

**NBPME
Minutes
Nashville, TN
July 29, 2017
Meeting Room: Lincoln E Room**

CALL TO ORDER

President Johnson called the meeting to order at 8:30 a.m. The following board members, liaison representatives, AACPM staff, FPMB staff, NBOME staff, Prometric staff and NBPME staff were present:

Dr. Judy Beto	Dr. Paul Naylor
Joshua Bowers (Staff, Prometric)	Mori North (Staff, AACPM)
Diann Brady (Staff, Prometric)	Phil Park (Staff)
Dr. Leslie Campbell (APMA Liaison)	Dr. Kathleen Pyatak-Hugar
Dr. Gregory Davies	Dr. Roland Ramdass
Dr. Robert Eckles	Dr. Vivian Rodes
Dr. Jaime Escalona	Jennifer Romero (Staff, Prometric)
Dr. Denise Freeman (COF Liaison)	Dr. Sanjay Sesodia (COF Liaison)
Christopher Girgis (APMSA Liaison)	Dr. Alyssa Stephenson
Dr. Mary Jones Johnson	Russell Stoner (Staff, FPMB)
Kerry Lingenfelter (Consultant)	Ellen Veruete (Staff)
Amy Lorion (Staff, NBOME)	

Drs. Jon Haber and Mike LaPan joined the meeting by conference call. Drs. Kirk Contento and Allan Boike were unable to attend the meeting. Liaisons and guests did not attend the Executive Session.

PROMETRIC

Joshua Bower, Diann Brady and Jennifer Romero

Ms. Romero's presentation included business updates, technology and test content initiatives and an overview of the NBPME program. A copy of the presentation is attached as Appendix A.

Ms. Romero stated that Prometric is enhancing their data center footprint. Currently, all of their data is housed in Baltimore, Maryland. Prometric is planning on expanding their data center footprint by adding new data centers in Europe and Asia. The centers will allow for a better ability with disaster recovery and a more secure and faster transfer of data. Prometric experienced a situation a couple of weeks ago when a power line was cut during construction and it caused their systems to go down. All of their systems were backed up and no data was lost.

Prometric continues to add more testing seats throughout North America including their site in Cleveland, Ohio. Normally, an NBPME exam is held in the area which is not housed at their regular test center but with the additional seats, they were able to accommodate all of the KUSPM candidates.

Surpass is a new test platform that is coming near the end of the year for NBPME. We are currently testing on the LOFT platform that is not supported by Surpass. Prometric plans to have Surpass supporting LOFT by the end of the year. Once it is available, Prometric will contact us regarding a time line.

Prometric is enhancing their online scheduling system which will be more mobile friendly and they are implementing text reminders. In addition, they are working on a self-check-in kiosk to increase the candidates flow in and out of the test center. They plan to have it available in all of their test centers by this time next year.

Prometric is also enhancing their score reporting process. Currently, Surpass supports their online portal that they have designed. Candidates would be able to test and receive a score report by e-mail. In addition, the candidate would have access to their score on their online portal. It is a huge advantage over receiving it by paper.

Prometric is working on the ProProctor initiative which is a remote proctoring system that that will allow candidates to test outside of the Prometric testing centers. This will be available in the future and an option that NBPME may want to consider.

NBPME has seen a steady decrease in candidate numbers over recent years. Mr. Park stated that he believes that the repeaters who have tested for years and have dropped off from testing which have influenced the candidate numbers. Enrollment has been more or less stable.

Mr. Park asked about combining LOFT with Surpass and if there are any technical issues with the transition that may concern the board. Ms. Romero stated that Surpass will have one item bank, whereas previously there were two item bank systems that were combined that led to some technical issues. There will be a transition combining the LOFT item bank with Surpass but there will be detailed quality checks set in place.

Ms. Romero said that Surpass will be a different user interface but it's delivered with the same algorithm and the delivery is the same as LOFT. An online tutorial will be available for the candidates. Currently there is not a timeline for Surpass but plans are to begin with Part I exam next year.

NBOME

Amy Lorion

Ms. Lorion presented a progress report for the Part II CSPE Examination. The slide show included the sessions, seats and dates for the 2017-2018 exam cycle. It was noted that a change in the exam sessions was made within the past two weeks to accommodate additional ADA students. The ADA students needed double time which required two consecutive exam days. The schedule did not currently have two consecutive sessions available to test these candidates. However, August 7th did not have any candidates scheduled and August 9th had two candidates scheduled. Therefore, Kerry Lingenfelter contacted those two students and they both agreed to move their exam dates. This allowed NBOME to close the sessions on August 7th and 9th and open two consecutive days in November to accommodate the ADA students. The cost to NBPME will be minimal compared to adding sessions.

Ms. Lorion noted that candidates seem to favor the exam sessions in the fall vs the earlier sessions. She also stated that candidates were less likely to schedule a session in the PM. Ms. Lorion offered shifting

the 2018-2019 cycle to sessions starting in mid-August thru mid-November with fewer PM sessions. The shift in dates would not affect the score release date.

Ms. Lorion provided an update on the April Case Development Review Workshop; nine new cases were developed, they reviewed all existing cases; wrote 16 new physical examination items; and clarified one item in the physical exam database.

During the CSPE Committee meeting on May, 22nd, the committee made clarifications to the patient note rating rubric, the patient note rating guide, the patient note writing instructions for the candidates and the Key Essentials template. They also discussed and NBOME adopted a limit on the number of repeat cases that a repeat candidate is exposed to during their exam. NBOME has set that number to six cases but if greater exposure is unavoidable, that candidate will still be able to sit for the exam. The committee approved all recommended changes from the April workshop.

Ms. Lorion provided an approximate cost if NBPME would move the exam location to their Chicago site. NBPME would pay an approximate 30% increase to move the site to Chicago. Included in the increased fee are equipment and supplies, staff training, IT upgrades and pilot examinations for the new location. She said 2019 is the earliest possible date to test in Chicago. If NBPME decides to relocate the site to Chicago, it would preclude the students from going to the Conshohocken site because there are not enough candidates to operate two sites simultaneously and achieve essential psychometric standards.

A copy of the presentation is attached as Appendix B.

ORGANIZATIONAL REPORTS

The formal APMA, FPMB, and APMSA reports were received and accepted. They are included as Appendices C, D and E.

APMA

Dr. Campbell reviewed her report which is attached as Appendix C. Several of the topics that she highlighted were that the Center for Professional Advocacy held its biennial State Advocacy Forum in Salt Lake City; The Center for Professional Advocacy will award innovation grants to state component societies in states that already include the ankle in their scope of practice; paid registrations exceeded goals for the 2017 Annual Scientific Meeting; and CPME status as a nationally recognized accrediting agency has been continued for another five years.

Dr. Pyatak-Hugar raised a question on the funding for the CA students who sat for the USMLE sample questions exam. Dr. Campbell stated that she was unable to provide and has not been told the amount that APMA provided for the exam.

FPMB

Russ Stoner presented the FPMB Report which is attached as Appendix D. Mr. Stoner highlighted several items in his report including its role in the licensing process of providing score reports to the states with a turnaround time of a half a business day; the FPMB website has been enhanced to a new mobile-friendly site with more information and links added to the State Board info cards; an update was provided regarding several states and their requirements for Part III; and that FPMB has assisted NBPME with several items including a list of the number of states that have additional exams of their

own. FPMB also played a role in introducing NBPM to the US Virgin Islands who is considering the use of the Part III exam in their licensing process. Mr. Park stated that he has signed a contract with the Virgin Islands to use the Part III and is currently waiting on the return of their signed copy. Phil also stated that he made an executive decision concerning the \$1,000 enrollment fee which was required in the past for the states to join the Part III program. He has eliminated the enrollment fee entirely.

AACPM

Dr. Boike was unable to attend due to travel difficulties caused by the weather. Mori North was present and thanked the board for the increased collaboration between the two organizations, for speaking to the students and allowing AACPM to participate in our meetings. Ms. North also said that they are looking forward to receiving item performance statistics which was agreed upon at their Wednesday board meeting. Ms. North also offered their assistance with their scheduling of their programs such as CASPR and how it impacts CSPE.

APMSA

Christopher Girgis presented the report and it was accepted as presented. Mr. Girgis noted that the students appreciated that they are now able to return to items on their exam. He also asked if there are 205 items on the exam with an additional 30 items. Mr. Park clarified that there are 205 exam items which include pretest items and equators that are not scored. Mr. Park also thanked Mr. Girgis for his quick response time on sending messages out to the entire student body.

PRESIDENT'S REPORT

The President's report was accepted as presented.

EXECUTIVE SESSION

CSPE REPORT

Dr. Rodes stated that Ms. Lorion asked that the committee and board provide approval for a patient note instructions slide that was reviewed and clarified at the committee meeting on May 22nd. The board discussed the changes and Mr. Park noted that the changes in the orientation slide will provide clarity. Since the slide has been revised, these changes will not be needed in the orientation video which would have been a significant cost to the board. The board approved the slide as presented.

MINUTES

The March 18, 2017 minutes were accepted and approved as distributed.

