

## Texas State Board of Podiatry Examiners

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Dr. Thomas Garrison  
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Mr. Rick D. Sorrells  
Ms. Ana Maria Laborde

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*Director*

Sandra Marshall  
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*Administration*

Wed, May 6, 1992

### TEXAS STATE BOARD OF PODIATRY SELF-EVALUATION REPORT FOR THE SUNSET ADVISORY COMMISSION OF THE STATE OF TEXAS IN THE YEAR 1991

#### I. BACKGROUND

##### A. CREATION and POWERS

1. Name and Date Established. The Texas State Board of Podiatry Examiners (TSBPE) was created by Act of the Texas Legislature in 1923. Its statutory basis and framework are codified in Art. 4567, *et seq.*, Tex. Rev. Civ. Stat. Ann.

2. Original Purpose and Responsibilities. The purpose of the Texas State Board of Podiatry Examiners is to insure that the citizens of Texas can rely upon the competency and ethical behavior of those doctors who have been licensed as podiatrists in Texas. The Board attempts to accomplish this through testing and examination of every candidate for licensing in Texas, through mandatory continuing medical education, and through investigation of and disciplinary hearings held for alleged violations of the Act and Rules governing those licensees.

3. Development of the Agency. Official recognition of podiatry as a profession occurred with the enactment of the first state regulation by New York in 1895. There were

only a few colleges teaching the practice, and none in Texas. In 1917 those who had set up practice in Texas had their earliest recorded meeting; they called the group the *Texas Chiropodist Society*. In 1919 the Texas legislature first considered law to regulate the practice, but these bills were defeated, and were defeated again in 1921. Two years later the legislation adding to the Texas Medical Act passed as H.B. 487 of the 38th Legislature, and Texas began licensing podiatrists in 1923 with the creation of a regulatory board under the jurisdiction of the State Board of Medical Examiners. Legislation passed in 1939 established an independent board made up of licensed podiatrists. Governor W. Lee O'Daniel appointed the first Board members.

In 1950 two years of undergraduate college credit was added to the admission requirements for podiatry colleges. Podiatry colleges then provided a four-year course of study.

The Board changed its name by legislative statute in 1967 (60th Legis., p. 181, ch. 96, art. 4567a, V.T.C.S.) from the Texas State Board of Chiropody Examiners to the current name of Texas State Board of Podiatry Examiners. Other major changes have most often raised the standards for licensing; for example, in 1978 during the 66th legislature the undergraduate requirements for examination eligibility were increased from to ninety semester hours.

In 1975 the Texas Legislature passed enabling legislation for a Texas School of Podiatric Medicine. The School has been delayed due to lack of funding. In 1981 the headquarters of the agency was moved from Waco to Austin.

The Board now consists of nine members and regulates approximately 800 licensees in the State of Texas. Operations of the Board, including enforcement actions, are supported entirely by yearly fees collected by the Board from each licensee. Examinations are supported by examination fees. Board funds are held in a separate fund numbered 130.

## B. POLICY-MAKING STRUCTURE

1. Number of Board Members. The Board is composed of nine members, six of whom are licensed podiatrists in Texas, three of whom are lay citizens of Texas whose role is to represent the interests of the consumers of health care in the state.

2. Method of Appointment of Members and Chairman. The Governor

3. Current Board Composition. The Statutory qualifications of the members of the Board are: "Six (6) members must be reputable practicing podiatrists who have resided in this state and who have been actively engaged in the practice of podiatry for five (5) years immediately preceding their appointment. Three (3) members must be representatives of the general public." Art. 4568, Tex. Rev. Civ. Stat. Ann.

4. Unique Features of the Board. This Board is made unique and special by the nature of the profession it oversees.

### C. FUNDING AND ORGANIZATION

1. Total Budget for fiscal year 1992. The total budget is \$103,784.00 for the fiscal year of 1992 which began on September 1, 1991. For the first time in many years the standard and expected line item for enforcement expenses was omitted leaving the agency about \$15,000.00 short of the funds needed to complete the fiscal year, and more importantly leaving the agency with no funds for investigations and prosecutions of violations of the Podiatry Act and the Board Rules. Until this is corrected the Board must operate without teeth, in effect.

