



REPORT HIGHLIGHTS

Subject

Podiatry is a branch of medicine dealing with the diagnosis and treatment of diseases and malfunctions of the foot and its related structures. Established in 1964, the Board of Podiatry Examiners (Board) regulates the practice of the 360 podiatrists licensed in Arizona.

Our Conclusion

The Board needs to improve complaint handling by separating complaint investigation and adjudication, processing complaints in a more timely manner, and better documenting its actions. The Board should also improve the information it provides to the public.



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Board needs to improve complaint-handling process

In 1998, we recommended that the Board follow the Attorney General's advice to separate its complaint investigation from its complaint adjudication. Although the Board had implemented this recommendation, it again should address this issue. In addition, the Board needs to resolve complaints in a more timely manner and ensure its complaint handling is adequately documented.

Board should separate investigation from adjudication—The Board investigates complaints during its monthly board meetings. This includes reviewing medical records and other documentation, and interviewing complainants, licensees, and other witnesses. However, the Attorney General's Arizona Agency Handbook states that decision-makers, such as board members, who will adjudicate a complaint should consider not participating in investigating that complaint. Separating the two functions can help ensure objectivity and avoid the appearance of bias against the licensee.

The Board reported that it conducts investigations because its staff do not have the time or medical knowledge to complete investigations, and the Board does not have the resources needed to hire an investigator who is knowledgeable in the field of podiatric medicine and expert enough to begin investigations on his/her own. However, the Board has at least two other options for addressing this situation:

 One of the professional board members could conduct the investigation. The member could review the medical records, interview the licensee and complainant as



needed, and then provide the information to the Board. The board member should then recuse him/herself from the adjudication.

• The Board could determine whether there are retired or active podiatrists who may be interested in volunteering as investigators.

Board's complaint handling untimely— Arizona health regulatory boards should typically resolve complaints within 180 days. The Board's own goal is to complete complaint investigations within 70 days. However, 25 percent of complaints (27 of 106) received between July 1, 2005 and December 31, 2007, were open longer than 180 days. This includes 5 complaints against one licensee. As of June 2008, one licensee had 7 open complaints, including 5 that had been open from 200 to over 920 days. The first of these complaints was filed in November 2005. The complaints allege excess billing, unsanitary office conditions, practice below the standard of care, and unprofessional conduct.

Two factors contribute to these delays:

 The Board meets only once per month and conducts investigations only during board meetings. Therefore, when additional information is needed or a person cannot appear, the complaint investigation cannot continue until the next board meeting. • Licensees do not always provide information to the Board in a timely manner. Twelve of the 27 complaints that took longer than 180 days to resolve involved licensees' delays in sending information to the Board. For example, in January 2006, the Board requested a licensee to provide information regarding a complaint from a patient whose toe was amputated. The licensee did not provide the medical records until April 2006 and did not provide a written explanation of the case until May 2006. Further, according to Arizona Revised Statutes (A.R.S.) §32-854.01(17), it is an act of unprofessional conduct when a licensee fails to provide the Board with certain information; however, the Board has not generally used this statute to take action.

Complaint-handling sufficiency unclear—Because the Board does not sufficiently document various aspects of its complaint handling, it is unclear whether it is fully carrying out some functions. Although we noted some of these same issues in 1998 and the Board had taken steps to address them, we could not always determine:

- Whether the Board addressed all allegations in a complaint.
- Why the Board dismissed complaints or issued letters of concern.
- Whether the Board considered a licensee's disciplinary history.
- Whether the Board always informed the complainants of their complaints' outcomes.

The Board should:

Recommendations

- Separate its investigative and adjudicative functions.
- Take action when licensees do not provide requested information.
- Ensure that complaints are completely addressed and documented.

TO OBTAIN MORE INFORMATION

A copy of the full report can be obtained by calling (602) 553-0333



or by visiting our Web site at: www.azauditor.gov

Contact person for this report:

Dale Chapman

Board should improve public information

The Board does not provide complete and accurate podiatrist complaint and disciplinary history information over the phone or on its Web site. The Board's database serves as the basis for staff responses to public information inquiries and for information on its Web site. Although the Board took steps to implement procedures to ensure the accuracy and completeness of its database in response to our 1998 report, the database continues to be incomplete and inaccurate. Not all complaint records have been entered into the database,

and many of the entered records are incomplete.

Limited staff and budget resources are the main reasons for the incomplete and inaccurate information in the database. However, board staff reported adding missing information and fixing the data inconsistencies as they are found.

Finally, although the Board developed guidelines for its staff in 2006 on what types of information should be provided to the public, such as the numbers of open and dismissed complaints, the guidelines were not written, and staff were unaware of them.

Recommendations

The Board should:

- Continue to add missing information to its database, ensure the information is correct, and develop and implement data entry and verification processes.
- Develop and implement written policies to guide staff on what information should be provided to the public.

Board of Podiatry Examiners

