law requirements.

Sen. Cory Booker (D-NJ) introduced the Mommies Act (S.1343) and Rep. Ayanna Pressley (D-MA) introduced the Healthy Mommies Act (H.R. 2602), both of which would require a "General Accountability Office (GAO) report on state Medicaid programs' use of telemedicine to increase access to maternity care." As part of the study, the GAO would assess health outcomes, cost savings, patient satisfaction and barriers to use.

The CONNECT for Health Act (S. 2741/H.R. 4932), a bipartisan bill introduced by Sen. Brian Schatz (D-HI) and five co-sponsors that would increase access to telehealth in the Medicare program. The bill was reintroduced for the 116th Congress and would allow for waivers of certain originating site and geographic requirements for telehealth benefits, including mental health services and emergency care. A House companion was introduced by Rep. Mike Thompson (D-CA). The bill respects state law and licensure requirements and has been widely supported by more than 120 organizations.

VETERANS AFFAIRS

Rep. Bobby Carter (R-GA) introduced the VA Mission Telehealth Clarification Act (H.R. 3228), that would clarify which health care professionals and health professional trainees may provide treatment via telemedicine within the VA.

Rep. Mark Meadows (R-NC) introduced the Brian Talley VA Medical Care and Liability Improvement Act (H.R. 3813), which would ensure that Federal tort claim laws apply to specified health care contractors at the VA and require reporting of judgements from such claims to state licensing entities.

BACKGROUND CHECKS

Sen. Cory Booker (D-NJ) introduced the Next Step Act of 2019 (S. 697), which contains several criminal justice reform efforts, including the REDEEM Act (Title IX) and the Fair Chance Licensing Act. Specifically, the Fair Chance Licensing Act (Title VIII) would curtail licensing boards' use of background checks.

OPIOIDS

The Department of Health and Human Services (HHS) announced $1.8 billion for combating the opioid crisis, which will be divided between the Centers for Disease Control (CDC) and the Substance Abuse and Mental Health Services Administration (SAMSHA). SAMSHA's $932 million will go to all 50 states as part of its "State Opioid Response" grants. For more information on the funding announcement, click here.

Rep. Doris Matsui (D-CA) introduced the Improving Access to Remote Behavioral Health Treatment Act of 2019 (H.R. 4131), which would clarify that qualified community mental health centers may be eligible to

(Continued on page 10)
register to provide controlled substances via telemedicine. The bill would allow the Attorney General to deny an application for registration if it determines that it would be inconsistent with the public interest, which can be based on several factors, including: "Any recommendation by the licensing board or professional disciplinary authority of the state in which the applicant is located..."

**Sen. Pat Roberts (R-KS)** introduced a similar bill - the Modernizing Eligible Treatment centers for Healing (METH) Addiction Act of 2019 (S. 2244) - which would allow community addiction treatment facilities and community mental health facilities to register to dispense controlled substances via telemedicine.

**Sen. Ed Markey (D-MA)** introduced the CREATE Opportunities Act (S. 1983), which would expand programs for providing medication assisted treatment for incarcerated individuals with opioid use disorder.


The Opioid Prescription Verification Act of 2019 (H.R. 4810) was introduced by **Rep. Rodney Davis (R-IL)** and would require the Secretary of Health and Human Services (HHS), within one year of bill enactment, to create materials for training pharmacists on circumstances under which they may decline to fill a prescription. The bill would also allow the CDC to use a set of preferences in awarding grants, including the use of PDMPs by physicians and pharmacists.

The Ensuring Compliance Against Drug Diversion Act of 2019 (H.R. 4812), introduced by **Rep. Morgan Griffith (R-VA)**, would provide for the modification, transfer, and termination of a registration to manufacture, distribute, or dispense controlled substances under the Controlled Substances Act under certain circumstances, including when a registrant: dies, ceases legal existence, discontinues business or professional practice or surrenders such registration.


The DEBAR Act of 2019 (H.R. 4806), introduced by **Rep. Bob Latta (R-OH)**, would allow the Attorney General to prohibit any person from being registered to manufacture, distribute, or dispense a controlled substance or a list I chemical under certain circumstances.

