Message from the Board President

After serving on the Podiatric Medical Board of California (PMBC) since 2018, I became the president of the Board in 2023. During the last few years, the Board has been adjusting to the challenges of COVID-19. We initially began using technology that allowed for PMBC meetings



to occur remotely and now are beginning the process of conducting our Board business in person. These last few years have shown that whether the meetings occur with members, staff, and the public in the same physical location, or when meeting virtually, matters before the Board are handled efficiently and with full input from stakeholders, licensees, and interested parties. In other words, PMBC has not canceled or delayed any of the business before the Board throughout the pandemic.

There have been various updates and improvements in the regulatory licensing and disciplining of doctors of podiatric medicine over the last few years but the most significant change that impacts doctors of podiatric medicine (DPM) in California has been the recent change to the requirements for license renewals. As of January 1, 2024, renewing DPMs are required to complete 50 hours of continuing medical education, remain free from disciplinary actions, and stay current with fees owed to the Board. The continuing competence requirements that have been in place for over 20 years were removed from the requirements for license renewals with the passage of AB 826 (Chen), Podiatric Medicine, Continuing Education. This will certainly prove to be a savings for DPMs preparing for license renewal in both time and money.

A graduate of University of California, Berkeley, Dr. Carolyn McAloon earned a Doctor of Podiatric Medicine (DPM) degree from the California College of Podiatric Medicine (CCPM) in San Francisco. She completed both her primary podiatric medicine and surgical residencies at the Veterans Affairs Palo Alto Healthcare Systems in Palo Alto. A board-certified podiatric physician and surgeon, Dr. McAloon is a past president of the California Podiatric Medical Association (CPMA), and a member of the American Podiatric Medical Association (APMA) and the Alameda/Contra Podiatric Medical Society. She is a Fellow of the American College of Foot and Ankle Surgeons (ACFAS) and a diplomate of the American Board of Foot and Ankle Surgery (ABFS). Dr. McAloon is the co-founder of her private practice, Bay Area Foot Care.

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PODIATRIC MEDICAL BOARD OF CALIFORNIA

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www.pmbc.ca.gov



The Enforcement Process

COMPLAINT/INFORMATION SOURCE:

- Public
- B&P Code mandated reports
- Licensee/professional group
- Governmental group
- Anonymous/miscellaneous

MEDICAL BOARD CENTRAL COMPLAINT UNIT:

Consumer Services Analyst (CSA) reviews the complaint to determine:

- If immediate investigation is needed. If yes, refers complaint to appropriate district office.
- If more information is needed, the CSA requests this from the complainant.
- Whether the complaint is within the Board's jurisdiction. If not, it is referred to the appropriate agency.
- Whether the complaint involves care and treatment provided by the physician. If so, medical records are obtained and a medical consultant reviews.
- Whether a minor violation of the Medical Practice Act has occurred (e.g., failure to provide patient records, misleading advertisement, dispensing violations, etc.). If so, the physician is then contacted and advised of the violation to bring him or her into compliance, or the matter is referred for a cite and fine.

Complaint may be mediated at this point if that is appropriate. If no apparent violation is found, the case may be closed.

DIVISION OF INVESTIGATION:

If it appears following initial review that a violation may have occurred, case is referred to a Division of Investigation district office for investigation. Secondary review by a podiatric expert may be required dependent on how the case progresses. Upon completion, the file may be:

- Closed, but retained for one year if a violation could not be confirmed.
- Closed, but retained for five years because the complaint is found to have some merit, but insufficient evidence is found to take action against the licensee.
- Referred to Attorney General's Health Quality Enforcement Section for determination whether to initiate disciplinary action.
- Referred for other disciplinary, non-disciplinary action, or criminal action.

PMBC CITATION & FINE PROGRAM:

Minor violations of the Medical Practice Act may result in administrative citation and fine rather than formal accusation and disciplinary action.

CRIMINAL PROSECUTION:

A completed investigation may be referred to a local district or city attorney for prosecution of suspected criminal violations.