BYLAWS

No action is required at this time.

EXAMINATIONS COMMITTEE

Dr. Naylor provided a written report that was accepted as presented. He highlighted that the schools requested more information in the Part I & II school reports. The reports will provide more information but it is not everything that they wanted in the report. The new school report format will start with the July Part I exam.

The committee also considered the request to provide individual scores for pass and fail candidates. Dr. Naylor stated that providing individual domain scores would reduce the reliability and also could allow for the misuse of the scores.

Dr. Naylor said the committee spent some time discussing with the COF liaisons how best to solicit and review new items.

Mr. Park asked Drs. Beto and Naylor to address an issue that was brought up at the Deans meeting regarding the students' reaction to taking the USMLE and the quality of the exam items. Dr. Venson had said that most of the student feedback was that the USMLE had higher quality questions because they had longer stems and six to seven options. Dr. Naylor responded that the idea that just complexity improves the measurement quality of a question is not correct. If you make it too complex, you're actually obscuring the measurement. You are also then not sure what you are measuring. If you aren't careful, you are measuring reading comprehension and you are not measuring the knowledge of the activity. Four, or even as few as three options is actually preferred by researchers in the field.

Dr. Eckles stated that long stems and five to seven options is the official NBME style, and that some specialty boards use it also. Dr. Beto pointed out that when the questions are unnecessarily long, it affects the performance of persons for whom English is a second language and may disguise their true competency in the subject. She also said she believed the board had made tremendous strides in the relationship with the students—they are pleased with the transparency and communications.

Dr. Naylor also mentioned that the July Part I pass rate was 88% compared to 84%. The increase may be since the candidates now have the ability to go back to items on their exam or it also may be the quality of the students. NBPME will continue to monitor the pass rate.

Dr. Pyatak Hugar mentioned that NBPME should consider attending a meeting in Kansas City on Nov. 3 and 4th with the Council of Faculty. She believes it would be helpful since we ask the Faculty to generate questions and we could discuss with them on how they vet their item writers.

CSPE COMMITTEE

Dr. Rodes stated that Amy Lorion provided the thorough details with where we are now at with the CSPE.

Dr. Rodes reviewed the pros and cons lists of the NBOME and Prometric CSPE candidate processing proposals. The committee recommended the NBOME proposal Part A, B and C with Prometric providing the pass/fail storage and score transcript service for the candidates. Dr. Rodes made the motion to accept the proposal of the NBOME contract and work on negotiations with Prometric to provide the repository and the transcript service of the pass/fail scores. Dr. Stephenson seconded the motion and the board accepted the motion unanimously.

Dr. Rodes also discussed the costs of moving the CSPE site from Philadelphia to Chicago. It was recommended due to the 30% increase and the convenience of the Philadelphia site for most of the students that the issue be revisited when the contract comes up for renewal.

NOMINATING COMMITTEE AND ELECTIONS

Dr. Davies presented the Board their recommendations for the board members and officers.

After the Board discussed the nominees, and votes on each position, the following were unanimously approved for the position or office indicated.

Board Member positions:

- a. Residency Director Member - Dr. Eckles
- b. Podiatric Physician Member - Dr. Ramdass

Officers:

- a. President – Dr. Jones Johnson
- b. Vice President – Dr. Pyatak-Hugar
- c. Secretary/Treasurer – Dr. Stephenson

Dr. Pyatak-Hugar raised the issue that there will be five members age off the board in the near future, and this is an unusually large segment. The board agreed to discuss this matter further in March 2018.

FUTURE BOARD MEETINGS:

- a. March 17, 2018, JW Marriott, Washington, DC
- b. July 14, 2018, Gaylord National Resort and Convention Center, Washington, DC
(provided APMA can accommodate our meeting)

ADJOURNMENT

The meeting adjourned at 11:45 a.m.

Respectfully submitted:



Executive Director



NBPME Board Meeting

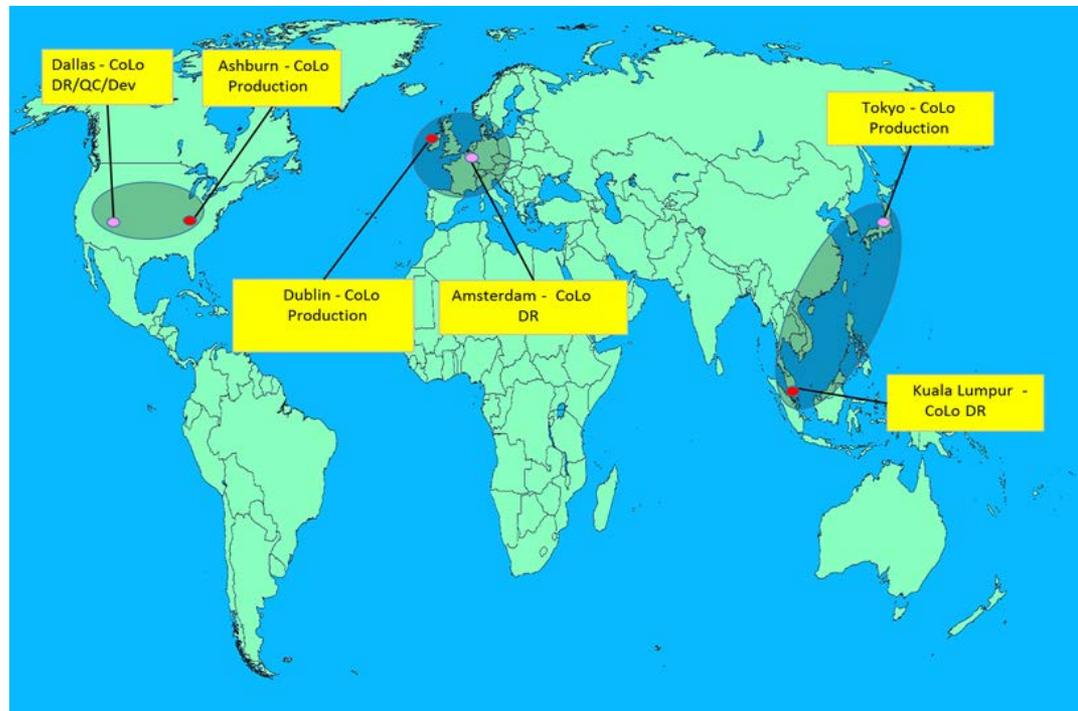
July 29, 2017

Agenda

- + Business Updates
- + Technology and Test Content Initiatives
- + Program Review

Data Center Project

- + Deploy a co-location/hybrid model no longer centered in headquarters
- + New hardware and a distributed global network will better serve our business by locating processing closer to the ultimate users of the data
- + Our network will employ a production data center and a disaster recovery center for three regions - the Americas, EMEA and APAC



Test Center Investments



- + In FY15 Prometric increased capacity in NAM by a net of 182 seats across 28 markets, including entering two new markets (Mansfield OH, Bakersfield CA) – introducing 655k incremental testing hours into the network on an annual basis
- + In FY16 Prometric increased capacity in 22 markets in NAM, adding 490k incremental testing hours into the network on an annual basis. Additionally, Prometric entered eight new markets:

Auburn AL	Cork, Ireland	Colombo, Sri Lanka
Durban, South Africa	Marseille, France	Port of Spain, Trinidad-Tobago
Regina, SK (Canada)	San Jose, Costa Rica	

- + In FY17 Prometric will complete over 40 test center activities in NAM that will add more than 700k incremental testing hours on an annual basis. Prometric has entered two new markets and plans on entering seven additional new markets:

Daytona Beach FL	Stockton CA	<i>Albany GA</i>
<i>Lake Charles LA</i>	<i>Marquette MI</i>	<i>Redding CA</i>
<i>Santa Maria CA</i>	<i>Texarkana AR</i>	<i>Yakima WA</i>

Team Success Overview

- + In line with our Strategic Priorities, Prometric is focused on transforming the candidate experience

- + Through a set of indicators, we can measure our performance
 - All meta data appropriately collected (Biometric capture)
 - Testing starts on time (no Displacements or Late Starts, Candidates Checked in Correctly)
 - The correct test is delivered to the candidate (no Test Publishing Defects)
 - Testing is not interrupted (no Restarts)
 - Our operational use of the systems perform as expected (Results captured accurately and communicated quickly)

Technology and Test Development Initiatives

Surpass Migration

- + Current Migration Status - through July 8th
 - 63,848 events delivered
 - 217 exams migrated