**MARIJUANA**

**Sens. Chuck Grassley (R-IA) and Dianne Feinstein (D-CA)** introduced the Cannabidiol and Marihuana Research Expansion Act (S. 2032), which would encourage research of, and allow for, increases in the amount of Schedule I substances used in approved research.

**STEM CELLS**

**Sen. Roger Wicker (R-MS)** introduced the Patients First Act of 2019 (S. 2308), which would require the National Institutes of Health (NIH) to support human stem cell research and therapy, with certain limitations.

**VETERANS AFFAIRS**

The Improving Confidence in Veterans’ Care Act (H.R. 3530), introduced by **Rep. Michael Cloud (R-TX)**, was amended by **Rep. Mark Takano (D-CA)** in markup to include several quality improvement measures, including: verification of credentials, reporting to state licensing boards and the NPDB, and limitations on settlement agreements.

The Ensuring Quality Care for Our Veterans Act (H.R. 4858), introduced by **Rep. Ralph Norman (R-SC)**, mirrors the language in the Senate version introduced by **Sen. Joni Ernst (R-IA)**. The bill would require third party reviews of VHA appointees who had a license terminated for cause by a state licensing board for care or services rendered at a non-VHA facility. It would also require that persons treated by such appointees be given notice if it is determined that care or services they received was below the standard of care.
PODIATRY FELLOWSHIPS
REFERENCE

ALABAMA

ALASKA

ARIZONA

ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships

❖ Honor Health - Oasis Foot & Ankle Surgical Fellowship
Phoenix, Arizona

❖ The CORE Institute Foot and Ankle Advanced Reconstruction Fellowship
Phoenix, Arizona

ARKANSAS

CALIFORNIA

ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships

❖ Newport Advanced Foot & Ankle Surgery Fellowship
Newport Beach, California

❖ Palo Alto Foundation Medical Group - Santa Cruz Foot and Ankle Fellowship
Santa Cruz, California

❖ Palo Alto Foundation Medical Group Fellowship
Palo Alto, California

❖ Silicon Valley Reconstructive Foot and Ankle Fellowship – Palo Alto Medical Foundation
Mountain View, California

❖ SSC Sports Medicine Fellowship
Irvine, California

❖ University Foot & Ankle Institute Fellowship
Santa Monica, California

ACFAS – Foot and Ankle Surgery & Reconstruction Fellowships – Conditional Status

❖ Northern California Reconstruction Foot and Ankle Fellowship
Redding, California

COLORADO

CPME – Approved Fellowships

❖ Eastern Colorado Health Care System
Aurora, Colorado

CONNECTICUT

DELWARE

DISTRICT OF COLUMBIA

ACFAS – Recognized Research Fellowships

❖ MedStar Georgetown University Hospital Diabetic Limb Salvage Fellowship
Washington, DC

FLORIDA

ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships

❖ FFLC Reconstructive and Limb Salvage Surgical Fellowship
Naples, Florida

❖ Florida Orthopedic Foot & Ankle Center Fellowship
Bradenton, Florida

❖ Foot and Ankle Deformity Correction Fellowship
West Palm Beach, Florida

❖ Foot and Ankle Fellowship of South Florida
Plantation, Florida

❖ Orthopedic Center of Florida (OCF) Foot and Ankle Fellowship
Ft. Myers, Florida

ACFAS – Foot and Ankle Surgery & Reconstruction Fellowships – Conditional Status

❖ Associates in Medicine & Surgery – Sports Medicine/Reconstructive Foot & Ankle Fellowship
Ft. Meyers, Florida

❖ Pensacola Foot & Ankle Center Reconstructive Foot, Rearfoot & Ankle Surgery Fellowship
Pensacola, Florida

❖ St. Petersburg Innovative Foot & Ankle Surgery Fellowship
Largo, Florida

CPME – Approved Fellowships

❖ Barry University School of Podiatric Medicine
Miami Shores, Florida

GEORGIA

ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships

❖ Atlanta Reconstructive Surgery and Limb Preservation Fellowship
Smyrna, Georgia

❖ Emory Midtown Foot & Ankle Surgical Fellowship
Atlanta, Georgia

(Continued on page 12)
(Podiatry Fellowships Reference: Continued from page 11)