The graph above depicts the complaint, investigation, and discipline process for the Board. If you have any questions or comments about the enforcement process, contact Bethany DeAngelis, Enforcement Coordinator, at **Bethany.DeAngelis@dca.ca.gov.**

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ATTORNEY GENERAL:

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If he or she believes the case can pass the legal standard, a deputy AG drafts formal charges (Accusation), and a hearing is scheduled. During pre-hearing conferences, a stipulated settlement (plea bargain) of the charges/allegations may be accepted by both sides; if this occurs, no hearing is needed. The Board may direct the AG to file a petition to compel the licensee to submit to a competency examination or a psychiatric examination in lieu of, or preceding the filing of, an Accusation.

ADMINISTRATIVE HEARING:

If the licensee contests the charges, the case is heard by an administrative law judge (ALJ), who then drafts a proposed decision. The proposed decision is reviewed by the Board, which, in general, may take the following actions:

- Adopt the decision as proposed.
- Reduce the discipline and adopt the decision.
- Reject the proposed decision and decide the case for itself. In this instance, the Board members must read the entire record of the hearing prior to acting. The physician and deputy attorney general is given the opportunity to submit written and oral arguments.

APPEAL:

Physician may petition for reconsideration of a decision within 30 days after it is adopted. Thereafter, physician may petition for reinstatement of revoked license, reduction of terms of penalty, or termination of a period of probation. Various time periods apply before petitions can be filed with the Board. Final decision may be appealed to the Superior Court, the Court of Appeal, and to the California Supreme Court.



Important Information Regarding Renewal Periods and Continuing Medical Education (CME)

It's come to our attention that there's been confusion regarding CME requirements and the timeframe in which they need to be obtained.

California licensing regulations specify that a license expires at midnight on the last day of the birth month of the licensee during the second year of a two-year term. Licensees are required to report compliance with at least 50 hours of approved CME during each renewal period, (e.g., a licensee with a March 31, 2024 expiration date must comply with the renewal requirements between April 1, 2022–March 31, 2024).

The Board's licensing coordinator is available for any questions or comments regarding new applications, residency programs, and licensee renewals. Contact Andreia Damian at Andreia.Damian@dca.ca.gov.

Consultants and Experts Needed!

Podiatric medical consultants and experts are experienced, residency-trained, and board-certified podiatrists who provide their expertise in assisting the Board with its enforcement activities for consumer protection. These dedicated professionals review complaints received by the Board regarding California licensed podiatrists, assist with investigations, testify at administrative hearings in court, and assist with probation/practice monitoring.

For more information on working as a consultant or expert with the Board, please contact Bethany DeAngelis, enforcement coordinator, at (916) 263-4324 or **Bethany.DeAngelis@dca.ca.gov**, or visit www.pmbc.ca.gov/enforcement/consultants_ expertwitnesses.shtml.

Notice to Licensees Regarding CURES Version Update

Beginning August 1, 2024, all California dispensers of controlled substances are required to report dispensations to the Controlled Substance Utilization Review and Evaluation System (CURES) using the American Society of Automation in Pharmacy (ASAP) version 4.2B format. Visit the <u>Office of the</u> <u>Attorney General's CURES website</u> for information on this required change.

For information about CURES, visit DCA's **CURES information page**.





End of Residency Reflection: A Young Surgeon's Perspective BY KASE RATTEY, DPM

Transitioning from years of medical and surgical training to independent practice is another time-honored tradition in medicine where our young physicians after their completion of training gather all their well-earned achievements into the treatment and care of our patients, our community, and our public health. I am reminded of the words of Dr. William Osler: *"The whole art of medicine is in observation ... but to educate the eye to see, the ear to hear and the finger to feel takes time, and to make a beginning, to start a man on the right path, is all that you can do."*

There are many challenges in the early years of clinical practice, which include an independent role in the operating room, establishing clinical expertise, running an

You study hard through undergraduate school with science and non-science major and minor courses, join as many university campus clubs as possible so you can obtain the best grades and references to get accepted into the best podiatric medical school. You then pull all those allnighters to study for Part 1 and 2 for Boards, stay late on your rotations to get the best letters of recommendations from your professors to match with the best residency program.