- + LOFT Support
 - Scheduled into 12.11 release currently planned for October

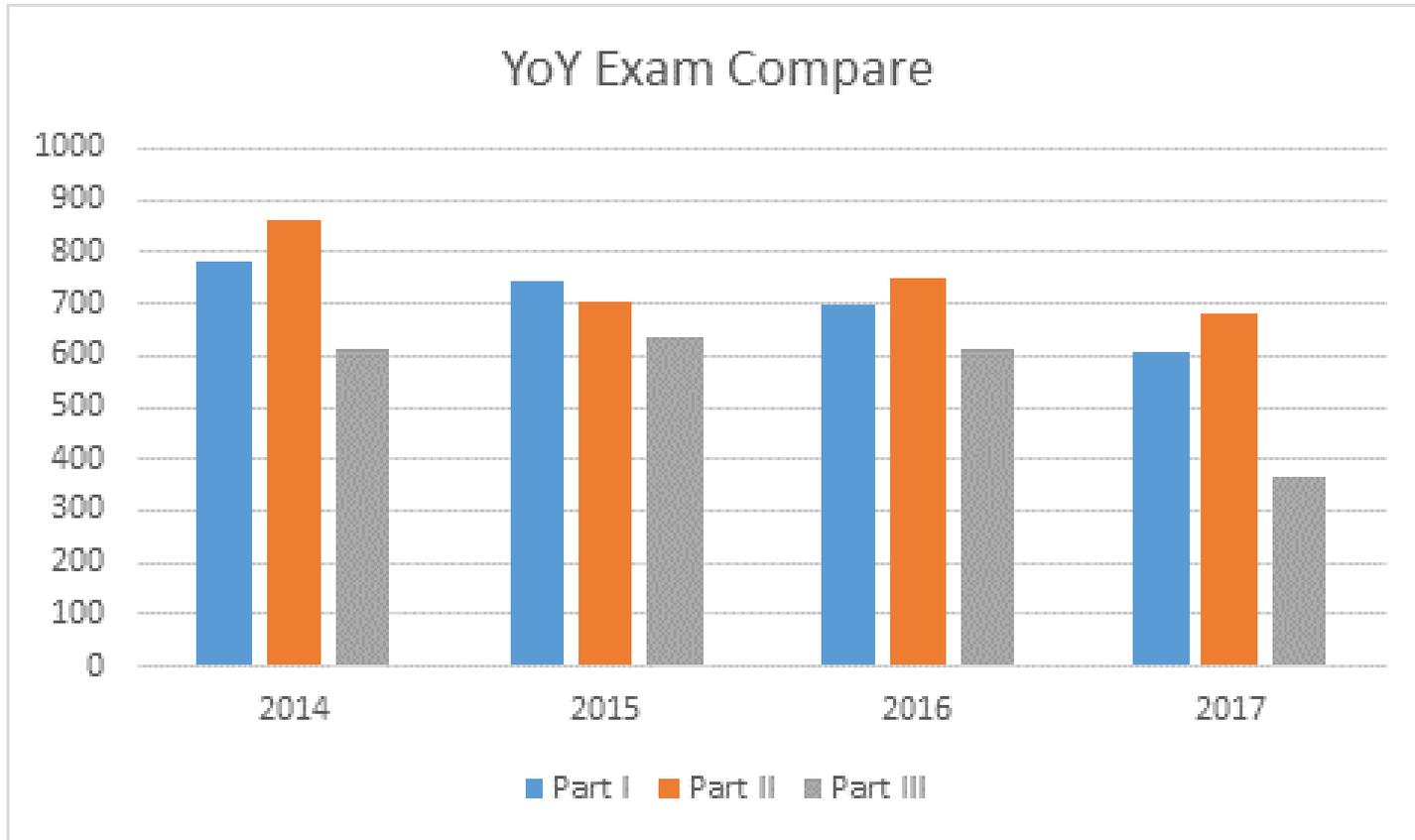
Test Content Initiatives

- + **Surpass** – content development-to-delivery lifecycle is configurable, manageable and automated, making content changes simple and straightforward. Enable real-time updating of test content
- + **Exam Content Marketplace** – creating a *Domain Mart* of content that we will take to the market, cataloged by domain or knowledge area, subdomain, difficulty or author
- + **Innovative assessment approaches** – creating test development systems utilizing animation and interactive simulations (*Project Archer*)

Technology Initiatives

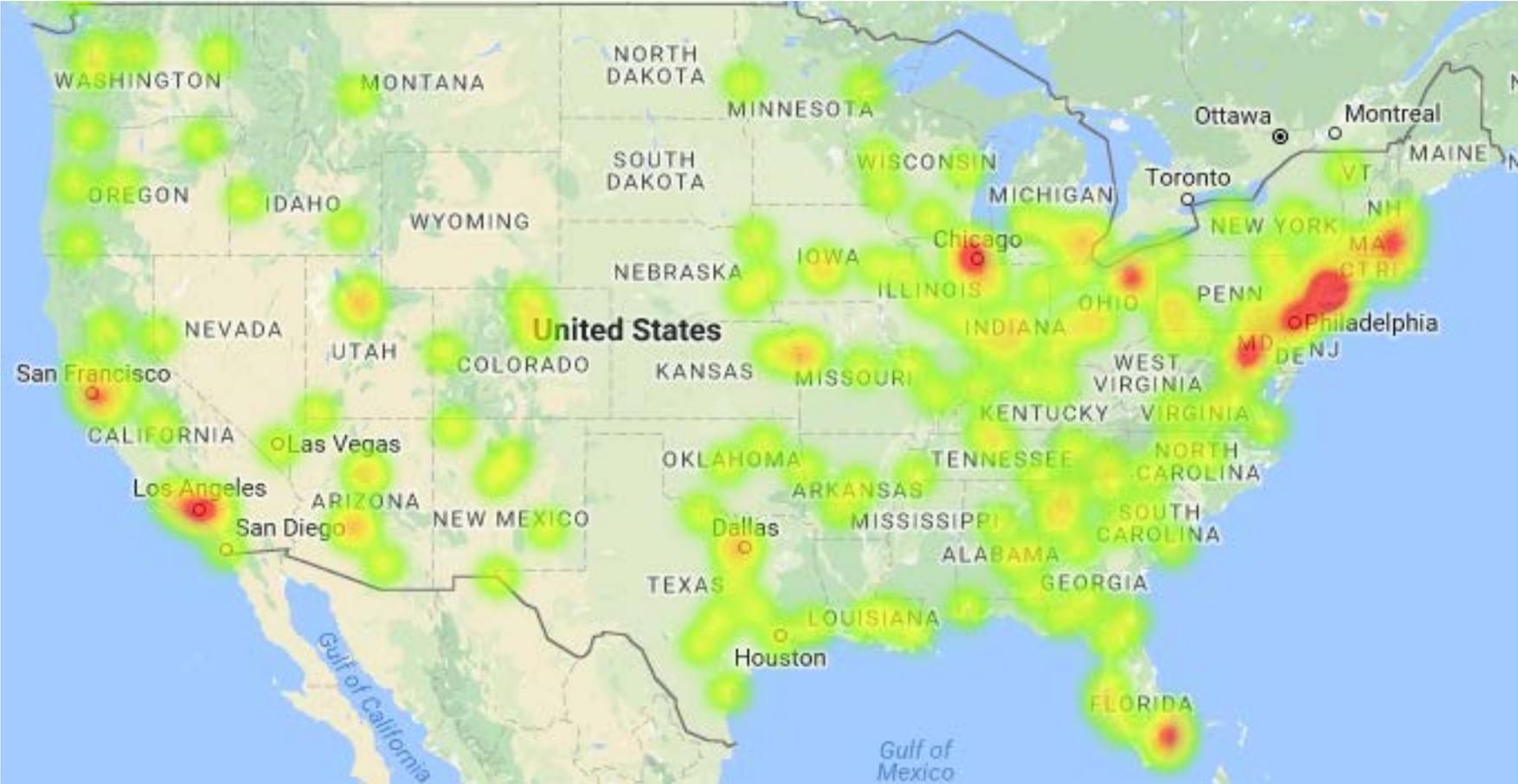
- + **Web Scheduler** – Modify our web registration and scheduling user interface to be mobile-friendly. Enable candidates to use their phones and tablets to register and schedule. Enable candidates to search over a range of dates and across a group of geographically adjacent test centers
- + **SMS Text Reminders** – Ability for the system to prompt candidates for cell phone numbers if the client and the candidate opts in for text reminders
- + **ProAdmin** – platform to allow Prometric to substantially change the current administrative processes through candidate self-service, TCA mobility, platform independence, delivery model flexibility, and test process visibility
- + **Electronic Score Reports** – Deliver Surpass score reports and Notice of Completion via email. Implemented electronic portal where candidates can also access them. Eliminates need to print copies at the test center
- + **ProProctor** – Remote proctoring system, allowing a more flexible testing solution for candidates to test outside of Prometric testing centers