- Pediatric and Adult Foot & Ankle Surgical Fellowship
  Atlanta, Georgia
- Southeast Permanente Foot & Ankle Trauma & Reconstructive Surgical Fellowship
  Atlanta, Georgia

HAWAII

IDAHO

ILLINOIS

- ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships
  - Northwestern Illinois Foot & Ankle Fellowship
    Sycamore, Illinois
  - Weil Foot, Ankle & Orthopedic Institute Advanced Surgical Fellowship
    Des Plaines, Illinois
- CPME – Approved Fellowships
  - AMITA Health Saint Joseph Hospital Chicago
    (formerly Presence Saint Joseph Hospital, Chicago)
    Chicago, Illinois

INDIANA

- ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships
  - American Health Network Foot & Ankle Reconstruction Surgery Fellowship
    Carmel, Indiana
  - ACFAS – Foot and Ankle Surgery & Reconstruction Fellowships – Conditional Status
    - Foot & Ankle Institute Fellowship
      Indianapolis, Indiana

IOWA

- ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships
  - Broadlawns Foot & Ankle Reconstruction and Trauma Fellowship
    Des Moines, Iowa

KANSAS

KENTUCKY

- ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships
  - Reconstructive Foot and Ankle Surgery Fellowship
    Louisville, Kentucky

- CPME – Approved Fellowships
  - Jewish Hospital KentuckyOne Health
    Louisville, Kentucky

LOUISIANA

MAINE

MARYLAND

- ACFAS – Foot and Ankle Surgery & Reconstruction Fellowships – Conditional Status
  - University of Maryland Limb Preservation and Deformity Correction Fellowship
    Baltimore, Maryland

MASSACHUSETTS

MICHIGAN

- CPME – Approved Fellowships
  - University of Michigan Health System
    Ann Arbor, Michigan

MINNESOTA

MISSISSIPPI

MISSOURI

- ACFAS – Foot and Ankle Surgery & Reconstruction Fellowships – Conditional Status
  - Center for Advanced Foot and Ankle Surgery Fellowship
    St. Louis, Missouri

MONTANA

NEBRASKA

NEVADA

NEW HAMPSHIRE

NEW JERSEY

- ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships
  - Active Orthopedics and Sports Medicine Podiatric Fellowship
    Hackensack, New Jersey
  - Foot and Ankle Fellowship of the Orthopaedic Institute of Central Jersey
    Wall Township, New Jersey
  - North Jersey Reconstructive Foot and Ankle Fellowship
    Lyndhurst, New Jersey
  - Pediatric Foot & Ankle Fellowship
    Cedar Knolls, New Jersey

(Continued on page 13)
(Podiatry Fellowships Reference: Continued from page 2)

NEW MEXICO

ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships
❖ American Foundation of Lower Extremity Surgery and Research
Alamogordo, New Mexico

New York

CPME – Approved Fellowships
❖ Coney Island Hospital
Brooklyn, New York
❖ St. John's Episcopal Hospital
Far Rockaway, New York

NORTH CAROLINA

NORTH DAKOTA

OHIO

ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships
❖ Foot & Ankle Specialists of Central Ohio Foot & Ankle Surgery Fellowship
Newark, Ohio
❖ Foot & Ankle Specialists of Ohio Reconstructive Surgery and Deformity Correction Fellowship
Mentor, Ohio
❖ Orthopedic Associates of Lake County Foot and Ankle Fellowship
Concord, Ohio
❖ Orthopedic Foot and Ankle Center Fellowship
Westerville, Ohio
❖ Reconstructive Rearfoot and Ankle Surgical Fellowship – NOMS Ankle & Foot Care Centers Fellowship
Youngstown, Ohio
❖ University Hospitals Regional Hospitals Advanced Foot & Ankle Fellowship
Chardon, Ohio
ACFAS – Foot and Ankle Surgery & Reconstruction Fellowships – Conditional Status
❖ Revisional Reconstructive Surgical Fellowship at Ohio Foot and Ankle Center
Canton, Ohio

CPME – Approved Fellowships
❖ University Hospitals Regional Hospitals - Richmond Medical Center (1)
❖ University Hospitals Regional Hospitals - Richmond Medical Center (2)
Richmond Heights, Ohio

