



## NEW MEMBER RESOURCE LETTER

### A PUBLICATION TO INCREASE NEWER MEMBERS' UNDERSTANDING OF THE MANY BENEFITS OF APMA MEMBERSHIP

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THE PROFESSION TAKES  
STRIDES TO  
ESTABLISH  
PARITY OF  
PODIATRIC  
PHYSICIANS IN  
RELATION TO  
MDs AND DOs**

#### SPECIAL POINTS OF INTEREST:

YOU CAN REVIEW ALL PREVIOUS NEW MEMBER RESOURCE NEWSLETTERS BY GOING TO [www.apma.org/newsletters](http://www.apma.org/newsletters)

THE 2007 APMA ANNUAL SCIENTIFIC MEETING WILL TAKE PLACE AUGUST 16–19 IN PHILADELPHIA, PA. COME TO SCIENTIFIC SYMPOSIA, INSTRUCTIONAL COURSES, & WORKSHOPS FOR AT LEAST 25 HOURS OF CMES. EXTRA ATTRactions INCLUDE ORAL AND POSTER ABSTRACT PRESENTATIONS, A MASSIVE EXHIBIT HALL, SOCIAL EVENTS, & A SILENT AUCTION. GO TO [www.apma.org](http://www.apma.org) FOR FURTHER DETAILS.

### VISION 2015: A PLAN TO OBTAIN NATIONAL RECOGNITION OF THE PODIATRIC PHYSICIAN

#### Background

The 2005 House of Delegates adopted Resolution No. 2-05. This resolution charged APMA to do the following:

RESOLVED, That the American Podiatric Medical Association (APMA) commit itself to achieving the goal by 2015 of **podiatrists being defined as physicians who treat patients in the physician's specialty without restrictions**; and

RESOLVED, That the APMA create a master plan to accomplish this goal and report its progress to the House of Delegates starting in 2006 and in subsequent years.

#### Overall Mission

**Podiatrists are universally accepted and recognized as physicians consistent with their education, training, and experience.**

#### Objectives

**01. Evaluate and ensure that podiatric medical education is comparable to that of allopathic and osteopathic physicians.**

**02. Demonstrate to the entire health-care community that the education, training, and experience of a podiatric physician are comparable to that of allopathic and osteopathic physicians.**

**03. Obtain state and federal government recognition that podiatrists are physicians.**

**04. Market and promote podiatrists as physicians.**

**05. Attract high-quality applicants to colleges of podiatric medicine and thereby to the profession.**

#### Methods

**01. Evaluate and ensure that podiatric medical education is comparable to**

**that of allopathic and osteopathic physicians.**

#### 01.1 Competencies Comparison

In collaboration with AACPM and the colleges of podiatric medicine, a study will be conducted to analyze and compare the competencies of graduates. Competencies of graduating podiatric physicians also should be compared to graduates of allopathic and osteopathic educational programs.

#### 01.2 Continue to Advance the Podiatric Medical Residency Experience

All graduates of colleges of podiatric medicine must complete a minimum of three years of residency training. Efforts will need to be put forth by the Council of Teaching Hospitals and Council on Podiatric Medical Education to assist hospitals in transitioning to the PM&S 36.

#### 01.3 Establish One Certifying Board for the Profession.

The profession would benefit from having in place only one board certification process. This would provide clarity to external constituents and the general public regarding the credentials for podiatric physicians. While the discussion of the one board concept has reached an impasse in recent years, renewed efforts fostered by APMA and the Joint Committee on the Recognition of Specialty Boards need to be made to bring the parties together and seek a solution.

**02. Demonstrate to the entire health-care community that the education, training, and experience of a podiatric physician are comparable to that of allopathic and osteopathic physicians.**

02.1 APMA Leadership shall Meet with Representatives of AMA and AOA

Within these meetings, podiatric medical education and training needs to be explained in such a way that there is no confusion over the point that podiatric physicians are not limited licensed practitioners. Podiatric physicians are allopaths in the true definition of the term, i.e., a system of medical practice making use of all measures that have proved of value in the treatment of disease. Podiatric medicine is not different than any other medical specialty in that there are no philosophical or treatment variations. Along with allopathic and osteopathic medicine, podiatric medicine is the only other four-year undergraduate plus four-year doctoral plus postdoctoral, hospital-based residency educational process currently in existence for healthcare providers. Podiatric physicians receive a substantial amount of training from MDs and DOs. Podiatric residents rotate through medical departments in JCAHO-accredited hospitals.