Program Review



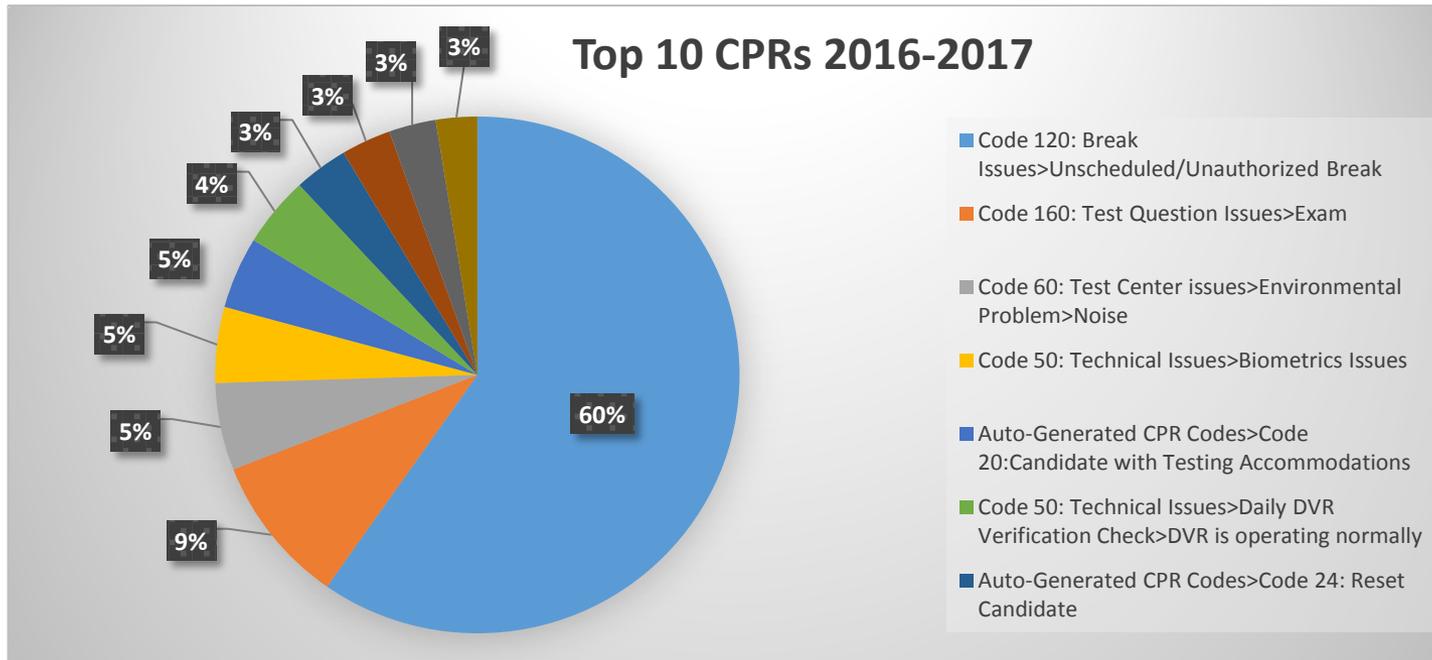
	Part I	Part II	Part III
2014	783	860	614
2015	745	702	634
2016	698	750	613
2017	606	681	364

Testing Heat Map 2014-2017



NBPME CNATTs 2016-2017

- + Prometric overall YTD Success Rate: 99.87%
- + NBPME Overall Success Rate: 99.99%
- + NBPME Displacement Rate: 0.01%
- + Displacements
 - Center Environment Issues = 1
 - Inclement weather = 12



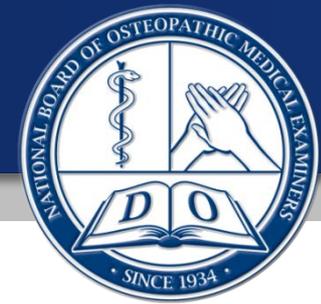
Top 10 CPRs 2016-2017	Total	% of All Candidates	% of Total CPRs
Code 120: Break Issues>Unscheduled/Unauthorized Break	679	33.70%	50.18%
Code 160: Test Question Issues>Exam	106	5.26%	7.83%
Code 60: Test Center issues>Environmental Problem>Noise	62	3.08%	4.58%
Code 50: Technical Issues>Biometrics Issues	54	2.68%	3.99%
Auto-Generated CPR Codes>Code 20: Candidate with Testing Accommodations	51	2.53%	3.77%
Code 50: Technical Issues>Daily DVR Verification Check>DVR is operating normally	50	2.48%	3.70%
Auto-Generated CPR Codes>Code 24: Reset Candidate	38	1.89%	2.81%
Code 150: Other Issues	35	1.74%	2.59%
Code 160: Test Question Issues>Complaints	33	1.64%	2.44%
Code 80: Examinee Test Time Issues>Site Driven>Technical Issue	29	1.44%	2.14%



NBOOME
NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

APMLE PART II CSPE PROGRESS REPORT

Amy Lorion, Director for Standardized Patient Training



Schedule

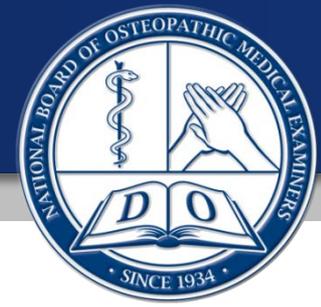
Testing Sessions: August – October

- 48 sessions
- 600 seats
- 13 weeks
- Mondays are PM exams

AUGUST 2017						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER 2017						
S	M	T	W	T	F	S
					1	2
3	4 H	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
	25	26	27	28	29	30

OCTOBER 2017						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



Schedule

Testing Sessions: November

- 2-day administration
- **ADA-accommodated timing**
 - 15-minute patient encounter
 - 20-minute patient note
 - 6 encounters each day

NOVEMBER 2017						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
18	20	21	22	23 H	24 H	25
26	27	28	29	30		



Schedule

Testing Sessions: February

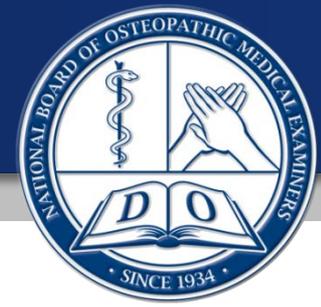
- 5 sessions
- 60 seats

FEBRUARY 2018						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20 H	21	22	23	24	25
26	27	28				

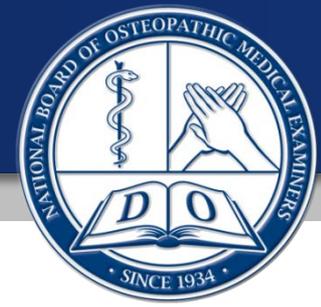
2017-2018 Testing cycle



- April 3 – scheduling began
- April 21-22 – Case Development and Review
- May 22 – Part II CSPE Committee
- August 1 – Testing begins
- October 26 – Testing ends
- January 15, 2018 – Score release to Prometric
- January 26 – Score release to candidates by Prometric
- February 20-24 – Retakes
- March 6 – Score release to Prometric
- March 7 – Score release to candidates by Prometric



- **Committee: 19 podiatrists**
- **9 new cases developed**
 - **Written by podiatric committee members**
 - Case details
 - Physical exam checklists
 - Key Essentials
- **All existing cases reviewed**
 - **Any issues/questions that arose during testing**
 - **Psychometric performance**
 - Checklist
 - Patient note
 - Comparison to other cases

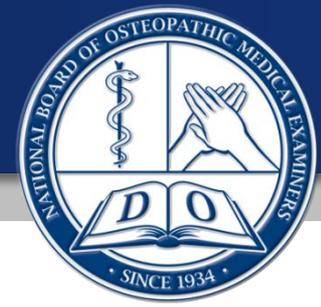


- **Physical Exam Database**
 - One existing item clarified
 - 16 new items written
- **Patient Note**
 - **Clarifications to:**
 - The patient note rating rubric
 - The patient note rating guide for note raters
 - The patient note writing instructions for candidates
 - The Key Essentials template
- **Podiatric Communication Skills Assessment (PCSA)**
 - No changes were recommended



- Discussed 2016-2017 Cycle Report
- Discussed 2017 & 2018 IT upgrade proposals
- Reviewed, edited, approved Part II CSPE FAQs
- Adopted NBOME limits on repeater exposure
 - NBOME will do our best to limit a candidate's repeated exposure to 6 cases
 - If greater exposure is unavoidable, the candidate will still be allowed to test
- Approved all CDC-recommended changes
 - The patient note rating rubric
 - The patient note rating guide for note raters
 - The patient note writing instructions for candidates
 - The Key Essentials template

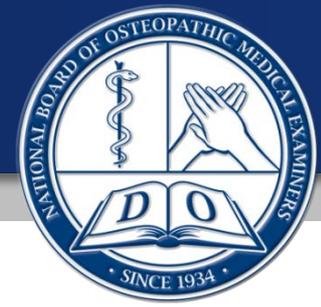
Preparations for 2017-2018 Testing Sessions



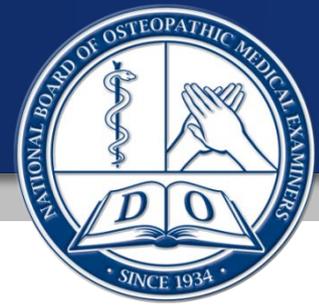
- PCSA refreshers for returning SPs
- PCSA training for all SPs new to the Part II CSPE
- Case refreshers for SPs returning to same case
- Case trainings for SPs on new cases
- All staff refreshed on administrative procedures
- Tablet software updated
- Computer systems tested
- Ready to go!