OKLAHOMA

OREGON

ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships
❖ Portland Foot and Ankle Reconstructive Fellowship
Portland, Oregon

PENNSYLVANIA

ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships
❖ Fellowship for Foot and Ankle Reconstruction at Coordinated Health
Bethlehem, Pennsylvania
❖ Mon Valley Fellowship
Monongahela, Pennsylvania
❖ Penn Lower Extremity Plastic & Reconstructive Surgery Fellowship
Philadelphia, Pennsylvania
❖ Pennsylvania Intensive Lower Extremity Fellowship
Malvern, Pennsylvania
ACFAS – Recognized Research Fellowship
❖ Penn Presbyterian Podiatric Research Fellowship
Philadelphia, Pennsylvania
ACFAS – Foot and Ankle Surgery & Reconstruction Fellowships – Conditional Status
❖ South Central Pennsylvania Reconstructive Foot and Ankle Fellowship
Lancaster, Pennsylvania

CPME – Approved Fellowships
❖ Penn Presbyterian Medical Center
Philadelphia, Pennsylvania
❖ St. Luke's Hospital - Allentown Campus
Allentown, Pennsylvania
❖ UPMC Medical Education
Pittsburgh, Pennsylvania

RHODE ISLAND

SOUTH CAROLINA

SOUTH DAKOTA

TENNESSEE

TEXAS

ACFAS – Recognized Foot and Ankle Surgery & Reconstruction Fellowships
❖ UT Southwestern Diabetic Limb Salvage Fellowship
Dallas, Texas

(Continued on page 14)
ACFAS Recognized Program Criteria

The Fellowship Committee created a threshold of minimal requirements for an ACFAS Recognized Fellowship. These recommendations are an analysis of processes and support structures in place to assure adequate post-graduate level training is occurring in the fellowship without credentialing such programs. Minimal requirements will be evaluated through communication with the fellowship program’s director and staff. The Fellowship Committee Chair or a committee member may conduct a site visit if absolutely necessary to correctly evaluate the program and its ability to meet these requirements. The Fellowship Committee reviews compliance with these criteria on an annual basis.

Additional Information:

Minimal Criteria for an “ACFAS Recognized Fellowship”

CPME Fellowships Overview

The Council on Podiatric Medical Education has been authorized by the American Podiatric Medical Association to approve institutions that demonstrate and maintain compliance with the standards and requirements in CPME publication 820, Standards and Requirements for Approval of Podiatric Fellowships. Podiatric fellowship approval is based on programmatic evaluation and periodic review by the Council and the Residency Review Committee.

Additional Information:

CPME 820, Standards and Requirements for Approval of Podiatric Fellowships

What other Fellowships exist in your state?

What questions do you have about Fellowships?

Send data and/or questions to: fpmb@fpmb.org
NEWS CLIPS

Licensing and Regulation

❖ State Medical Board of Ohio adopts new confidential one-bite program
State Medical Board of Ohio Newsletter
August 2019

❖ North Carolina board CME pilot seeks to simplify tracking and reporting of hours
North Carolina Medical Board
August 8, 2019

❖ California to require three years of GME for full DO & MD physician licensure
The DO
September 11, 2019

❖ Rogue stem cell clinics come under microscope as California considers oversight
San Francisco Chronicle
September 18, 2019

Discipline, Misconduct & Patient Safety

❖ 'Unprofessional' surgeons hurt patient outcomes: Study
HealthDay News
June 20, 2019

❖ New California law requires doctors to verbally disclose probation to patients
NBC-7
July 1, 2019

❖ 'Big three' diagnostic errors account for nearly 75% of all serious harm
HealthLeaders
July 11, 2019

❖ Medical mistakes harm more than 1 in 10 patients. Many are preventable
NBC News
July 18, 2019

❖ Attitudes towards physicians requiring remediation
Academic Medicine
July 30, 2019

❖ Opioids / Pain Management

❖ Surgeons' opioid-prescribing habits are hard to kick
Kaiser Health News
June 21, 2019

❖ Decline in opioid prescriptions leads to drop in overdose deaths for first time in decades
Fierce Healthcare
July 18, 2019