In addition, APMA representatives will describe the current environment in which podiatric physicians offer their services, focusing on representation within the RUC and CPT processes, participation in national physician coalitions, recognition by managed care programs, and so forth. Credentialing of podiatric physicians is more often a process conducted under the auspices of MDs. Patients are routinely referred to podiatric physicians by MDs and DOs. Increasing numbers of podiatric physicians are being asked to join orthopedic practices. Consistent with the services provided by allopathic and osteopathic physicians, podiatric physicians also provide high-quality care to patients.

02.2 Conduct Follow-up Meetings Additional meetings with AMA and

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[www.apma.org](http://www.apma.org)

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**REPRESENTING AMERICA'S FOOT AND ANKLE  
PHYSICIANS AND SURGEONS.**

**APMA ADVANCES AND ADVOCATES FOR THE  
PROFESSION OF PODIATRIC MEDICINE AND  
SURGERY FOR THE BENEFIT OF ITS MEMBERS  
AND THE PUBLIC.**

AOA should be pursued to continue to discuss APMA's goal and seek input and assistance in accomplishing the goal. As such meetings continue to be held, APMA should call upon its affiliates to participate in content-specific areas.

**O2.3 Approach State Medical and Osteopathic Associations**

Educate and provide resources to APMA components to effectively approach, educate, and dialogue with state medical and osteopathic associations, bringing forth the same messages that APMA plans to bring forward to AMA and AOA.

**O2.4 Meet with Other Groups**

Inter-professional relationships will need to be cultivated, pursued, initiated, fostered, and solidified. Along with AMA and AOA, meetings should be arranged with specialty organizations for family practice, endocrinology, rheumatology, orthopedics, orthopedic foot and ankle, and others.

**O2.5 Obtain Full Representation on RUC and CPT**

Under the direction of the Health Policy Committee, full participation in the RUC and CPT must be aggressively pursued; HCPAC membership is not enough.

***O3. Obtain state and federal government recognition that podiatrists are physicians.***

**O3.1 Create a Uniform Practice Law**

An initiative must be pursued to create guidelines for states to establish practice laws that have national uniformity. This has always been an arguable matter as current state podiatry laws vary in what they allow podiatric physicians to perform in the treatment of the foot and ankle, and, in some states, the leg. Clearly, the goal of Vision 2015 becomes more attainable if the language of state laws is more consistent nationally.

**O3.2 Revise State Practice Laws**

State laws need to be changed to include podiatric physicians in the physician scope of practice within a uniform scope of practice. This process will require significant legislative and regulatory change. State components will need to be very active in moving this effort forward.

Of the many activities associated with the overall goal of Vision 2015, this one may be the most arduous task. A State Advocacy Committee has been created to help promulgate these initiatives.

**O3.3 Pursue Federal Legislative Initiatives**

Under the direction of the Legislative Advocacy Committee, changes need to be sought in federal statutes where podiatric physicians are not included within the definition of physician. This includes Medicare, Medicaid, the VA, the Military, ERISA, and any other place where podiatric physicians are not considered "full" physicians.

***O4. Market and promote podiatrists as physicians.***

**O4.1 Conduct a Significant PR Campaign**

Under the direction of the Public Education and Communications Committee, a significant PR campaign will be necessary to inform the public that DPMs are physicians.

**O4.2 Conduct a Significant Marketing Campaign**

Under the direction of the Marketing and Career Development Committee, a significant marketing campaign will be necessary to help podiatric physicians market themselves as physicians of the foot and ankle.

**O4.3 Revise APMA Web Site**

As part of its ongoing review of material on the APMA Web site, staff will need to modify language as necessary to capture the concepts described in this paper.

***O5. Attract high-quality applicants to colleges of podiatric medicine and thereby to the profession.***

**O5.1 Manpower Study**

Data collected as part of a manpower or supply-and-demand study would greatly assist APMA in marketing the profession to potential students.

**O5.2 Focus on Student Recruitment**

Student recruitment is a matter that should be a priority of each of the colleges of podiatric medicine and of the American Association of Colleges of Podiatric Medicine (AACPM). In recent years, the APMA has been asked to support these efforts under the view that recruitment of students is analogous to recruitment of potential future members. A marketing and career development committee has been established within APMA to help enhance student recruitment efforts while serving to promote the podiatric medical profession. The goals of Vision 2015 will be bolstered by increasing the student applicant pool in both numbers and quality of applicants.