Looking forward



- 2017 IT upgrades
- 2018 IT proposal
- Additional administrative and IT queries (sent by Phil and replied)
- Exam dates for 2018-2019
- Moving exam to Chicago for 2019-2020, 2020-2021, 2021-2022?



Logistics

- Equipment and supplies
- Staff training and support
- SP training
- IT upgrades
- Pilot examinations
- Not increased: Standard Setting (would be required either way), Case Development, Raters, etc.
- Current estimates based on current contract
 - \$1.01 million in PHL
 - approximate 30% increase for moving to Chicago



APMA Report to the NBPME
Submitted by Leslie Campbell, DPM, FASPS, FACFAOM

CENTER FOR PROFESSIONAL ADVOCACY

- APMA's Center for Professional Advocacy (CPA) held its biennial State Advocacy Forum in Salt Lake City this past weekend. More than 60 participants attended, including liaisons from 32 states, APMA board members, CPAAG members, and this year's three recipients of APMA's Young Physician Advocate Scholarship.
- South Carolina Podiatric Medical Association was awarded CPA Assistance Grant to help fund a portion of their legislative caucus lunch they are hosting to advance their scope of practice legislation.
- The Center for Professional Advocacy announced it will award innovation grants to state component societies in states that already include the ankle in their scope of practice. Applications are due by September 1, 2017.
- CPA and state component efforts from 2010 have been indexed and posted on-line at www.apma.org/CPA
- An Opioid Abuse CME requirement chart has been posted on-line at www.apma.org/StateReferenceManual.
- Advised state component leaders in numerous states on issues related to scope of practice, Medicaid, supervision of PAs, DME, among others.

COMMUNICATIONS

Marketing/Communications

- Registration for the 2017 Annual Scientific Meeting has exceeded goals for paid registrations.
- Continue to collaborate with AACPM on career awareness. July social media campaign focused on career awareness and podiatric surgeons, and we are reallocating advertising dollars to increase our focus on career awareness.
- We have worked closely with McKinley Advisors on the brand audit, producing a nearly 15 percent response rate to the brand survey and establishing a sound evidence base for branding recommendations. Provided an online toolkit for, held regular calls with, and maintained open lines of communication with state components to assist with membership marketing. Membership recruitment campaign has achieved 37 percent of its goal as of June 28.

Publications

- Open rates for digital publications continue to be strong, with average rates ranging from 26 to 27 percent and spiking as high as 59 percent. Interaction rates are improving as staff apply findings from analytics and message testing and continue to segment content.
- JAPMA ad sales exceeded goals for 2016, and The National Today ad sales exceeded goals for 2017.
- We have curated, digitized, and archived hundreds of historic photos in preparation for a possible change in headquarters location.

PR

- April foot health awareness campaign was a tremendous success, with more than 82,000 unique page views for the campaign website; nearly 70 million readers for the “listicle” (article in the form of a list, designed for social media) created for the campaign; and nearly 2,700 new Facebook fans.
- Current social media standings: o Facebook—34,112 o Twitter—38,200-plus
- APMA created 939.2 million media impressions in the first five months of 2017, putting us on track to meet or exceed the 1.5 billion impressions created in 2016.

Young Physicians

- Collaborated with Scientific Affairs on a very well-received PM Expo event in Washington, DC.

COUNCIL ON PODIATRIC MEDICAL EDUCATION

- CPME received official notification on May 25 from the US Secretary of Education that its status as a nationally recognized accrediting agency has been continued for five years, the maximum period obtainable. The recognition accorded the council enables colleges of podiatric medicine to continue to maintain their eligibility for federally sponsored student loan programs. The recognition also enhances the prestige and integrity of the council, APMA, and the profession.
- The Collaborative Residency Evaluator Committee will conduct a workshop for approximately 20 new ABFAS and ABPM evaluators in Nashville on July 26. This full-day session will prepare new evaluators to participate as observers in residency on-site evaluations this fall. Experienced evaluators also are invited to attend the workshop, using the session as a refresher.
- Work is nearing completion on the CPME Portal. In place of mailing thumb drives to the council office, residency programs will begin to use the portal this fall for submitting pre-evaluation materials, responses to team reports, progress reports, and applications.
- On a regularly scheduled basis, the standards, requirements, and procedures of the council are reviewed and revised. In order to facilitate these reviews, ad hoc educational policies, standards, requirements, and procedures committees are appointed. The council’s current schedule includes review of publications related to podiatric college evaluation and

accreditation (CPME 120, Standards and Requirements for Accreditation of Colleges of Podiatric Medicine, and CPME 130, Procedures for Accrediting Colleges of Podiatric Medicine).

- The committee met in February and May. As part of the review process, the committee has reviewed the requirements for college accreditation utilized in numerous professions including allopathic medicine, dentistry, and osteopathic medicine. Input to the process has been provided through a survey of the college community of interest.
- Drafts of CPME 120 and 130 should be considered by the council at its October 2017 meeting. If approved by CPME, the proposed document changes will be disseminated to the community of interest and one or more public forums could be held during the winter. Final changes and adoption of the documents could occur as soon as the April 2018 meeting of the council.
- On a periodic basis, the council conducts a self-study process to review its mission, goals, purposes, and objectives. The council began its latest self-study during a full-day session in April. In preparation for the self-study, council staff collected information from the council's community of interest concerning the effectiveness of the agency.

DEVELOPMENT AND CORPORATE RELATIONS & APMA EDUCATIONAL FOUNDATION

- **2017 APMA Annual Scientific Meeting Proposal Status** - report to-date: To date \$522,500 in sponsorship and grant funding has been secured for the 2017 APMA National Meeting toward budgeted revenue projection of \$850,000. In addition, 16 requests are pending for a total of \$470,000. We have 103 exhibitors signed up occupying equivalent of 152 10x10 booths spaces with total revenue of \$372,120 toward budgeted revenue projection of \$625,000.
- **Special project sponsorships:** Our goal for special projects is just over \$700,000 for FY 16/17. Following are the most current updates and accomplishments since the previous report submitted.

APMA Weekly Focus – Exclusive sponsorship has been renewed by Valeant for the second year in a row for FY1718.

Regional Lecture Series Programs - A new proposal was approved by Valeant for a NON-CECH RLS which was launched at APMA National and underway for four regional sites in 2017. In addition a new NON-CECH lunch program was also confirmed with Horizon Pharma for an educational program on refractory gout. This program will be launched at APMA National in 2017 and delivered to 4 major regional sites in 2018.

PM Expo – Several companies are considering sponsorship for this program in 2017 and include Organogenesis, PharmaDerm, Spenco and HealthFusion.

Young Physician's Program – PICA continues major sponsorship support for the APMA Young Physicians' Program through a 5-year agreement. PICA is the founding sponsor of the APMA Young Physicians' Program.

Public Relations Campaign – A proposal is pending with Spenco as part of their bundled proposal for 2017 Fall Diabetes Campaign. Sponsorship is also being considered by PharmaDerm for a Social Media Campaign sponsorship for 2017.

REdRC – The following sponsors have renewed their sponsorship support; PICA, and MediTouch EHR/HealthFusion, and Acelity. A proposal is pending with Bako for renewal support for 2017.

Career Center – A proposal is pending with Spenco as part of their bundled proposal for 2017.

Young Physicians' Institute (YPI) –Proposals are pending for the 2017 YPI with Spenco, Organogenesis, and PharmaDerm for support in 2017.

General – Unrestricted Entry Level Corporate Membership:

We had 10 companies up for renewal in 2017 at this basic corporate member level. Corporate membership of \$2,500 is our basic/entry level sponsorship. Renewals for 2017 were sent in October. To date 8 of 10 have renewed for a total of \$20,000. We anticipate that the others will also renew. We will be conducting corporate membership solicitation mailings to companies new to APMA via the APMA seal program and new advertisers to recruit new corporate members of APMA at this entry level in 2017.

EXECUTIVE DEPARTMENT

- A meeting was conducted between APMA staff and American Association of Orthopedic Surgeons (AAOS) staff and subsequently with leadership from the American Orthopedic Foot and Ankle Society (AOFAS) in April 2017 to discuss their objections to the VA Provider Equity Act.
- Dr. Ira Kraus has had ongoing discussions with AOFAS President-elect Dr. Tom Lee regarding the VA Provider Equity Act as well as opportunities for AOFAS and APMA to work collaboratively on issues of mutual interest.
- APMA has started Phase 1 of the development of the APMA Registry with Prometheus with Prometheus including having the APMA Registry approved by CMS as a Qualified Clinical Data Registry (QCDR) for 2017. Work is progressing to integrating various vendors so that data can be reported to the registry.
- APMA is in the midst of a national membership recruitment campaign and developing materials to support membership retention by demonstrating the value of APMA membership.
- Ben Wallner began as director of Legislative Advocacy on January 1, 2017. Ben continues in his role as director of the APMA PAC as well.
- Drs. Christina, Kraus, Edwards and DeSantis represented APMA at the California Podiatric Medical Associations House of Delegates in June 2017.
- Drs. Christina and Kraus represented APMA at the American Medical Associations House of Delegates in Chicago in June 2017.
- APMA participated in a successful joint educational symposium with the Society for Vascular Surgery (SVS) at their Vascular Annual Meeting in San Diego, CA.