2. FTE employees. We have two full-time employees, an administrator in charge of office operations and an administrative technician level II.

3. Location of Headquarters and Number of Field Offices. There are no field offices. The office and headquarters is located at 3420 Executive Center Blvd., suite 305, Austin, Texas, 78731. The phone there is 512-794-0145.

4. Relationship to Local Entities. This agency works with the Comptroller's Office and the Legislative Budget Board regarding its own funding, and with local hospitals and clinics around the state, both private and public, to insure proper and current licensing and accreditation.

### D. PROGRAMS and FUNCTIONS

1. Examination and Licensing. The Board conducts exams twice a year. It has recently changed from giving both written and oral or practical examinations that are

completely composed and graded by the Board to permitting licensing applicants to take a nationally standardized and recognized written examination, while remaining to further test applicants by means of oral or practical examination and grading by the Board members themselves.

2. Disciplinary Proceedings. The director of the agency carries the responsibility of fielding complaints and investigating licensees against whom complaints are lodged, and if found significant, the procedures set forth in the Texas Administrative Procedures Act (A.P.T.R.A.) are initiated, followed, and completed.

3. Information Dissemination. Because it is the licensing agency for the profession of podiatry, and because medical care-providers are required to check and guarantee that only properly licensed surgeons are operating on their premises, the Board takes phone calls and letters daily that ask for licensing information regarding the practicing podiatrists in the State. The Board also fields questions from out of state regarding examination and licensing in the State. The Board also compiles information regarding malpractice litigation and relates this information to the national data bank as is now required by federal and state law.

## **II. POLICY ISSUES IDENTIFIED**

A. POLICY ISSUE #1: "Should the name of the agency be changed to reflect the current terminology among health care providers; specifically should the agency name be changed to 'Texas State Board of Podiatric Medical Examiners'?"

1. Background. In 1925 these doctors who practiced exclusively on the foot were called 'chiropodists', and the Texas law reflected that name. In 1967 (60th Legis., p. 181, ch. 96, art. 4567a, V.T.C.S.) the law was changed to bring terminology up to date: the term 'podiatry' replaced the old term. Today common linguistic usage has changed again. 'Podiatric medicine' is the accepted term; it more readily conveys that these doctors are practicing medicine in clinics and hospitals around the country, that they are surgeons who are routinely included among hospital surgical staffs, and that the standards of skill and care they must meet are similar to those of physicians with the degree of M.D. or D.O.

2. Arguments. The two sides of this issue are might be as follows.

The medical field now known as podiatric medicine has advanced a great deal in the past few decades with select and specific colleges around the country devoted to the practice of podiatric medicine, the development of post-graduate training (residencies) and their requirement for licensing in many states, and the podiatrists membership to hospital medical and surgical staffs. A podiatrist graduates from an accredited college of podiatric medicine which is a required four-year curriculum similar to the required curriculum that physicians and dentists must complete in their respective medical and dental colleges. Podiatrists diagnose and treat diseases and disorders of the feet.

The Texas law has already been updated in one respect along this line: podiatrists under Texas law, Art. 4567 *et seq.* Tex. Rev. Civ. Stat. Ann., must list identify themselves now by the letters 'D.P.M.' (Doctor of Podiatric Medicine) after their name. 'D.P.' (Doctor of Podiatry) is no longer the proper identification. The agency name should made consistent with the current medical identification and current accepted terminology.

There appears to be no contrary reason why the language of the law regarding the agency's name cannot be updated to match the current accepted terminology. Each type of practitioner is properly and clearly identified under the law by the required appellations: M.D., D.O., D.D.S, D.P.M., and so forth. All are different members of the medical community.

3. Interest Groups. Those groups that may be affected by this issue include all those representative of the medical community: physicians, both allopathic and osteopathic, pharmacists, dentists, chiropractors, and perhaps medical insurance groups.

4. Previous Legislation. Previously the law on this issue was as described in paragraph 1 above.

POLICY ISSUE #2: "Should the language of Art. 4568(1), regarding Continuing Medical Education, be changed so as to delete the statement 'Participation in these programs is

voluntary.'?"

