



## Education, Training and Certification of Foot and Ankle Surgeons (DPMs)

*Approved by the ACFAS Board of Directors, November 11, 2011*

Foot and Ankle Surgeons (DPMs) who are Certified in Foot and Ankle Surgery or Certified in Foot Surgery and Certified in Reconstructive Rearfoot/Ankle Surgery by the American Board of Foot and Ankle Surgery (ABFAS) are physicians specifically trained to diagnose and treat the foot and ankle. They are an integral part of the health care team, and combined with all other podiatric physicians, treat the majority of foot related medical issues in the United States. Orthopaedists are the second largest providers of foot related medical issues.<sup>1</sup>

### Each ABFAS Board Certified Foot and Ankle Surgeon has:

- **Completed four years of Podiatric Medical School.** Identical in length to Allopathic and Osteopathic Medical Schools, the Podiatric Medical School curriculum covers basic and clinical sciences, including, but not limited to: general anatomy; pathology; biochemistry; pharmacology; general medicine; surgery; pediatrics; behavioral sciences; and ethics. Unlike Allopathic and Osteopathic Medical Schools, the Podiatric Medical School curriculum also provides intensive foot and ankle specialty specific education beginning in the first year.
- **Completed post-graduate Podiatric Medicine and Surgery (PMSR) Residency (formerly known as PSR, PM&S-24 or PM&S-36).** Similar to, and often integrated with residencies for MDs and DOs, Podiatric Surgical Residency programs provide training in general medicine, general surgery and surgical specialties. The critical difference, though, is in the volume of cases and time spent in foot and ankle specific training. Podiatric Surgical Residency Programs, which are a minimum of three years, provide significantly more foot and ankle training than any other specialty.<sup>2</sup> A foot and ankle surgeon (DPM) will have demonstrated a cognitive knowledge of podiatric surgery, including the diagnosis and treatment of general medical problems and surgical management of foot and ankle diseases, deformities, and/or trauma, and those structures that affect the foot, ankle, and leg.<sup>3</sup> Multiple general orthopaedic resident surveys have shown that graduating general orthopaedic surgeons feel their program was deficient in foot and ankle surgery and that they are least prepared to treat the foot and ankle upon entering into private practice.<sup>4</sup>

### The Board Certification Difference

ABFAS certifies foot and ankle surgeons who have successfully completed an intense certification process comparable to that of individual MD and DO specialties. Candidates must complete Part I and Part II of the certification examination(s), in addition to submitting surgical case logs. ABFAS requires four years of post-DPM degree clinical experience and completion of an appropriate Council on Podiatric Medical Education (CPME)-approved residency program before taking the certification examination(s). Additionally, Diplomats must re-certify every 10 years to maintain their board certified status, with new requirements for maintenance of certification (MOC) on the horizon. All Fellows of the American College of Foot and Ankle Surgeons (ACFAS) are certified by ABFAS.



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Prerequisites for board qualification in foot surgery require successful completion of a CPME-approved PMSR (formerly PM&S-24 residency program) and passage of Part I of the Certification in Foot Surgery Examination. Board qualification in reconstructive rearfoot/ankle surgery requires successful completion of a CPME-approved PMSR (PSR-24 or PM&S-36 residency program) and passage of Part I of the Certification in Reconstructive Rearfoot/Ankle Surgery Examination. Board Qualified in Foot Surgery is a prerequisite for Board Qualified in Reconstructive Rearfoot/Ankle Surgery.

A candidate must pass Part II of the Certification in Foot Surgery Examination for board certification in foot surgery and Part II of the Certification in Reconstructive Rearfoot/Ankle Surgery Examination for board certification in reconstructive rearfoot/ankle surgery. ABFAS certification in foot surgery is a prerequisite for board certification in reconstructive rearfoot/ankle surgery.

In addition, ABFAS requires submission of 65 surgical procedures with full case documentation for certification in foot surgery and an additional 30 rearfoot/ankle procedures for full case documentation for certification in reconstructive rearfoot/ankle surgery, for a total of 95 cases.

The critical differences between Board Certified Foot and Ankle Surgeons (DPMs) and Board Certified Orthopaedists (MD/DOs) are:

- The ABFAS certification process involves examination specific to the foot and ankle. One hundred percent of the board certification examination in Podiatric Surgery is relevant to the foot, ankle and lower leg. Less than five percent of the American Board of Orthopaedic Surgery (ABOS) certification examination is specific to the foot and ankle.
- The ABFAS certification process involves proving experience specifically in the performance of foot and ankle surgical procedures, whereas the ABOS do not.
- The ABFAS certification process certifies podiatric physicians specifically in Foot and Ankle Surgery. There is no Foot and Ankle specific certification process for orthopaedic surgeons.

#### **The Practice Difference**

- Both Foot and Ankle Surgeons (DPMs) Board Certified in Foot and Ankle Surgery, or Board Certified in Foot Surgery and Board Certified in Reconstructive Rearfoot/Ankle Surgery and Orthopaedic Surgeons (MD/DOs) are credentialed and privileged by hospitals, surgery centers, medical centers and educational institutions in a standardized process, specified by recognized accrediting organizations.<sup>5</sup> This standardized process mandates requirements that both groups must meet or exceed; and provides for an equitable peer review process. This process, however, may not require board-certified orthopaedists to demonstrate any special skills or training in foot and ankle surgery, whereas Foot and Ankle Surgeons (DPMs) must



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demonstrate training and experience specific to the foot and ankle to obtain privileges. New accreditation standards and Medicare Conditions of Participations (CoPs) are eliminating these discrepancies and asking all applicants to demonstrate initial and ongoing competence in the specific privileges they are seeking.<sup>6</sup>

- Podiatric Surgeons Board Certified in Foot and Ankle Surgery or Board Certified in Foot Surgery and Board Certified in Reconstructive Rearfoot/Ankle Surgery exclusively limit their practice to the care of the foot and ankle, whereas the majority of general orthopaedists treat a multitude of musculoskeletal complaints throughout the entire body.
- Podiatric Surgeons Board Certified in Foot and Ankle Surgery or Board Certified in Foot Surgery and Board Certified in Reconstructive Rearfoot/Ankle Surgery and orthopaedists are both required to attend Continuing Medical Education courses on a yearly basis to maintain state licensure. Only Podiatric Foot and Ankle Surgeons are required to attend foot and ankle specific courses, whereas orthopaedists may complete their Continuing Medical Education requirement entirely in areas outside the foot and ankle.

Questions about **Foot and Ankle Surgeons** can be directed to ACFAS at 773-693-9300 or info@acfas.org.

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<sup>1</sup> Centers for Medicare and Medicaid Services (CMS).

<sup>2</sup> Council for Podiatric Medical Education (CPME).

<sup>3</sup> ABPS 110.

<sup>4</sup> Dailey, et al., August 1998; American Journal of Orthopedics 563-570.

<sup>5</sup> Recognized accrediting organizations include the Joint Commission; the Accreditation Association for Ambulatory Health Care; the American Osteopathic Association; the American Association for Accreditation of Ambulatory Surgery Facilities, Inc.; National Committee for Quality Assurance; the organization formerly known as URAC, and others.

<sup>6</sup> The Joint Commission standards for hospital/ambulatory accreditation MS.1.1.