HEALTH POLICY AND PRACTICE

Health Policy and Practice Committee:

- Provided direction in the drafting of APMA's comments to CMS, WPS, FSCO, and Novitas o CMS – Request for a podiatric-specific measure set (Feb. 16, 2017)
- Proposed changes to certification requirements for dispensing and fabricating certain custom prosthetics and orthotics (Mar. 10, 2017)
- Episode-based cost measure development for the Quality Payment Program (Apr. 24, 2017)
- RFI to increase CMS flexibilities and efficiencies (June 13, 2017) Novitas – Draft LCD on wound care (Mar. 9, 2017) FCSO - Draft LCD on wound care (Mar. 9, 2017) WPS – Draft LCD on wound care (June 22, 2017)
- MACRA Made Easy education program updates – “How to Avoid a Penalty in 2017” video presentation now available for members o Currently processing proposed changes for second year of MIPS
- Working with Rep. Wenstrup's office to resolve ongoing Tricare issue with PT/OT referrals by DPMs ☐ New member resources on for closing a practice and opioid education requirements ☐ New reimbursement webinar series for 2017-18 with a surgical focus.

HPPC: Medicare and Public Payer Subcommittee

- Medicare and Public Payer subcommittee call held June 12, 2017
- Mobilized a large grassroots efforts to address the proposed certification changes for dispensing and furnishing certain custom orthotics and prosthetics, including several state components, ASPS, ACFAOM, and over 1000 members submitting comments

HPPC: Private Insurance Subcommittee

- Continuing work with Whatley Kallas to resolve Humana modifier -59 denials
- Working Anthem/Optinet to resolve imaging services evaluation issues

LEGISLATIVE ADVOCACY

VA PROVIDER EQUITY ACT (HR 3016 / S 2175)

- Since March 2016 held 30 Senate meetings plus 25 House meetings to educate members and staff about the issue and to urge co-sponsorship. Majority of Senate meetings held following AAOS letter distribution.
- Held meeting with Senator Schumer (D-NY) on April 29 and secured his help to speak with Chair and Ranking Member of Senate VA Committee for the purpose of encouraging inclusion of our bill in Senate VA omnibus package.
- As of October 1, 2016 have secured 10 Senate cosponsors of the Department of Veteran's Affairs Provider Equity Act (S2175).

HELLPP Act (HR 1221/S 626)

- Since March, 2015 held more than 350 Capitol Hill meetings educating members and staff about the value of DPMs and urging co-sponsorship of HELLPP Act.
- At meeting with Senator Schumer (D-NY) on April 29, the Senator reiterated his wholesale commitment to pushing for the HELLPP Act's passage in whatever legislative opportunity might develop.
- As of October 1, 2016 have secured 144 bipartisan cosponsors for the HELLPP Act in the US House of Representatives and 11 bipartisan cosponsors for the bill in the US Senate.
- Conducted Capitol Hill meetings in September 2016 with prospective DEM Senate sponsors for 2017 introduction, and met with prospective House GOP sponsors. Confirmed Rep. Bill Johnson (R-OH) will sponsor the House bill in the 115th Congress (2017-2018).

First Ever APMA Capitol Hill Briefing

- On March 29, 2016 APMA collaborated with the Congressional Diabetes Caucus to sponsor for the first time a congressional briefing on Capitol Hill. APMA members David Armstrong, DPM, MD, PhD, and John Steinberg, DPM, FACFAS, spoke and presented at this briefing entitled "Pioneer Innovations in Diabetic Limb Salvage." Opening remarks and introductions were given by APMA Executive Director and CEO James R. Christina, DPM. Additionally, Henry R. Hughes Jr., a patient of Dr. Steinberg's, discussed the impact of diabetes on his day-to-day life, as well as the importance of access to high-quality care by a podiatrist.
- With 50+ attendees consisting mostly of congressional health staff, the briefing was a success on many levels. We were able to communicate to congressional offices both familiar and new the powerful message of the indispensable role of DPMs in reigning in the cost of diabetes and in preventing diabetic limb amputations. We further communicated the important message that it makes sense on all levels for policymakers to remove patient access barriers to DPMs (with specific promotion of the HELLPP Act). At the same time, we very much enhanced APMA's name and brand in congressional and other health-care stakeholder circles, and solidified our reputation as a source of timely, objective information.

Grassroots / Committee Mobilization Project

- The Legislative Committee is in the process of augmenting our grassroots mobilization structure through the creation and maintenance of a key grassroots constituent network / point-of-contact database. This project seeks to assemble a network of key constituents for each Congressional district in every state. The purpose is to establish a reliable grassroots point of contact leaders that can be mobilized for important legislative proceedings affecting the podiatric profession.
- Agreeing to participate as a key constituent means when this person is called upon by the APMA Legislative Advocacy department and Legislative Committee, he/she will contact your House

Representative and/or Senators by phone, email and social media with a specific request for action. Such congressional district leaders will be provided with all of the information and instructions required to activate their grassroots communications and to follow-up reporting on their efforts to APMA's Legislative Advocacy department.

MEMBERSHIP SERVICES

- The national membership recruitment campaign launched in-full on March 1, 2017. Our target number of new members is 1,089 by the end of this fiscal year. That number represents a six percent increase in market share for every state. We are currently at 36 percent of our goal with 396 new members as of June 23, 2017.
- The components have been provided with an online toolkit that includes ads, talking points, editable forms, and other materials to help promote the recruitment and member-get-a-member campaigns. We've also held monthly conference calls for the components so we may receive their input and review the campaign tactics and resources. The response from the components has been very good with roughly 40 states represented over the past four conference calls.
- The campaign working group has also met monthly over the phone and is currently reaching out to selected state components to assist with the campaign. The selected states are those where the percentage of new members obtained to date is lower than the overall average of 36 percent.
- Now that recruitment initiatives are in full swing, we are shifting the conversation to focus on member retention. A toolkit is under development which will include templates for key communications with current members and timelines for implementation. Our ultimate goal is to have state and national outreach efforts working in concert so we may remain engaged with our mutual members throughout the year.
- Expansion of the monthly reporting to the components continues. These reports assist the components in keeping their data in sync with APMA and allow for grassroots membership recruitment activities. An online survey was recently completed with results showing components are receptive to these reports.
- APMA student membership was launched June 2012. Students in the nine podiatric colleges may opt-in to APMA membership through the APMA website. Approximately 97 percent of the total student population has opted in.
- The national resident membership recruitment campaign was launched June 1, 2013, and has proven successful in recruiting recent graduates into APMA membership.
- Data on residents in a Council on Podiatric Medical Education approved program has been collected and imported into the database. This allows for reporting to the components on nonmember residents in their state and allows for membership marketing activities by APMA.

- 32 components allow APMA to handle their dues collection process. The online dues payment program is available to members in these components and a dramatic increase in those remitting their dues payments through the APMA website has occurred.
- The 2017 fall podiatric college visits are being scheduled. A new video has been developed featuring Priya Parthasarathy, DPM and the hard copy opt in form has been updated. The easy one step online opt-in form will continue to be available.
- The 2017 spring podiatric college visits have been completed.
- Annual reports from the affiliated and related organizations are due at the end of September. Staff is in process of preparing notification of the filing deadline.
- The campaign to waive past dues of any former member was launched June 1, 2012. Tracking of those who have joined through this campaign reflect a high retention rate and thereby a recoup of the dues written off within a one to two year period.

The New Member Resource Newsletter is e-mailed to all members during their first 12 months of membership. The newsletters focus is educating the new member on the many benefits of membership. In the near future we will be modifying the newsletter to highlight different member benefits based on the member's category (new member, Young Physician, Resident, or other).

SCIENTIFIC AFFAIRS

- The APMA Registry was approved by CMS as a Qualified Clinical Data Registry (QCDR) for 2017. We are currently working on EHR vendor integration. Podiatrists who use an integrated EHR will be able to submit quality measures to the registry. Any podiatrist, regardless of their EHR vendor's integration status will be able to attest through the APMA Registry for Clinical Practice Improvement Activities (CPIA) and Advancing Care Information (ACI) categories for the 2017 MIPS performance year. There are 11 quality measures in the APMA Registry (9 MIPS and 2 non-MIPS measures). 6 of the 11 measures are part of the podiatry specialty measure set that was approved for 2018.
- Successful participation in the Society for Vascular Surgeons Vascular Annual Meeting in San Diego, CA, May 31, 2017. Seven podiatrists presented as part of the joint SVS/APMA session.
- Successful exhibiting at the American Diabetes Association meeting in San Diego, CA, June 8-13, 2017.
- CPAC has successfully submitted 5 Choosing Wisely Recommendations to the ABIM Foundation and for review by the other Campaign participants. Comments were due by July 18, 2017. These will be published soon, if not already.
- In beginning stages of considering topics for quality outcome measures to be developed. Working on practice survey to go to all members in 2017.
- Dr. Rebecca Sundling graduated with her MPH from The Dartmouth Institute for Health Policy and Clinical Practice. She received one of 5 awards for her final capstone project. Her project

was associated with opioid/narcotic knowledge, education and practices in the podiatric surgery residents in MA.