1. Background. The call for continuing medical education courses and later the call for mandatory enrollment and completion of such continuing medical education courses is now history. Both the private medical associations and the Texas Board require a certain number of hours of continuing medical education courses each year in order for each licensee to retain his or her Texas license and his or her membership in the requisite professional organizations. This sentence in this section of the Act is simply antiquated and false, and presumably was overlooked when the law changed to require continuing medical education courses yearly.

2. Arguments. The two sides of this issue are as follows.

Again, it seems there could be little argument. Either this sentence is deleted or those Articles setting out the requirements for continuing medical education courses are deleted.

3. Interest Groups. Those groups that may be affected by this issue include all those representative of the medical community: physicians, both allopathic and osteopathic, pharmacists, dentists, chiropractors, and medical insurance groups, along with the professional associations of each of these kinds of practitioners.

4. Previous Legislation. Previously the law on this issue was as outlined in paragraph 1 above.

POLICY ISSUE #3: "Should the language of Art. 4569(d) be changed to reflect modern language and practice? Specifically, should the term 'pharmacology' replace 'meteria-medica,' and the term 'podiatric medicine' replace 'podiatry', and the phrase 'matters deemed relevant to the practice of podiatric medicine' replace the phrase 'ailments of the human foot'?"

1. Background. This issue arises because the examinations required to be

admitted to practice in the State of Texas have evolved, and the medical terminology has evolved. The background to these changes is set out in paragraph 1 of Policy Issue #1, above. The term 'pharmacology' has replaced the old 'materia-medica' on the titles of pharmacy text books and elsewhere.

2. Arguments. The two sides of this issue are as follows.

Once again, there would seem to be no argument with respect to the changes in terminology. The change in the language regarding the scope of the examination is needed to reflect the fact that the exam covers matters that are not *per se* questions about an ailment of the human foot; for example, the knowledge and practical skill of the examinee must extend to matters including systematic diseases (i.e., diabetes, hypertension, high blood pressure, etc.) which are requisite in the medical and surgical management of diseases and disorders of the feet.

3. Interest Groups. Those groups that may be affected by this issue are the licensed podiatrists of Texas, prospective examinees in Texas, the Texas Podiatric Medical Association.

4. Previous Legislation. Previously the law on this issue was as quoted in the policy issue section above.

POLICY ISSUE #4: "Should the standards for college course credit as required by Texas law be changed to reflect the accreditation standards of a regional or national accreditation organization for colleges and universities, such as the Southern Association of Colleges and Schools, rather than use strictly the University of Texas accepted courses as the standard, or should the requirement for completed college credit be changed to require a Bachelor's Degree "from an accredited college whose accreditation is recognized by the Council on Post-Secondary Education (excluding trade school accreditations)"? Should 'reputable college of podiatry' be replaced by 'college of podiatric medicine accredited by the American Podiatric Medical Association's Council on Podiatric Education'?"

1. Background. These questions reflect the issue of what standards for general

college background should be required, and what language will most accurately reflect a fair and significant nationally recognized standard.

2. Arguments. The two sides of this issue are as follows: The present language of the statute makes the test simple -- one must check with the University of Texas. But that test is also cumbersome for obvious reasons, and perhaps too changeable. On the other hand there is no single national accrediting agency; there are some fifteen. U.T. is accredited by the Southern Association. These in turn are "accredited" or recognized by COPE, the Council on Post-Secondary Education.

3. Interest Groups. Those groups that may be affected by this issue are the licensed podiatrists of Texas, prospective examinees in Texas, the Texas Podiatric Medical Association.

4. Previous Legislation. Previously the law on this issue was that pre-medical college credit was accepted under Texas law if accepted by the University of Texas.

POLICY ISSUE #5: "Should the fee schedule set out in Art. 4574(a) be changed so that the maximum fees the Board has authority to charge are as follows: examination fee ceiling, raised from \$500 to \$600; reexamination fees ceiling raised from \$500 to \$600; renewal fees ceiling raised from \$200 to \$400; duplicate license fees ceiling raised from \$50 to \$100?"

