

# PRESIDENT'S PERSPECTIVE



## The Road Less Traveled

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President

So much has changed in the 25 years I have been practicing.

The educational process at the pre- and post-doctoral levels, the nature of our practices themselves, and the role that we as foot and ankle surgeons play within our own medical community have undergone dramatic metamorphoses. When I started my career in 1979 and limited my practice to foot and ankle surgery, many of my older and wiser colleagues advised against it, saying podiatrists can't successfully do that. Being rather thickheaded I ignored their kindly advice, because I believed that my training and interests lay in the area of foot and ankle surgery, and I was frankly not interested in the other aspects of a podiatric practice.

Looking back, I must admit that the road I chose to follow was not the easiest or most hospitable. Connecticut hospitals were fixed against DPMs and most of the medical communities believed the only thing podiatrists were capable of providing was nail care and other acts of desquamation. In 1979, I was only the third DPM in my state to be certified by the American Board of Podiatric Surgery, something I would proudly tell anyone who would listen. Although my certification made me stand out among my peers, I'm not sure my words made much of an initial impact.

Several years of working in the field spoke much louder than my words ever could, and I became regarded as a foot and ankle surgeon by the physicians and surgeons in my community: I was somehow different from their expectations of what a DPM was and did.

There were others who felt as I did. Together and sometimes separately, we forged ahead and made our communities realize that we were foot and ankle surgeons, and more importantly, that we were competent. I am proud to be part of the generation which helped turn the tide of perception and created awareness in the health care industry that there were competent foot and ankle surgeons who reached that goal from an alternate pathway.

Today the graduates from the residency program and fellowship with which I am affiliated leave with the justifiable notion that they are foot and ankle surgeons by virtue of their training, and podiatrists only by their degree. Most of our graduates take positions in multi-specialty groups or orthopedic practices, where their skills and knowledge are appreciated and they can practice their specialty.

Their path is wide and even, because they have enjoyed the proper training, and opportunities abound for those with the good sense to seize them.

Unfortunately, not all graduates from the colleges of podiatric medicine will have the same opportunities, because not all will have the same post-graduate training. Although the APMA leadership is calling for standardization in residency training, the reality is that the podiatric profession lacks adequate resources to provide sufficient depth and breadth in the post-graduate experience for all who seek it. As a result, there will continue to be a significant variance from "the standard" in the duration, depth and intensity of training, continuing to make it problematic for a hospital's credentialing body to accurately assess the capabilities of DPMs applying for privileges.

The creation of a standardized residency format by decree fails to address the problem of an inadequate number of training facilities. By insisting on the uniform appearance of all graduates, the profession risks embarrassing itself and many of its new members whose list of competencies may be incomplete.

The reality is that we have the ability to adequately train only a percentage of our graduates in **all** competencies of foot and ankle surgery. We lack the resources to do so and will continue to be in the same state of affairs for the foreseeable future.

By insisting that all DPMs are alike, the APMA is courting disaster. The health care community realizes that not all DPMs are equally trained. By insisting that we are, we effectively impugn the credentials of those with the comprehensive training, which will play nicely into the hands of the groups with which we compete. Can we really afford to let this happen?

The American College of Foot and Ankle Surgeons and the Council on Podiatric Medical Education are both working to develop a strategy for post-residency training. These fellowships will be designed to offer additional training in foot and ankle surgery.

This begs the question of what these individuals will be called when they have finished their fellowships. The podiatric profession must be prepared to deal with these individuals and their training, and rather than regard them as elitists, see them as resources with whom to consult when encountering a difficult situation or patient. Moreover, these individuals, who are truly trained comprehensively in all areas of foot and ankle surgery, must be seen as foot and ankle surgeons, rather than as podiatrists. This is a distinction which must not be blurred. It is a distinction which will not be missed by other foot and ankle groups.

The profession of podiatry and those who practice it are a diverse group, in terms of training, practice and desires. The reality is that a rapidly emerging group of individuals, whose training and whose practices permit them to practice foot and ankle surgery, are finally engaging in head-to-head competition with other foot and ankle surgeons on a relatively level playing field.

The arguments used by other groups, that our surgeons lack sufficient training, now ring hollow and, increasingly, fall on deaf ears within the health care industry. Nothing speaks louder than good outcomes, and it is the possession of our own outcome data which makes us strong. I would urge the profession at large to recognize the fact that our profession has become large enough to sustain the **specialty** of foot and ankle surgery, because it already exists and will continue to grow. The American College of Foot and Ankle Surgeons continually encourages the development of this specialty and will lend its weight to see it flourish.

The goal of recognition is in sight. The road we have traveled to reach our goal has been long, and at times difficult. I am proud to be a Fellow of the American College of Foot and Ankle Surgeons, a group which shared a collective vision of what could and should be and was willing to take the road less traveled to make its vision a reality.

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