❖ U.S. overdose deaths dipped in 2018, but some states saw 'devastating' increases
NPR
July 18, 2019

❖ NAM webinar: Tapering Guidance for Opioids - Existing Best Practices and Evidence Standards
National Academy of Medicine
July 22, 2019

❖ The pharmacies that received the most opioids in every state
Becker's Hospital Review
July 24, 2019

❖ FSMB launches new Opioids and Pain Management resource webpage
FSMB
August 2019

❖ Urban overdose deaths overtake rural deaths for first time in years
UPI
August 2, 2019

❖ Opioid prescribing guidelines are slowing the flow of pills -- but progress is slow
NPR
August 14, 2019

❖ Dealing with the shortage of rural physicians
Medical Economics
August 28, 2019

❖ Teaching future doctors about pain in the midst of opioid crisis
NPR
September 11, 2019

Education / Workforce

❖ After limits on residency work hours, did doctors perform worse? New study says no
STAT
July 11, 2019

❖ HHS awards $20 million to 27 organizations to create new rural residency programs
U.S. Department of Health & Human Services
July 18, 2019

❖ Are your physicians afflicted with burnout or depression?
HealthLeaders
July 26, 2019

(Continued on page 16)
Medical education must move from the information age to the age of AI

Academic Medicine
August 2019

How should medical education better prepare physicians for opioid prescribing?

AMA Journal of Ethics
August 2019

Female doctors trade work hours for family time, new study finds

UPI
August 2, 2019

When physicians are traumatized

AAMC News
August 13, 2019

Practicing in rural areas may reduce burnout, study finds

AAFP News
August 16, 2019

More doctors are choosing to work part-time

The DO
September 18, 2019

1 in 5 surgeons plans to retire early due to physical toll

Fierce Healthcare
September 19, 2019

With rural health care stretched thin, more patients turn to telehealth

NPR
July 7, 2019

Top 15 physician specialties most engaged with telemedicine

Becker’s Hospital Review
July 16, 2019

In response to patient demand, physician interest in telemedicine doubles

Fierce Healthcare
July 16, 2019

Milbank Fund releases brief on evolving policy landscape of in-home telehealth

MMF
August 2019

To boost workforce, medical schools try to sell rural life

Associated Press
August 9, 2019

Creative recruiting helps rural hospitals overcome doctor shortages

NPR
August 15, 2019

Rural Western states work together to tackle physician shortages

U.S. News & World Report
August 21, 2019

State-by-state breakdown of 113 rural hospital closures

Becker’s Hospital Review
August 26, 2019

Will artificial intelligence replace doctors?

AAMC News
July 9, 2019

More 'buyer beware' warnings for unregulated stem cell clinics

HealthDay News
August 1, 2019

Doctors don’t care what your Fitbit says

USA Today
August 14, 2019

AI, telehealth are among technologies to rapidly expand in 2020

Health Data Management
September 23, 2019

Submit links to important board, state, or national news to

fpmb@fpmb.org
BOARD NEWSLETTERS, NEWS & ANNOUNCEMENTS

ALABAMA
🔗 Alabama State Board of Podiatry
🔗 Alabama Board of Medical Examiners ❖ July -September 2019

ALASKA
Alaska State Medical Board [includes podiatry]

ARIZONA
🔗 Arizona State Board of Podiatry Examiners

ARKANSAS
Arkansas Board of Podiatric Medicine
🔗 Arkansas State Medical Board

CALIFORNIA
🔗 Podiatric Medical Board of California ❖ Summer 2019
🔗 Medical Board of California ❖ Winter 2019

COLORADO
🔗 Colorado Podiatry Board
🔗 Colorado Medical Board

CONNECTICUT
Connecticut Board of Examiners in Podiatry
Connecticut Medical Examining Board

DELAWARE
Delaware Board of Podiatry
🔗 Board of Medical Licensure and Discipline

DISTRICT OF COLUMBIA
District of Columbia Board of Podiatry
🔗 District of Columbia Board of Medicine Newsletter ❖ November 2018

FLORIDA
🔗 Florida Board of Podiatric Medicine
🔗 Florida Board of Medicine

GEORGIA
Georgia State Board of Podiatry Examiners
🔗 Georgia Composite Medical Board ❖ June 2019