1. Background. The fees charged by this agency have been low by national standards, and were actually reduced in recent years. In the '80s and '90s, however, the State of Texas has suffered economically and so has state government. The Podiatry Board has also rapidly advanced with the acquisition of computer equipment only a year ago, licensing examinations were taken to national levels, and disciplinary procedures were tailored to fit A.P.T.R.A. and the new O.A.H. To achieve all this, another staff position was added to the Board. These changes required more funding than in the past.



2. Arguments. The two sides of this issue are as follows: The fee ceiling being raised only grants the Board latitude to insure that its income is adequate to fund its operations which are increasing. In times of economic pressures, this latitude could prove vitally important. Even were fees in fact raised to the maximum ceiling requested, the fee amount would be right in line with fees charged in other states, so there is no question of excessive fees in Texas. The argument against an increase in the ceiling up to which the Board may set fees is presumably that given the authority the Board will drive to the limit. But this is unlikely since the Board has never in recent history raised its fee to the ceiling and has sometime reduced its fee.

3. Interest Groups. Those groups that may be affected by this issue are the licensed podiatrists of Texas, prospective examinees in Texas, the Texas Podiatric Medical Association.

4. Previous Legislation. Previously the law on this issue was that the fee ceilings were set at the amounts cited in paragraph one above.

POLICY ISSUE #6: "Is the current language and requirements of Art. 4574(d) regarding *per diem* payments to Board members consistent with the current law, authority and reimbursement rates as set out in the General Appropriations Act and Travel Regulations Act of 1959, Art. V, Section 13(12), House Bill No. 1, 72nd Legislature, First Called Session, 1991; Tex. Rev. Civ. Stat. Ann. art 6823a, §6(a) (Vernon 1960 and Supp. 1992), and Tex. Rev. Civ. Stat. Ann., art. 6252-31 (Vernon Supp. 1992) regarding approval signatures?"

1. Background. This issue arises because the State of Texas Travel Allowance Guide (effective September 1991) issued by the office of the Comptroller of Public Accounts, under the authority of Art. V, Section 13(12), House Bill No. 1, 72nd Legislature, First Called Session, 1991; Tex. Rev. Civ. Stat. Ann. art 6823(a) (Vernon 1960 and Supp. 1992), consistent with the statute that governs approval signatures, Tex. Rev. Civ. Stat. Ann., art 6252-31 (Vernon Supp. 1992), have been revised and updated

many times since 1983 when the Podiatry Statute was under Sunset review.

2. Arguments. The Statutes governing reimbursements and approval signatures should be consistent with the statutory sections of the Podiatry Act addressing the same or similar matters. It may be that the Podiatry section can be eliminated altogether; or those provisions regarding travel and lodging can be eliminated.

3. Interest Groups. Those groups that may be affected by this issue are: the Comptroller's Office, Legislative Budget Board, Treasury, and our Board.

4. Previous Legislation. Previously the law on this issue was that set out in Art. 4574(a), Tex. Rev. Civ. Stat. Ann.

POLICY ISSUE #7: "Should the practice identifications permissible under the Healing Art Identification Act, Art. 4590e, Tex. Rev. Civ. Stat. Ann., be changed to reflect the identifications allowed under the Rules of the Texas State Board of Podiatry Examiners.

1. Background. This issue concerns not the Podiatry Act under which the Board operates, but a related statute that affects and applies to podiatrists. The Healing Arts Identification Act includes as permissible identifications: chiropodist; doctor, D.S.C., Doctor of Surgical Chiropody; D.S.C.; doctor, D.P.; Doctor of Podiatry; D.P. These are long since out of vogue, are not used by anyone today. Those that are used, and which are permissible under Board rules are: Doctor of Podiatric Medicine, D.P.M., Doctor of Podiatry, Podiatrist, Podiatric Doctor, Podiatric Physician, Physician and Surgeon of the Foot.

2. Arguments. The reasons for not updating the Healing Arts Identification Act to reflect current terminology are unknown to us. It might be argued that the Healing Arts Identification Act should be eliminated altogether, letting each practice act control permissible identifications for its profession.

3. Interest Groups. Those groups that may be affected by this issue are: all licensed health professional organizations both public and private.

