New Ruling Allows DPMs to Serve as Medical Staff Presidents

Two years ago, Raef Fahmy, DPM, FACFAS, of Catholic Medical Center, Manchester, New Hampshire, was successfully serving as president of the hospital medical staff when he learned that he needed to step down. The reason: DPMs were not permitted to hold this position, according to the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission. Fahmy wasn’t the only DPM in this awkward position and ACFAS immediately filed documentation that started a review and revision of the regulation at CMS.

Today, Fahmy and many other DPMs are pleased to learn of CMS’ recent overturn of that antiquated regulation. Through a new amendment to the hospital Conditions of Participation (CoP), CMS now allows DPMs to serve as medical staff president in states where it is not otherwise excluded by law.

“That’s great news for our profession, and especially for our younger doctors who are just entering practice. They now know they can aspire to and attain that position,” says Fahmy. “It’s a great opportunity for them, and it bodes well for the future of our profession.”

Fahmy can take credit for bringing this issue to the fore. After being advised by his hospital’s legal counsel to seek advocacy from a national organization regarding this issue, he contacted the ACFAS to elicit support for overturning the ruling.

“The College was terrific,” states Fahmy. “They were responsive to this situation and aggressive in their actions, which I think was important.”

According to Chris Mahaffey, ACFAS executive director, it appears that DPMs were not intentionally excluded from the list of those permitted to serve as medical staff presidents. “We suspect that the regulation went back to before the specialty had evolved to its current state, where DPMs are now so well-trained,” he says.

“It bodes well for the future of our profession.”
— Raef Fahmy, DPM, FACFAS

In pressing for a regulation change, ACFAS took a two-pronged approach. “We presented our case to both CMS and the Joint Commission,” says Mahaffey. The College is continuing its efforts with the Joint Commission to amend current standards. The CMS amendment will take effect in mid-July.
Conflict of interest (COI) is a phrase that has recently become mainstream in many industries and professions, but no more so than the medical profession. One definition of medical conflicts of interest comes from the Institute on Medicine as a Profession, which states, “Conflicts of interest (COI) in medicine arise when ‘the responsibilities of individuals or organizations are, or have the potential to be, compromised by other, external obligations. The failure of fiduciary responsibility is the key concept in defining conflict of interest situations. Conflicts occur when the public expects that professionals will further the interests of their clients/patients, not their own personal interest.’ ”

As medical research and healthcare have become vastly more complex and expensive, the task of managing COIs has also become more difficult and poses challenges to both physicians and medical associations. For the physician, COIs raise concerns about treatment decisions, product selection, and what’s in the best interests of the patient. For medical associations, COIs raise concerns about the objectivity and trustworthiness of research, education, training, and scientific journals.

In recent years, medical COIs have become the subject of Congressional and Justice Department investigations, new CMS regulations, significant scrutiny by CME creditors, and the media. The complexity and cost of compliance of this and many other regulations have created huge “Compliance Departments” in industry and increasingly in medical associations.

The allopathic CME accreditor, the American Council on Continuing Medical Education (ACCME) has different COI and industry grant rules than does the podiatric accreditor, the Council of Podiatric Medical Education (CPME). ACFAS adheres to most of ACCME’s rules and all of CPMEs, and we hope that when CPME rewrites its CME accreditation criteria next year they will emulate more of ACCME’s rules as one more step in our march toward parity.

ACFAS is serious about the full disclosure of conflicts and commercial bias and is constantly updating our policies to ensure compliance.

Since the College’s primary mission is to enhance education and research, we are quite serious about COIs in our governance, programs, research, and publications. The existence of a COI is not, in and of itself, evidence of wrongdoing IF, in most cases, the conflicts are openly disclosed. ACFAS officers, staff, committee members, speakers and authors must disclose their conflicts through written documentation. COI disclosures are reviewed and updated at every meeting. The Conflict of Interest Committee reviews upcoming agendas and all COI disclosures. If there are any real or perceived conflicts, in most cases the individual must recuse themselves from the discussion and abstain from voting.

COIs for speakers are published in materials and speakers are given detailed instructions on what they can and cannot discuss during presentations. Additionally, each session evaluation form asks attendees if they sensed any commercial bias by speakers. Under a new policy, if attendees complaints are corroborated, the speaker(s) who interjects commercial bias will be advised of the infraction and vigorously reminded of the College’s COI policies. If the speaker continues to violate College policy, they will be banned from all future speaking roles.

ACFAS is serious about the full disclosure of conflicts and commercial bias and is constantly updating our policies to ensure compliance. We challenge all podiatric CME providers, publishers, and researchers to do the same to ensure that our entire profession enhances its image and reputation in the eyes of not only its own members, but more importantly, in the eyes of government, the media, and our patients.