HAWAII
🔗 Hawaii Medical Board [includes podiatry]

IDAHO
Idaho Board of Podiatry
🔗 Idaho Board of Medicine ❖ Winter 2019

ILLINOIS
🔗 Department of Financial & Professional Regulation [includes podiatry] ❖ June 2018

INDIANA
Indiana Board of Podiatric Medicine
🔗 Indiana Professional Licensing Agency

IOWA
🔗 Iowa Board of Podiatry Examiners
🔗 Iowa Board of Medicine

KANSAS
🔗 Kansas State Board of Healing Arts [includes podiatry]

KENTUCKY
Kentucky Board of Podiatry
🔗 Kentucky Board of Medical Licensure ❖ Winter 2019

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<th>Board Name</th>
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<td>Louisiana State Board of Medical Examiners [includes podiatry]</td>
<td>October 2019</td>
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<tr>
<td>MAINE</td>
<td>Maine Board of Licensure of Podiatric Medicine</td>
<td>Summer 2019</td>
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<tr>
<td>MARYLAND</td>
<td>Maryland Board of Podiatric Medical Examiners</td>
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<tr>
<td>MASSACHUSETTS</td>
<td>Massachusetts Board of Registration in Podiatry</td>
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<tr>
<td>MICHIGAN</td>
<td>Michigan State Board of Podiatric Medicine and Surgery</td>
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<tr>
<td>MINNESOTA</td>
<td>Minnesota Board of Podiatric Medicine</td>
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</tr>
<tr>
<td>MISSISSIPPI</td>
<td>Mississippi State Board of Medical Licensure [includes podiatry]</td>
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<td>MONTANA</td>
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<td>NEBRASKA</td>
<td>Nebraska Board of Podiatry Licensing Unit</td>
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<tr>
<td>NEW JERSEY</td>
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<td>NEW YORK</td>
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<tr>
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<td>North Carolina Board of Podiatry Examiners</td>
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<tr>
<td>NORTH DAKOTA</td>
<td>North Dakota Board of Podiatric Medicine</td>
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<tr>
<td>OHIO</td>
<td>State Medical Board of Ohio [includes podiatry]</td>
<td>November 2019</td>
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</tbody>
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OKLAHOMA
Oklahoma Board of Podiatric Medical Examiners

OREGON
Oregon Board of Medical Licensure and Supervision [includes podiatry]

PENNSYLVANIA
Pennsylvania State Board of Podiatry
Pennsylvania State Board of Medicine

PUERTO RICO
Puerto Rico Board of Examiners in Podiatry
Puerto Rico Board of Medical Licensure and Discipline

RHODE ISLAND
Rhode Island Board of Examiners in Podiatry
Rhode Island Board of Medical Licensure

SOUTH CAROLINA
South Carolina Board of Podiatry Examiners
South Carolina Board of Medical Examiners

SOUTH DAKOTA
South Dakota Board of Podiatry Examiners
South Dakota Board of Medical and Osteopathic Examiners

TENNESSEE
Tennessee Board of Podiatric Medical Examiners
Tennessee Board of Medical Examiners

TEXAS
Texas Podiatric Medical Examiners Advisory Board
Texas Medical Board

UTAH
Utah Podiatric Physician Licensing Board
Utah Physicians Licensing Board

VERMONT
Vermont State Board of Medical Practice [includes podiatry]

VIRGINIA
Virginia Board of Medicine [includes podiatry]

WASHINGTON
Washington Podiatric Medical Board
Washington Medical Commission

WEST VIRGINIA
West Virginia Board of Medicine [includes podiatry]

WISCONSIN
Wisconsin Podiatry Affiliated Credentialing Board
Wisconsin Medical Examining Board

WYOMING
Wyoming Board of Registration in Podiatry
Wyoming Board of Medicine

IMLCC
Interstate Medical Licensure Compact Commission

NBPME
National Board of Podiatric Medical Examiners
VISION STATEMENT
The FPMB is an empowering leader, helping Member Boards work independently and collectively to promote and protect the public’s podiatric health, safety, and welfare.

This is your Federation. This is your newsletter. Your feedback is always welcomed!