4. Previous Legislation. Previously the law on this issue is found at Art. 4590e, Tex. Rev. Civ. Stat. Ann.,

POLICY ISSUE #8: "Should the Podiatry Act be amended to include the addition of a clause authorizing the Board to promulgate rules regarding infection control, especially with an eye to the communication of H.I.V.? Specifically, should the following language be added to the Podiatry Act, Art. 4567 *et seq.*, Tex. Rev. Civ. Stat. Ann., as Article 4567e: *"The Board shall investigate the issue of infection control and may adopt and enforce rules not inconsistent with the laws of this state and the federal laws to control the spread of infection in the practice of podiatric medicine as necessary to protect the public health and safety."*?

1. Background. This issue arises because of the concerns surrounding the transmission of H.I.V. In certain medical fields including dentistry and podiatry where surgical procedures are often performed in a non-hospital setting, known surgical precautions will suffice to protect the public, but until recently there were no legal requirements other than general surgical standards to insure against transmission of H.I.V. or Hepatitis B.

2. Arguments. The two sides of this issue are the following. It can be argued that current and long-known surgical practice suffices to guard against infectious disease transmission, and hence new rules can only state the known and obvious and that which ought to be practiced anyway. It can also be argued, however, that without new rules the laxity in some practices cannot be readily corrected.

3. Interest Groups. Those groups that may be affected by this issue are: federal agencies like OSHA, state health agencies, all medical agencies, and all medical associations.

4. Previous Legislation. Previously the law on this issue was that which applied to infectious disease control prior to the widespread outbreak of H.I.V.

POLICY ISSUE #9: "Should the Podiatry Act be amended with the addition of a retaliation clause that provides immunity from libel and slander claims based on information sent to the Board as a complaint, and to provide multiple damages and costs against the complaine in favor of the complainant who wins a counter-suit for retaliation against the complaine who sues the complainant for libel or slander"?

1. Background. This issue arises primarily in the context of insurance fraud -- where the complainant is one who under contract to an insurance company uncovers and documents fraud, then under Board Rules has a duty to inform the Board -- and in the context of heated professional disputes such as one licensee testifying against another in a civil malpractice suit and informing the Board of findings of negligence or fraud.

2. Arguments. The two sides of this issue are the following. It might be argued that such emendation is unnecessary because the informant's privilege in the Texas Rules of Evidence protect the informer, and recent case law in the Fifth Circuit gives policy reasons for such protection in similar contexts such as Title VII claims. On the other hand, none of this gives clear justification for summary dismissal of bogus libel claims brought to harass one who informs under a duty, nor adequate discouragement of such via damages and costs provisions for libel claims found bogus. Ideally, A.P.T.R.A. would contain a retaliation provision similar to the federal Title VII law, but it does not.

3. Interest Groups. Those groups that may be affected by this issue are: state health agencies, all medical agencies, and all medical associations, and those groups with an interest in the provisions of A.P.T.R.A.

4. Previous Legislation. Previously the law on this issue was vague at best, silent at worst. Neither A.P.T.R.A., nor the Rules of Evidence, nor the Podiatry Act, nor

any other legislation bearing on complaints or suits against medical professionals directly addresses this problem. Cases do exist in which one was forced to pay unreimbursable legal fees to defend against such harassment claims even though the defense prevailed as could be patently predicted. Such an emendation to the Podiatry Act would not necessary eliminate such retaliations suits, but it would give the courts legal grounds for summary dismissal, thereby cutting legal fees, and would provide a means of reimbursement for even those fees.

### **III. ADDITIONAL DATA**

#### **A. COMPLAINTS.**

1. Total Complaints. Pending complaints carried over from the previous fiscal year number 11, of which most are advertising complaints. Complaints since received in the current fiscal year number approximately 32. Numerous more complaints are fielded weekly via telephone, but these are not acted upon by the Board unless a written complaint follows, save for those very simple matters that can indeed be resolved quickly via telephone or facsimile.

The total number of pending complaints being handled by the Agency is nineteen. The complaints range in topic from abandonment, fraud and advertising, to misdiagnosis, negligence, informed consent, and misprescribing drugs.

