

**BOARD OF PODIATRIC MEDICAL EXAMINERS**  
**OPEN SESSION MEETING MINUTES**  
**April 8, 2010**

The Open Session meeting of the Maryland Board of Podiatric Medical Examiners was held on Thursday, April 8, 2010, in Room 108/109, 4201 Patterson Avenue. The meeting was called to order at 1:17 p.m. by President Dr. Ira Gottlieb. Board members present were Drs. Jay LeBow, Tanya Sellers-Hannibal, David Freedman and Steven Chatlin and Barbara Crosby, RN and Mr. Jay Boyar. Also present were Eva Schwartz, Executive Director, Francesca Gibbs, Staff Attorney, OAG, Sally Reier, Administrative Officer and Robyn Day, Administrative Specialist. Guests present were Richard Bloch, Executive Director, Maryland Podiatric Medical Association (MPMA), Lynda Lardner-McGinnis, D.P.M., MPMA representative, Paula Hollinger, Associate Director of Health Work Force, Sharon Bloom, Executive Assistant, Jerry Adams and Matthew Almes, Maryland Department of the Environment (MDE) and Teresa Alpert-Leibman, Orthotist, Certified Pedorthist.

**A. MINUTES:**

The minutes from the March 11, 2010 meeting were reviewed and approved as submitted.

**B. OLD BUSINESS**

**1. Proposed Legislation**

**House Bill 114/SB 291 – Health Occupations Boards - Revisions**

This bill will become law effective October 1, 2010. A number of the main mandates are identified below:

- Requirement for the collection of gender, racial, ethnic and cultural data for licensure purposes
- Requirement to develop sanctioning guidelines
- Confirmation of appointment of Executive Directors to each Board by the Secretary of DHMH
- Consideration for expungement of disciplinary cases will have a feasibility study instead
- Discovery rule prohibits a Board from bringing charges after six years, with the exception of repressed memory

**House Bill 1410/SB1005 – Funding Podiatry Residency Program**

Richard Bloch from MPMA stated that the capping on the residency slots has been removed. Once a hospital has intent to form a podiatric residency program, it applies for funding from HSCRC. Upon approval, the hospital rate will be increased and adjusted to accommodate the expenses of the program.

## 2. DSD Final Publication of COMAR 10.40.02.03

Effective 3/22/2010, a current cardiopulmonary resuscitation certification will be required of all new licensees and at the time of renewal of a license.

## 3. HB 1357 – Professional Boards – Transfer of Funds

Included for informational purposes only. The Bill did not get out of committee.

## 4. MDE – radiological equipment maintenance and authority to operate

Guest speakers from MDE were Jerry Adams, Head of Inspections and Matthew Almes, Head of Certification, Recertification, and Renewals.

Dr Gottlieb welcomed the visitors from MDE. Dr. Gottlieb requested clarification on the requirements for interim preventative maintenance (PM) certification of x-ray equipment and the biennial MDE inspections.

The following clarifications were presented by Mr. Adams:

### Inspection and Maintenance of X-ray Machines

The Maryland Department of the Environment (MDE) has imposed **new regulations (effective July 1, 2009)** requiring that regular Preventative Maintenance (PM) be performed on all X-ray machines. This regulation was enacted in response to a growing concern about the safety of X-ray machines and the desire to protect patients and office staff from radiation. This required PM will specifically focus on the function of the X-ray machine including its appropriate calibration, MA, Kv, radiation exposure, and radiation monitoring.

The frequency of the required PM is determined by the manufacturer's recommended schedule. In the absence of a manufacturer's schedule MDE recommends that PM be performed annually. (MDE regulations mandating same are in the promulgation process). Please note that this PM requirement is in addition to the biennial Certified Inspection that is currently required.

MDE recommends scheduling PM 30 to 60 days prior to the biennial Certified Inspection to ensure that your equipment is functioning properly. The PM allows for the opportunity to correct issues prior to the biennial Certified Inspection thus minimizing damages and the assessment of costly fines. **When inspected by MDE, and violations are cited there is no longer a grace period for correction; fines will be levied immediately.**

Additional information including copies of inspection forms, MDE Notice to Employees (copies of same must be posted) and a listing of certified inspectors is available at <http://www.mde.state.md.us>.

Dr. Freedman stated that podiatrists are not under the auspices of the Board Physicians Quality Assurance or Physicians Board which requires certified personnel to operate x-ray equipment.

Dr. Gottlieb pointed out that assistants take x-rays under the supervision of Podiatrists and that although currently there are no certification standards for such, the matter will be considered.

Mr. Adams said that a safety notice to employees must be posted and visible in each office. This notice is available at the MDE website.

### **C. NEW BUSINESS:**

#### **1. Teresa Alpert-Leibman, Orthotist, Certified Pedorthist – Scope of practice for Orthotists, Prosthetists, and Pedorthists (OP&P).**

Teresa Alpert-Leibman, representing the volunteer focus group for the OP&P industry in Maryland expressed an interest in exploring possibilities for licensure of OP&P, and working with the Board of Podiatry. She felt that OP&P joining the podiatrists would be a natural fit as they fill prescriptions and/or orders from podiatrists. Ms. Alpert-Liebman pointed out that due to war injuries and diabetes there will be an increase in the use of these products in nursing homes and their dispensing in pharmacies, etc.

Dr. Gottlieb raised the question as to what part of the body is the most prevalent for such care. Ms. Alpert-Liebman said that although Orthotists cover all of the body and Prosthetists address upper and lower extremities, and Pedorthists cover the lower body, thus most of the work overall deals with the lower body.

#### **2. Consideration for registration for Podiatric Medical Assistants (PMAs)**

Dr. LeBow reviewed and added editorial comments to all three documents:

- Rationale
- Language
- Licensure Trends

Dr LeBow requested that Board members review and make comments at a later date.

Dr. Gottlieb stated that the Board's survival depends upon a financial solution.

The Board recommended that there be an educational component such as continuing medical education (CME) for assistants including a course in x-ray exposure, and suggested that a Community College could develop a curriculum.

Richard Bloch and Linda Lardner-McGinnis stated that there was some opposition to registering podiatric assistants. Mr. Bloch expressed that there were basically three options for fiscal survivorship; PMAs, x-ray certification, or bringing OP&P under the Board of Podiatry.

The Board passed a motion, with one abstention, to pursue PMAs and x-ray certification for this group.

The Board unanimously passed a motion to consider bringing the OP&P under the Board of Podiatrists.

**3. Response to Department of Legislative Services - posting of practitioners' malpractice history**

The Board passed a motion to maintain the policy of not making malpractice history available on the website at this time, because such actions are not a product of the Board, and are not mandated by the Maryland Podiatry Act.

**4. Newsletter Draft**

A draft of *Foot Note* was made available for review and was approved.



**With no further business, the meeting was adjourned at 3:48 p.m.**

CLOSED SESSION: Pursuant to Maryland State Government Annotated "10-501 et seq." the Board unanimously approved a motion to close its meeting at 3:48 p.m., for the purpose of complying with the Maryland Medical Practice Act that prevents public disclosures about particular proceedings or matters.

Respectfully submitted,

Barbara A. Crosby, Secretary/Treasurer