- Chia-Ding (JD) Shih, DPM, MA will represent APMA at The Dartmouth Institute for Health Policy and Clinical Practice as the AY 17-18 APMA/TDI Public Health Fellow.
- We are considering topics, such as research study types and statistics, for podcast ideas for JAPMA. We have been actively participating in the Medical Society Consortium for Climate & Health Steering Committee and recently requested members to contribute to our efforts. We are working on a 1-2 pager discussing how DPMs might relate to climate change. We are also working on a social media schedule for posts regarding foot health and climate.
- Dr. Dyane Tower continues to participate in the Episode-based Cost Measure TEP with CMS.
- In early stage discussions with Physician Consortium for Performance Improvement (PCPI) for measure development grant through CMS.

PHPPMC/CEHCD

- Identified priority areas for this year including opioid reduction strategies (HOD resolutions 8-17), cannabis prescribing (HOD resolutions 11-17), healthy aging (HOD resolutions 7-17), and physician wellness (HOD resolutions 9-17).
- Members currently working on a shared falls prevention presentation.
- The CEHCD is working to update the disparities presentation on the website. The website has also been reorganized.
- Gearing up for the American Public Health Association's annual meeting in Atlanta, GA in November 2017.

YOUNG PHYSICIANS

- **20 YPs are currently part of the program to speak at The National in Nashville, TN.**
- **A new video is being produced for the fall college visits with Dr. Priya Parthasarathy.**
- **The Practice Management Expo and Coding Seminar was held in National Harbor, MD on May 20-21, 2017. We had a great turnout and feedback from attendees. There were 56 attendees for both events (Sat & Sun); 9 for the Expo only (Sat); and, 6 for the Coding Seminar only (Sun), for a total of 71 registrants.**
- **We are currently in the registration process for the YPI to be held October 13-15 in Franklin, TN.**
- **We are working to identify potential speakers/presenters for 10 new topics for the REdRC.**
- **We have been brainstorming initial topic ideas for an interactive educational material pilot project (iBook) with a medical illustrator.**
- **Had a YP representative from the YPLP at the COTH meeting in April 2017.**
- **We are working with the Society of Interventional Radiology Resident-Fellow-Student section to host webinars to introduce our specialties and discuss educational topics of mutual interest.**

Federation of Podiatric Medical Boards

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Office of the Executive Director
Russell J. Stoner

DATE: June 23, 2017
TO: National Board of Podiatric Medical Examiners
FROM: Federation of Podiatric Medical Boards
SUBJECT: NBPME Meeting Report

➔ Mission



The Federation of Podiatric Medical Boards' mission is 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**.

➔ April 2017 Executive Board Meeting

The Federation of Podiatric Medical Boards (FPMB) held its executive board meeting on Saturday, April 22, 2017 in Fort Worth, Texas. The 2017-2018 FPMB Executive Board is as follows:

- Jay S. LeBow, DPM (*President*)
- Leonard R. La Russa, DPM (*Vice President*)
- Judith A. Manzi, DPM (*Secretary-Treasurer*)
- Robert Levine, DPM (*Director*)
- Bruce R. Saferin, DPM (*Director*)
- Russell J. Stoner (*Executive Director*)



The strategic discussion portion of the meeting included the following topics:

- Membership Engagement
- Professional Licensing Coalition (NC v. FTC)
- Interstate Medical Licensure Compact

The Executive Board also held a lunch meeting focused on the Interstate Medical Licensure Compact and the Professional Licensing Coalition (*re: NC v. FTC*) with:

- Arthur S. Hengerer, MD, FACS (*Chair, Federation of State Medical Boards*)
- Lisa Robin, MLA (*Chief Advocacy Officer, Federation of State Medical Boards*)

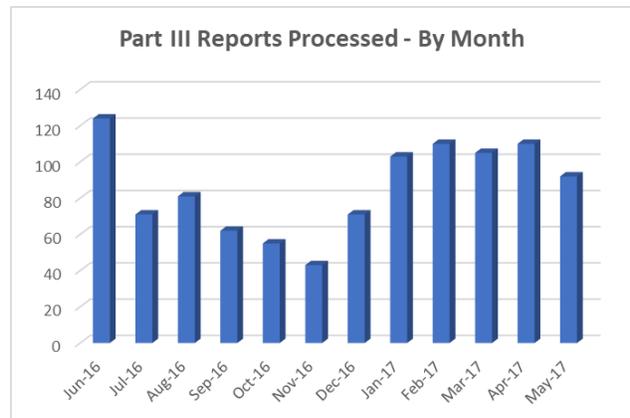


The Federation of Podiatric Medical Boards (FPMB) will hold its next meeting on Saturday, April 28, 2018 in Charlotte, North Carolina.

➔ Mission in Action – Licensure

The FPMB processed 1,027 Part III reports in the past 12 months. Its Disciplinary Database tracks actions against more than 2,250 podiatrists.

The FPMB plays a critical role in the licensure process for State Boards by providing certified APMLE Part III score results (1,027 over the past 12 months) and disciplinary action reports. The disciplinary data bank is the largest in podiatry. It tracks actions against more than 2,250 podiatrists as reported by State Boards throughout the country on a continual basis. It is used by both State Boards and credentialing verification organizations.



The FPMB continues its efforts to maintain its goal of “being the easiest and fastest part of the licensure process for both podiatrists and State Boards.” The following are key data points highlighting our success:

>97%
Orders originating from the secure FPMB online system

>90%
State Boards participating in secure electronic delivery

<15 Minutes
Median FPMB processing time (order placed and processed by FPMB)

<½ Business Day
Median turnaround time (order placed, processed and received by State Board)

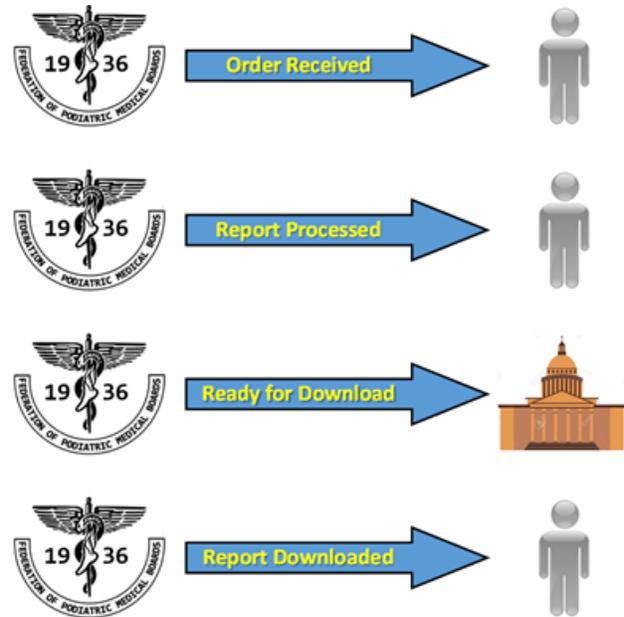
As part of **FPMB communication procedures**, podiatrists and State Boards are kept informed of the progress of an order:

1. The podiatrist receives an email notification/receipt that their order has been received with information of next steps.

2. When the FPMB processes the order:

- a. the podiatrist receives an email notification with an estimate of when the State Board will download the report; and
- b. the State Board receives an email with a link and instructions to download the report.

3. When the State Board downloads the report, the podiatrist receives an email notification that the process is complete.



Both podiatrists and State Boards appreciate these communication procedures:

- **Podiatrist** – *“Thank you for acknowledging and confirming that the [State Board] received the Part III report the Federation of Podiatric Medical Boards sent.”*
- **State Board** – *“We appreciate not having to ‘chase down’ Part III reports.”*

Secure electronic delivery minimizes the types of situations that lead to customer service challenges.

Finally, the secure electronic delivery functionality minimizes the types of situations that lead to customer service challenges by:

- Monitoring electronic delivery and proactively reaching out to any State Boards that delay downloading reports.
- Maintaining a delivery audit trail to confirm that State Boards did download the report, including the user name and date & time of the download.
- Enabling State Boards to electronically request that a misplaced report be re-posted.
- Re-posting a report at the request of a podiatrist, when appropriate, in seconds.