You then match with your first ranked residency program, go through a hectic first few months, sleepless nights with the pager/phone, and likely all during struggles with an aggressive case of "imposter syndrome." Then you coast through your last senior residency year because you are viewed as a "mini, junior attending, podiatrist" teaching all the younger residents and medical students, while trying to fine tune and perfect any clinical and surgical skills and medical knowledge you feel you need to work on.

Now what? We are constantly, intensely groomed to be focused on the next step in podiatric medical school—best grades, best rotations, best externship/clerkships, best residency programs, and best jobs. We often lose sight of why we got into it in the first place —whatever that may be.

With all of this in mind, what has prepared me most for my own practice is this—slowing down. *Life's a marathon, not a sprint.* Enjoy the journey of residency and take in what you can. This is the only time in your life that you will office, understanding the business aspects of medicine, building clinical networks to sustain a clinical practice, understanding the local culture, having a clinical mentor, and building a professional and academic reputation. Here's a brief reflection from one of the outstanding young doctors starting practice, Dr. Kase Rattey, his passionate journey and words of encouragement for his younger peers and future doctors.

Daniel Lee, DPM, Ph.D., FACFAS

Vice President, Podiatric Medical Board of California Foot and Ankle Surgery Department of Orthopedic Surgery The Permanente Medical Group Kaiser Permanente South Sacramento Medical Center

have this experience. The knowledge, technical skills, and specialization of surgical techniques will keep increasing at an astounding pace. But it doesn't solely mean that's the most important aspect in training. Take your time and live in that moment. Make sure to take a step back during that particular procedure and avoid merely following mindless technical steps. Take the time to understand and feel what you're doing. Find that one attending you can deeply connect and discuss about your academic and clinical growth and open up about your progress and thoughts.

Training to become a physician is a huge life commitment. You can spend 10% of your lifespan preparing for it. Because you have already spent so much time planning for the future to become a physician, you need to invest in yourself and your happiness in the long-term to ensure you stay a physician.

In my experience, by slowing down and taking in everything I can, it has allowed me to connect better with my patients and be more involved with their care. It has also prevented me from suffering from burnout. Fifty-eight percent of physicians have stated that they often have feelings of burnout.¹ In addition, 54% of burned out physicians say it severely affects their lives in some way.² Finding meaning and reminding yourself what you love about what you do is a huge protectant against one of the physician's biggest enemy.



Continued from page 4

By taking a deep breath and living in the moment, you ensure that you will retain more from the experience, remember that one odd case you had, and attain medical wisdom beyond your so few years. Training may be over, but learning will never end. We are lifelong learners. If you are able to internalize your experiences, it will make you practice better and share them with others, and make your clinical discussions more meaningful. It certainly helped me become "available, affable, and able" for my patients and my colleagues. Not to mention, it will make you continue to love what you do. In essence, what other profession can impact a person physically, emotionally, socially, mentally, and spiritually in such ways to improve their health and wellbeing?

Personally, taking a step back and finding the joy in medicine with my service in health care was the most important decision I did during my residency and prevented me from despair during my extremely active years of residency. It helped me in job interviews and networking as I portrayed my love for the profession.

So, stop and smell the roses, go hard during the hard times, make the most of it, and remember—only you can keep it interesting, so invest in yourself.

Kase Rattey, DPM, graduated from Occidental College, then received his medical degree from Western University, and has recently completed his three-year foot and ankle surgical residency training at the Scripps Mercy Hospital San Diego/Kaiser Foundation Hospitals of Northern California.

References:

¹ The Physicians Foundation. (2020, September 17). 2020 Survey of America's Physicians: COVID-19's Impact on Physician Wellbeing. <u>https://physiciansfoundation.org/</u> physician-and-patient-surveys/the-physicians-foundation-2020-physician-survey-part-2/

² Kane, L. (2022, January 21). Physician Burnout & Depression Report 2022: Stress, Anxiety, and Anger. Medscape. https://www.medscape.com/slideshow/2022-lifestyleburnout-6014664#1

Legislative Update: 2023

AB 826 (Chen) Doctors of Podiatric Medicine: Renewals: Enrolled 9/7/23

The Board voted in 2021 to delete Business and Professions Code 2486(a-h) and to allow DPMs to renew their license by completing 50 hours of continuing medical education, remaining free from disciplinary actions, and paying fees. AB 826 was passed to eliminate outdated requirements that were self-imposed over 25 years ago and that could have been challenged as a restraint of trade. PMBC was the sponsor of this bill.