2. Method of Resolution. These complaints are resolved by first investigating the allegations by telephone. Unless the complaint forecloses that is wise policy, setting an informal conference as mandated by the Texas Administrative Procedures Act, Section 18(c).

3. Disposition of Complaints. Disciplinary action resulted from complaints in a ration of about one out of every twenty. A large number of complaints were registered this year regarding advertising, and the Board has recently rewritten the rules governing advertising for podiatrists. These complaints will be handled with discretion; while newly

registered complaints will be handled strictly in accordance to the new rules.

4. Time Period for Resolution. Most complaints are small, unfounded, or misdirected to our Agency. These complaints are resolved in hours or days. A second class of complaints is comprised of those that plainly are correctly placed with our Agency and which on their face allege a significant action which if true would require corrective action of some kind by the Agency.

## B. COMMERCIALY-CONTRACTED SERVICES

- 1. Type of Service - Financial Accounting; Annual Financial Report
- 2. Scope of service - Production of Annual Financial Report
- 3. Contractor - Malcolm Cleveland
- 4. Contract Amount - \$ 25.00 per hour
- 5. Length of Contract - one year
- 6. When renewed - yearly
- 7. When first contracted - 1986
- 8. When first established - 1986
- 9. Staff contract responsible for monitoring compliance - Sandra Marshall
  
- 1. Type of Service - Calligraphy for Licenses
- 2. Scope of service - Twice yearly production of Licenses
- 3. Contractor - Kelly Blackshare
- 4. Contract Amount - \$ 4.00 per license
- 5. Length of Contract - six months
- 6. When renewed - every six months
- 7. When first contracted - 1981
- 8. When first established - 1980
- 9. Staff contract responsible for monitoring compliance - Sandra Marshall

## COMMERCIAL ACTIVITIES PERFORMED "IN-HOUSE"

- 1. Type of Service - *No specific contractable services done in house.*
- 2. Departmental Program Performing Service - *No dept. programs per se*
- 3. Scope of Activity performed -
- 4. Total Annual Budget FY 92 -
- 5. Number of Authorized FTE's -
- 6. When Activity Began -
- 7. By Whom and When Contract was Evaluated -
- 8. Why Contract is Infeasible -
- 9. Staff Managing the Activity -

## C. BOARD MEMBER IDENTIFICATION

<u>Member</u>	<u>Address</u>	<u>Phone Number</u>
Dr. Ben Clark	2826 E. Illinois Dallas, Texas 75216	214-372-4671
Dr. Preston Goforth	2401 S. 31st Street Temple, Texas 76508	817-774-2575
Dr. Eugene Scioli	2126 50th Street Lubbock, Texas 79412	806-744-8605
Dr. Peter Williams	1303 McCullough, Ste. 334 San Antonio, Texas 78212	512-227-4164
Dr. J. Micheal Valenza	5524 Bee Caves Austin, Texas 78746	512-327-9251
Dr. Thomas S. Garrison	1234 Bay Area Blvd., Suite G Houston, Texas 77058	713-488-3237
Mr. Rick Sorrells	1 Bell Plaza, 11th Floor Dallas, Texas 75201	214-745-8241
Mrs. Betty Walker	3459 Chateau Drive San Antonio, Texas 78219	915-362-0667

Ana Maria Laborde	301 South Frio San Antonio, Texas 78207	512-270-4595
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<u>Executive Director</u>	<u>Address</u>	<u>Phone Number</u>
Donald Elliot Branson	212 Camargo San Antonio, Tex. 78210	512-224-1969 (fax) 224-1878

<u>Agency Designated Liaison</u>	<u>Address</u>	<u>Phone Number</u>
Donald Elliot Branson	212 Camargo San Antonio, Tex. 78210	512-224-1969 (fax) 224-1878

#### D. BOARD MEETINGS HELD OUTSIDE AUSTIN

Total number of meetings (in and out of Austin) for FY 89: 3; FY 90: 2; FY 91: 3

<u>Meeting Date</u>	<u>Location (out of Austin)</u>	<u>Purpose of Meeting</u>
Jan. 19-21, 1989	San Antonio	Examinations
Sept. 29-31, 1989	Dallas	Special Issue Meeting
June 15-17, 1989	Houston	Examinations
Jan. 18-20, 1990	Corpus Christi	Examinations
June 14-17, 1990	Galvestons	Examinations
Jan. 17-19, 1991	Austin, Texas	Disciplinary & Examinations
June 5-7, 1991	Austin, Texas	Examinations
Sept. 9, 1991	Fort Worth, Texas	Board Rules Amendment.