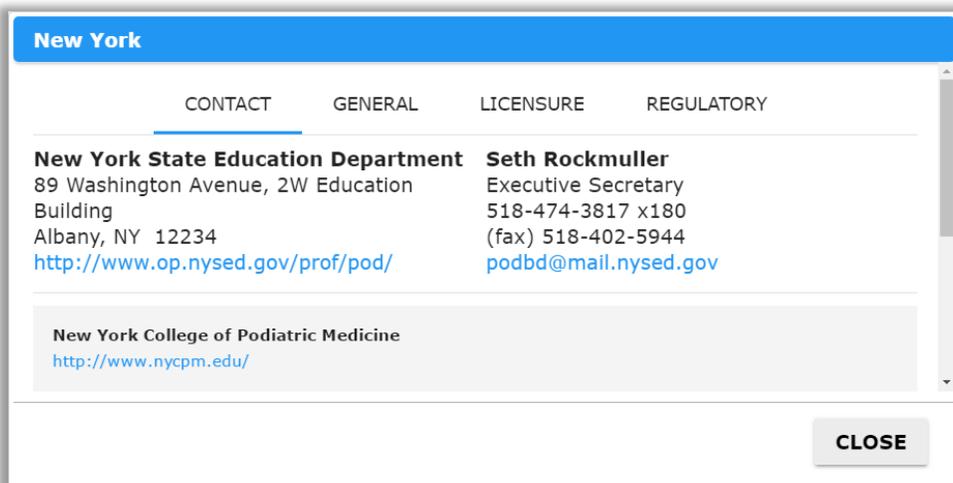


*The new FPMB website is now mobile-friendly,
including the online ordering page for Part III reports.*

The FPMB has completed the rollout of its new website that is now **mobile-friendly**, including the online ordering page for Part III reports. This is increasingly important as more and more orders are placed via mobile devices (ex: phones and tablets). Additionally, the online ordering page includes a “Frequently Asked Questions” section to help manage expectations about the ordering process.



*The new FPMB website includes listings and links to
podiatric medical colleges on the State Boards info cards.*



The FPMB website provides State Boards info cards on its Member Boards Info and Links webpages that provide contact, general, licensure and regulatory information about each State Board. These cards now include listings and links to the podiatric medical colleges.

*The FPMB has set the bar high for services supporting the podiatric
licensure application process and is exploring related opportunities.*

The FPMB is proud of the high level of service it offers in providing certified APMLE Part III score and disciplinary action reports to support the podiatric licensure documentation process. It continues to receive frequent positive feedback both podiatrists and State Boards. Thus, the FPMB is exploring other opportunities to provide its high level of service to support the podiatric licensure application process.



➤ Mission in Action – Regulation

The FPMB assists State Boards as they review and revise their regulations. In the past, this included a “Model Law” developed collaboratively with the State Boards. Currently, this includes the FPMB enabling and fostering inter-State Board communication.



As a recent example, the FPMB has submitted a “request for information” related to Part III requirements on behalf of the South Dakota Board of Podiatry Examiners. Specifically, the request focuses on podiatrists seeking licensure in a new state (reciprocity) who had not taken the Part III because it was not available or required in their current state of licensure.

The following are the State Boards that include “exceptions” for this scenario:

Arizona: Applicants can come by way of Comity/Reciprocity. Essentially, proving that they have been licensed and actively practicing somewhere for five of the past seven years preceding their Arizona Application.

Nebraska: If they are licensed in another state and want to become licensed here they have to just show proof of licensure in another state; and documentation that the applicant has been actively engaged in the practice of podiatry or in an accepted residency or graduate training program for at least one of the three years immediately preceding the date of the application for Nebraska licensure. There is no exam requirements for licensure by another state.

Nevada: The Part III Exam is required for anyone licensed since June 1987. Anyone issued a license prior to that date can provide Part I and II results in lieu of taking Part III.

New Mexico: NM rule (16.21.4.9 F) currently is: proof that the applicant who has not taken NBPME 3 or PMLexis must provide equivalent examination proof of passing. Proposed rule change would include following language - "if required by state at time of initial licensure."

Oregon: Part III may be waived if the applicant graduated from a school of podiatric medicine before January 2001, and the applicant is either licensed as a podiatric physician in another state or is certified by the ABPM or ABFAS.

Texas: At the discretion of the Board, the Board may excuse an applicant for a license from the National Board Part III (i.e. PM Lexis) requirement set forth in subsection (e) of this section if the Board determines that an applicant with substantially equivalent experience was not required to pass a part of an examination related to the testing of clinical skills (i.e. PMLexis) when the applicant was licensed in this or another state with an acceptable record, provided that the applicant has been in active licensed practice for at least five continuous years and has successfully completed any other course of training reasonably required by the Board relating to the safe care and treatment of patients.

Washington: Be licensed by examination in another state or territory of the United States, or the District of Columbia; AND if they graduated before June 1988, they must have successfully passed Parts I and II of the national examination administered through the NBPME; AND either have passed the Virginia licensing examination; OR the PMLexis examination.

West Virginia: An applicant is required to have completed Step III. However, if an applicant is currently licensed as a podiatric physician in good standing in another state, and if the applicant obtained licensure in that state prior to the implementation of PMLexis/NBPME Step III, the Board will accept the examinations required at the time of licensure by the other state in lieu of the current requirement.

NOTE: These are initial responses and may be revised upon further State Board review.

➤ **North Carolina State Board of Dental Examiners v. Federal Trade Commission**

Following the U.S. Supreme Court's February 2015 decision in *North Carolina State Board of Dental Examiners v. Federal Trade Commission (FTC)*, lawsuits have been filed against a wide range of state professional and occupational licensing boards, including state medical boards. State licensing boards across the nation exist to ensure the public health, safety and welfare.



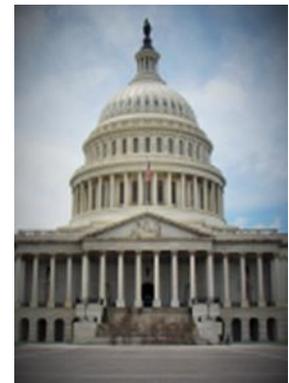
Before the Supreme Court's ruling, state licensing boards were considered to be actors of the state. As such, federal antitrust laws did not apply to state licensing boards, so long as such actions were taken in accordance with state policy. However, the Supreme Court ruled in the NC Dental case that state licensing boards, comprised of active market participants, can in fact be considered private organizations (not 'the state') and thus are subject to antitrust liability, if not actively supervised.

At the same time, state licensing boards, its volunteer members, and staff are now vulnerable to antitrust legal action in fulfilling their duties, which can result in trebled damage awards against the board and its members. Significant damages could threaten state treasuries and the personal finances of volunteer board members and staff.

This uncertainty not only threatens taxpayers with damage liability for the board itself, but has also led potential board members (with expertise in their field) to decline to serve on boards due to the potential for personal liability for damages and attorney's fees, particularly where state responsibility for indemnification and defense, is unclear.

The legislative approach we are seeking would eliminate the potential for antitrust damage liability against boards, their members, and employees for conduct within the scope of their official duties, as well as for persons acting at their direction, while permitting injunctive relief by government enforcers and private parties.

This balanced approach is not without precedent. A similar situation arose in the mid-1980s for municipalities, leading to the bipartisan enactment of The Local Government Antitrust Act of 1984 (LGAA). This approach is now necessary as states determine how best to actively supervise their state licensing boards, entrusted to simultaneously protect the public and allow for competition in the marketplace for consumers.



The FPMB is supporting the proposed State Licensing Board Antitrust Act as a member of the Professional Licensing Coalition, a group of over 10 licensing and regulatory boards, including the Federation of State Medical Boards.

UPDATE: *On May 31, 2017, the Federal Trade Commission on Wednesday accused the Louisiana Real Estate Appraisers Board of violating antitrust law and restricting competition.*

➤ **FPMB & NBPME – Data Sharing & State Board Introduction**

In May 2017, the FPMB had two opportunities to assist the NBPME. First, the FPMB provided NBPME data about how many states have an additional exam of their own, and whether those exams are clinical or just jurisprudence. Second, the FPMB facilitated an introduction between the US Virgin Islands (Department of Health) and the NBPME after learning that they are considering transitioning from their local podiatry exam to the APMLE exams. The FPMB/NBPME relationship has spanned decades, and the FPMB is pleased that the relationship continues to provide mutual benefit.



➤ **FPMB – Organization Overview and Member Benefits**

The FPMB's "Organization Overview and Member Benefits" document is attached. It provides an overview of the organization and additional insight to the benefits (past, present & future) the FPMB provides its Member Boards.

Respectfully submitted,
Russell J. Stoner, Executive Director
Federation of Podiatric Medical Boards



APMSA Report to the NBPME
Liaison: Christopher Girgis SCPM 2019
Last Meeting: January 2017 Franklin, TN
Next Meeting: July 2017- Nashville, TN

Report Includes:

- I. Student Feedback

I. Student Feedback

On behalf of the students that I represent, thank you very much for the thoughtful consideration of the letter that was submitted in the March meeting. We greatly appreciate your willingness to listen and consider the concerns of students as well as the feedback that was offered. On a similar note, through conversations that I've had with students, we greatly appreciate the new addition of being able to return to a previous question and mark questions for review that will be implemented in July 2017. Therefore, thank you for the continued efforts to improve the test taking experience for us as students. Lastly, since there has not been an APMSA House of Delegates meeting since our last NBPME Board Meeting, this report is short. I will have more to report at the NBPME meeting in July.

Respectfully submitted,

Christopher Girgis
SCPM 2019
APMSA Liaison to the NBPME