This is important for all renewing DPMs as the term "continuing competence" was imposed many years ago and was no longer needed or desired by renewing DPMs, the Board, or PMBC stakeholders. This should result in a more meaningful renewal process for DPMs and allow for a savings in time and money at renewal time. Congratulations to the PMBC Board and staff for sponsoring this important legislation.

See: Leg Info AB 826 Continuing Medical Education

AB 834 (Irwin): Doctors of Podiatric Medicine: Partnerships: Enrolled 9/8/23

The California Podiatric Medical Association sponsored a bill that eliminates the requirement that DPMs could not hold a majority interest in certain partnerships. AB 834 was signed into law in September 2023. See: <u>AB 834—</u> <u>Physicians and Surgeons and Doctors of Podiatric</u> <u>Medicine: Partnerships.</u>



Podiatric Medical Student Corner

Teaching and learning during our unprecedented pandemic times, whether during or after as we slowly emerge from this historical medical event, I am reminded of one of the quotes from Tolkien's Lord of the Rings; "True courage is about knowing not when to take a life, but when to spare one." In essence, I have been blessed to witness so many medical students, residents and fellows working together, teaching each other, sharing patient encounters, to build each other up for the health of our patients and public health. Truly, "Iron sharpens iron." Here's a brief reflection from one of our outstanding medical students, Isaiah Claudio, entrenched in both DPM and D.O. medical schools' curricula at Western University.

Daniel Lee, DPM, Ph.D., FACFAS Foot & Ankle Surgery The Permanente Medical Group, Kaiser Permanente South Sacramento Medical Center Vice President, Podiatric Medical Board of California Associate Clinical Professor, Western University of Health Sciences

"Aren't you just a foot doctor? Why do you have to learn all of this stuff?" A common response heard by my fellow D.O. medical student colleagues as they discover that I, a podiatric medical student, am required to take the same classes as they are. A question to which I respond with words learned from one of my esteemed professors, Dr. Wan, "Well, you expect a hand surgeon to know the whole body, right? Why not us?"

Being a first-generation minority, I have always taken my academics seriously and have made sure to put myself in the best environment to succeed. Having no family history or association with medicine has made it an intimidating and challenging experience to choose which medical school to attend. Despite this, making the decision to attend Western University, College of Podiatric Medicine, was a clear one. With much of that decision being made due to the rigorous curriculum being integrated with the Osteopathic Medical School, ultimately developing into physicians first before practicing as foot and ankle specialists.

Now in my second year, I continue to appreciate the integrated curriculum, feeling that it has accelerated my learning and has prepared me for the upcoming clinical years. Furthermore, this integrated curriculum has not only increased my knowledge of the human body holistically, but it has allowed me to build a greater sense of confidence in patient care. Understanding that my knowledge is not limited to the foot and ankle, I feel I can approach a patient as a whole, knowing that I will have a better understanding of a patient's full pathology and health problems with a potential systemic issue affecting the lower extremity. As I have learned, many foot and ankle pathologies can arise from other latent, systemic issues.

Diabetes, cardiovascular disease, arthritis, and other neurologic disorders are a few that come to mind when thinking of systemic pathologies that have foot and ankle implications. Working alongside with my D.O. medical student colleagues, I am able to grasp a better understanding of such systemic pathologies and those that affect the foot and ankle but do not originate in the same area. Approaching a patient from a holistic full body perspective is something that we as podiatric medical students have continuously been able to appreciate. Now, when volunteering for clinics or reviewing clinical case reviews, our mindset shifts from a focus on the foot and ankle, to a focus on the whole body and what mechanisms lead to the foot and ankle issues.

Going into Podiatric Medical School I was aware of the general or simplistic perception of being merely a "specialist" without general medical knowledge by many other medical professionals. Through my experience here at Western University, I have witnessed this perception shift towards a sense of respect. Other health professional students are now more aware of our patient care excellence and show more appreciation for our hunger to grow as full body physicians rather than purely specialists. Many applaud our commitment and diligence as we dedicate ourselves to two curricula, one of full-body holistic medicine, and one of foot and ankle medicine. People in my life are beginning to understand that podiatric physicians provide more than just "routine foot care." Moreover, I have noticed that many began to understand that the care that is provided by a podiatric physician has the potential beneficial health effects to go beyond just the foot and ankle.