#### E. TRAVEL EXPENSES FOR EACH BOARD MEMBER

<u>Board Member</u>	Amount Expended: <i>Per Diem</i> & Other		
	<u>FY 89</u>	<u>FY 90</u>	<u>FY 91</u>
Dr. Jerry Patterson	\$ 113.66	\$ 219.27	\$ 0.0



Dr. Ben Clark	\$ 0.0	\$ 0.0	\$ 0.0
Dr. Preston Goforth	\$ 523.55	\$ 668.24	\$ ---.---
Dr. Eugene Scioli	\$ 964.47	\$ 985.59	\$ ---.---
Dr. Tom Eckert	\$ 792.91	\$ 849.38	\$ ---.---
Dr. John Knecht	\$ 236.94	\$ 614.96	\$ ---.---
Dr. Peter Williams	\$ 0.0	\$ 0.0	\$ 0.0
Mr. Rick Sorrells	\$ 439.91	\$ 591.39	\$ ---.---
Mrs. Betty Walker	\$ 492.23	\$ 453.16	\$ ---.---
Mr. Harry Burns	\$ 332.99	\$ 501.64	\$ ---.---

F. EQUAL EMPLOYMENT DATA

FY 1986

<u>Total</u> <u>Employees</u>	<u>Anglo Hispanic</u>		<u>Black</u>		<u>Other</u>		<u>Total</u>		<u>male</u>	<u>female</u>
	<u>male</u>	<u>female</u>	<u>male</u>	<u>female</u>	<u>male</u>	<u>female</u>	<u>male</u>	<u>female</u>		
Exempt	1/2	0	0	0	0	0	0	0	1/2	0
Group 17-21	0	1	0	0	0	0	0	0	0	1
Group 12-16	0	0	0	0	0	0	0	0	0	0
Group 07-11	0	0	0	0	0	0	0	0	0	0
Group 02-06	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	1/2	1

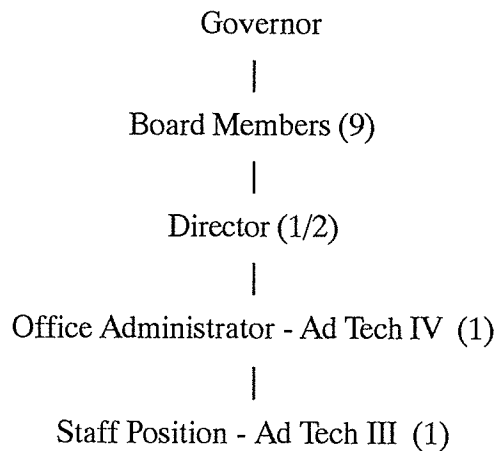
FY 1991

<u>Total</u> <u>Employees</u>	<u>Anglo Hispanic</u>		<u>Black</u>		<u>Other</u>		<u>Total</u>		<u>male</u>	<u>female</u>
	<u>male</u>	<u>female</u>	<u>male</u>	<u>female</u>	<u>male</u>	<u>female</u>	<u>male</u>	<u>female</u>		
Exempt	1/2	0	0	0	0	0	0	0	1/2	0
Group 17-21	0	1	0	0	0	0	0	0	0	1
Group 12-16	0	1	0	0	0	0	0	0	0	1
Group 07-11	0	0	0	0	0	0	0	0	0	0
Group 02-06	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	1/2	2

G. ETHNIC AND GENDER COMPOSITION CHART

	<u>Men</u>	<u>Women</u>
	100%	100 %
Total	20% \ 1/2	2 / 80%
Anglo/White	100% \ 2 1/2	0 / 0%
African American/Black		0   0
Hispanic		0   0
Other		0   0
Pay Group 19 and above		
Anglo/White		0   0
African American/Black		0   0
Hispanic		0   0
Other		0   0
Executive (exempt)		
Anglo/White	20% \ 1/2	0
African American/Black		
Hispanic		
Other		

H. ORGANIZATIONAL CHART



## I. REVENUES BY SOURCE

License Renewal Fees  
Radiation Technician Fees  
Examination Fees

## J. REGIONAL OFFICES

The Board maintains only one office; it is in Austin, Texas.