Michelle L. Butterworth, DPM, FACFAS
ACFAS President

Questions for Dr. Butterworth? Write her at president@acfas.org.
Sign Up for ACFAS’ Popular Arthroscopy Courses

It’s true that the ACFAS Foot and Ankle Arthroscopy Surgical Skills Course is so popular that there’s a waitlist to attend. But did you also know that it’s easy to get on that waitlist and get the ball rolling for attending the course of your choice? Simply contact ACFAS to place your name on the list. You will then be contacted when next year’s schedule is available and will be given a few weeks to register for the dates and site of your choice. After this initial period, registration will be opened to non-waitlisted individuals.

The waitlist approach was designed to help the College meet the high demands for this course. Over the past couple of years, ACFAS has reached out to all surgical residency programs, stating that the College could offer as many Arthroscopy courses as needed to accommodate all interested individuals if residency programs could guarantee reserved attendance. While that proposal did not garner the response needed to proceed, the College has committed to offer three Arthroscopy courses a year.

If you’re interested in attending the Arthroscopy course—or any of the ACFAS Surgical Skills Courses—please contact Maggie Hjelm at Hjelm@acfas.org.
LEARN! GROW! CONNECT!
Plan on Attending ASC 2013

Circle these dates—February 11 through February 14—and plan on joining your colleagues in sunny Las Vegas for the 2013 ACFAS Annual Scientific Conference. It will be the go-to meeting of the year!

Many exciting activities for learning, growing, and expanding your network will be showcased at ACFAS 2013. Themed “Open Minds, Debate, Possibilities,” ACFAS 2013 will open the door to opportunities for reaching new heights in your profession and practice.

A host of scientific sessions, hands-on workshops, posters, exhibits, and preconference programs including clinical seminars and workshops are planned. The result: You will have ample options to explore hot topics, sharpen your skills, acquire new competencies, and broaden your professional contacts.

And remember—ACFAS 2013 will begin on a Monday, with preconference sessions slated for Sunday. Watch for details coming soon!

Got Research?
Share It With Your Colleagues

Where would we be without research? There’s no doubt about it: Research is crucial to moving medicine forward. So if you’re involved in a study in foot and ankle surgery, why not let your colleagues learn from your results?

There’s still time to submit your manuscript for the 2013 ACFAS Annual Scientific Conference, February 11-14, in Las Vegas. Sharing your research will not only benefit the profession but also give you a prestigious avenue for promulgating your study.

All submitted manuscripts are blindly reviewed and evaluated. Accepted manuscripts will be presented at ASC 2013 and are considered for the ACFAS Manuscript Awards of Excellence. Award winners will divide $10,000 in prize money made possible through a grant from the Podiatry Foundation of Pittsburgh.

For details on how to submit your manuscript, visit acfas.org. Information on manuscript requirements and policies appears in the “2013 Call for Manuscripts” and “Instructions for Authors Submitting a Manuscript.” Deadline for manuscript submission is August 15, so don’t delay.

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2012 ADVANCES IN FOREFOOT SURGERY WORKSHOP & SEMINAR

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Phone: 800.421.2237

Division 4
September 14–15, 2012
Denver, CO

Division 13
September 21–22, 2012
Louisville, KY

Division 7
October 5–6, 2012
Southfield, MI

Division 14
October 19–20, 2012
Charlotte, NC

Diabetic Foot & Ankle Surgical Symposium
(and Optional Skills Wet Lab)

October 26–28, 2012
Sonesta Bayfront Hotel
Coconut Grove, FL
(20 minutes from Miami)
The 1970s demonstrated ACFS’ growing educational influence on the development of the profession. Drs. James Treadway, Ben Hara, Seymour Beiser, Howard Reinherz, William Lowe, Robert Weinstock, and Charles Jones were the ACFS Presidents who led the College through the decade.

As the outset of the 1970s, the College was actively involved with residency-genesis. Dr. James Treadway was ACFS President and Director of Senior Residency Training Program at Waldo General Hospital in Seattle. He knew of the urgent need for training programs. In 1969, there were only 29 internship and residency positions available for 250 podiatric school graduates. It was Dr. Treadway who used his extensive ACFS/ABPS colleague contacts to reach out to podiatrists with hospital privileges and medical and hospital administrators to initiate training programs. Dr. E. Dalton McGlamry convinced his fellow APA Trustees to establish a Residency Genesis Committee, with Treadway as the chairman. Treadway’s tireless work more than tripled the number of training positions by 1972.

In spite of the many advances in residency-genesis, the APA Board of Trustees was not satisfied that post-graduate training would not exist for every podiatry school graduate. The Trustees suspended the Council on Education’s authority to recognize specialty boards placing the ABPS and other podiatric specialties in limbo. While the progressives argued for certification as a means to improve the podiatric surgeon’s opportunity to obtain surgical privileges, those against advanced credentials believed fragmenting the profession into groups that were residency-trained and those that were not would be intolerable to medical communities.