Ultimately, Western University has created an environment of academic rigor and excellence to develop full-body physicians before foot and ankle specialists, which cultivates a respectful environment between DPM students and other health care professionals. It allows for health care professionals and the general public to appreciate that we are no less than our D.O. and M.D. colleagues, and that we obtain equivalent education to become the holistic foot and ankle specialists that we have worked and studied so hard to become. My experience here has been an amazing one that I would not exchange for any other and I feel it has already started to shape me into a more knowledgeable, professional, and confident health care professional with the ultimate goal to help our patients and public health. I am not "just a foot doctor," and I choose to learn whole body care for the best care of my future patients.

Isaiah Claudio, MS2

Western University of Health Sciences College of Podiatric Medicine Class of 2026





Administrative Actions: January 1–December 31, 2023

DOCTORS OF PODIATRIC MEDICINE

Caruana, Frank, DPM

Newport Beach License number: E-2336 Decision effective: 05/18/23 License Surrender www2.mbc.ca.gov/BreezePDL/document.aspx?path= %5cDIDOCS%5c20230511%5cDMRAAA JD3%5c&did=AAAJD230511221234319.DID

Endo, Clifford, DPM

Modesto License number: E-3323 Decision effective: 11/14/23 License Surrender www2.mbc.ca.gov/BreezePDL/document.aspx?path= %5cDIDOCS%5c20231108%5cDMRAAAJD1%5c&did= AAAJD231108171023691.DID

Fanous, Michael, DPM Norco License number: E-3544 Decision effective: 10/12/23 Probation—1 Year www2.mbc.ca.gov/BreezePDL/documentaspx?path= %5cDIDOCS%5c20230913%5cDMRAAAJD2%5c&did= AAAJD230913194536257.DID

Klapman, Leon, DPM

Northridge License number: E-4433 Decision effective: 06/06/23 License Surrendered www2.mbc.ca.gov/BreezePDL/documentaspx?path= %5cDIDOCS%5c20230530%5cDMRAAAJD1%5c&did= AAAJD230530200317079.DID

Nelms, Lisa, DPM

Santa Barbara License number: E-4325 Decision effective: 05/18/23 License Surrendered

www2.mbc.ca.gov/BreezePDL/documentaspx?path= %5cDIDOCS%5c20230511%5cDMRAAAJD3%5c&did= AAAJD230511221455513.DID

Reed, Mark, DPM Placentia License number: E-3696 Decision effective: 06/06/23 Public Letter of Reprimand www2.mbc.ca.gov/BreezePDL/documentaspx?path= %5cDIDOCS%5c20230606%5cDMRAAAJD1%5c&did= AAAJD230606204420801.DID

Tu, Richard, DPM

San Diego License number: E-4680 Decision effective: 10/12/23 Public Letter of Reprimand

www2.mbc.ca.gov/BreezePDL/documentaspx?path= %5cDIDOCS%5c20230913%5cDMRAAAJD2%5c&did= AAAJD230913194657623.DID

To view a doctor's profile and obtain a copy of the action(s), please go to www.breeze.ca.gov. If assistance is required, call (800) 633-2322.

Additional information regarding disciplinary matters for doctors of podiatric medicine can be found at:

pmbc.ca.gov/consumers/dispsumm.shtml

2024 Board and Committee Meetings

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Committee	Meeting Schedule	÷
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- Enforcement 10 a.m.
 Public Education 11 a.m.
 - Legislative 12 p.m.
- Licensing 1 p.m.
 Exec Mgt 2 p.m.



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Mission of the Podiatric Medical Board of California

To protect and educate consumers of California through licensing, enforcement, and regulation of doctors of podiatric medicine. To file a complaint against a DPM, visit: www.mbc.ca.gov/Consumers/Complaints/

To view a doctor's profile and obtain a copy of the action(s), go to:

www.breeze.ca.gov

For assistance, call: (800) 633-2322