## K. INTEREST GROUPS

American Federation of Podiatric Medical Boards  
P.O. Box 33285  
Washington D.C. 20033  
phone 301-571-9200

Texas Podiatric Medical Association TPMA  
5017 Bull Creek Road  
Austin, Texas 78731  
phone 512-453-6533

Texas State Board of Medical Examiners  
1101 Camino La Costa, suite 201  
P.O. Box 13562 Capital Station  
Austin, Texas 78711  
phone 512-452-1078

## L. NATIONAL ASSOCIATIONS

American Federation of Podiatric Medical Boards  
P.O. Box 33285  
Washington D.C. 20033  
phone 301-571-9200

## IV. COMMENTS

The Texas State Board of Podiatry Examiners is at a precarious milestone. The current Board has taken an active role in pushing this agency into compliance with A.P.T.R.A., in increasing the pursuit of complaints and the enforcement of Board disciplinary orders, and in updating the statutes and administrative rules. The agency staff has been increased 60%, from one full-time person who used to work uncompensated overtime with a half-time director, to two full-time people with a half-time director. Nevertheless, this new staff is plainly overworked because this Board did not formerly pursue complaints in compliance with A.P.T.R.A., was not under Sunset Review which requires additional reports and much more work than in a normal year, and was not having to rework its whole budgetary process in accordance with the new Strategic Planning Budget Process which got underway this year. While the staff has increased 60% in FY 91, the work load has increased more than 150% in FY 92. The single biggest increase in funding need has come with the advance to pursuing complaints and disciplinary hearings in accordance with requisite statutes.

The budget has been increased to fund the increased activity of the Board and its enforcement staff. That budget increase, however, has proved inadequate; it must be further significantly increased to simply bring this agency up to par with other licensing agencies even with respect to disciplinary matters and enforcement alone. Currently, the new Office of Administrative Hearings must conduct all disciplinary hearings under the new Senate Bill 884, and agencies must pay this new Office for this service. Those agencies that previously funded outside independently contracted hearing officers have funds appropriated that can now be spent on the OAH, but our Board always heard its own cases, so no funds were appropriated for such service. Moreover, the LBB and the Governor's Office informed all agencies that

their current budget is likely to be cut, not increased, in the next biennium. That puts this Board in a very troublesome spot: without increased appropriations it cannot function adequately with regard to bringing disciplinary cases to hearing, nor even with regard to field investigations of complaints to determine when a hearing is necessary.

These budget problems exist despite the fact that at least two of our nine Board members never turn in expense vouchers, absorbing themselves the cost of their public service, and that the director has refrained from turning in several of his expense vouchers in order to help keep sufficient funds for investigations, and despite the fact that our staff continues to operate with office equipment that is from seven to ten years old, and without computers until the first and only one in the office was purchased just last year.

To date our performance reviews reveal that the agency is barely keeping up with its goals due to the restrictions brought on by the new budget process, the new hearing system, and the fact that the agency is now pursuing the full-blown A.P.T.R.A. and Senate Bill 884 requirements as it is legally bound to do. Funding the agency's activity is not an onerous burden: the current fees are well below the national average for professional licensees. This is true despite that fact that the Board succeeded in getting the fee ceilings increased by the Legislature, and then voted to increase fees to that ceiling. Adequate appropriations are a problem: without approval for increased spending, the agency's activity will likely fall below standard.

The Board and its staff are committed to providing this emerging profession with the best possible administrative services. All efforts are being made to use the current resources to the best possible advantage.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "D. Branson", written over a horizontal line.

D. ELLIOT BRANSON

Director,

Texas State Board of Podiatry Examiners