The debate continued for the next few years over the acceptability of limited access to post-graduate training. Finally, the National Board of Podiatric Surgery (NBPS) was incorporated in Washington, D.C. in 1975. The founder’s group included 179 diplomates. Dr. Robert Weinstock was the ACFS president at the time, and due to his previous experience as a member of the ACFS Examinations Committee, he became one of the original members of the NBPS Examinations Committee. Past-ACFS president, Dr. Howard Reinherz served as the first president of the NBPS.

The NBPS became the surgical certifying body, administering examinations, granting diplomate status, and providing a standard of competency in the field of foot surgery. Soon the NBPS was re-titled the American Board of Podiatric Surgery (ABPS). The ACFS would exist to share surgical expertise via its journal, seminars and workshops, audiovisual libraries, books, and division programs. The College would promote the specialty to members, potential members, medical colleagues, and the public. On the new mission of the ACFS, Dr. E. Dalton McGlamry, Editor of the Journal of the American Podiatry Association, predicted the ACFS would grow the specialty of foot surgery through its concentration on education and research.

The 1970s brought many administrative improvements to the College. Job descriptions for all ACFS officers and committees were created. Tax-exempt status from the Internal Revenue Service as a 501(c)(3) non-profit organization was obtained. The first quarterly audit and a chart of accounts were established to identify profits and loss. Regional divisions were encouraged to expand hands-on workshops and surgical clinics as a way to better disseminate knowledge and advances in surgical technique. These education efforts pressured some states to enhance their practice acts and states such as New York, Michigan, and Kansas followed through.

As the numbers of residency graduates and certified podiatric surgeons increased, the College changed entrance requirements for members. Membership examinations were waived for candidates who had completed one or two-year surgical residency programs and the ACFS incorporated computerized test scoring for the other candidates.

The Board unanimously approved ACFS President, Dr. William Lowe’s intention to establish an ACFS student chapter at each of the five colleges of podiatric medicine in 1974. The objective was to increase student awareness of the ACFS while providing educational programs for the students. Student Richard Reinherz, who later in his career would become the Editor of the Journal of Foot and Ankle Surgery, was the first student chapter president at the California College of Podiatric Medicine. continued on back page
What do these have in common: assessment of flatfoot risk factors ... prediction of plantar plate injury using MRI ... and drug effects on postoperative bone healing?

Each of these topics —and many more— have been the focus of research supported by the ACFAS Clinical and Scientific Research Grant. The College applauds these efforts, because they increase our body of knowledge and augment evidence-based practice.

Now you, too, may be able to have your proposed study funded by an ACFAS research grant. Applications are currently being accepted for the 2012 grant. The program confers up to $20,000, providing resources that might otherwise not have financial support.

The grant is awarded to ACFAS members investigating topics involving foot and ankle surgery. The research must be clinical or laboratory-based, with clearly defined goals that meet all the criteria for grant submission. Wide dissemination of the study results will be achieved by publishing the grantee’s paper in the Journal of Foot and Ankle Surgery.

Deadline for submitting an application is September 1. To obtain information on the criteria and other details regarding the ACFAS Clinical and Scientific Research Grant, go to acfas.org/grant.
Your Call to be Social

Did you know that ACFAS has multiple social media platforms created for you to utilize? Did you also know that social media has been the number-one most rapidly evolving marketing trend, with more than 800 million active Facebook users to date? It’s true! And more than 200 million were added in the year 2011 alone!* What better reason is there than that to join?

If you haven’t already joined all of the ACFAS social media platforms, get involved in the conversations today. We have two main audiences online: You (members of ACFAS and the podiatric community) and consumers. Our audiences grow daily!

With daily updates and questions, members can gain insight into current market trends and frequently-asked consumer questions, be witness to what other podiatric practices are doing nation-wide, share pictures and videos, discuss topics with your colleagues and share your own success with them.

Plus, you can refer your patients to our consumer networks, FootHealthFacts on Facebook and @FootHealthFacts on Twitter, to find information on foot injuries, articles and even pull up our interactive foot tool in your office to show them. ACFAS strongly encourages you to become a part of this ever-growing medium so you can maintain perspective on ways to market your own practice, see what questions patients are asking and more. Become a social member today!

*stat taken from Social Media Examiner

You can find ACFAS at the following social media locations:

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Here’s a Hot Tip: Use FootHealthFacts.org to Educate Patients

The next time you’re explaining a condition to a patient, why not let FootHealthFacts.org do all the heavy lifting? That’s what Michael Joyce, DPM, FACFAS, of Piedmont Foot Center, Eden, North Carolina, does—and he can’t say enough good things about the results.

When he needs to explain a condition to a patient, Joyce sits down at a computer terminal with the patient and brings up the ACFAS consumer website, FootHealthFacts.org. He clicks on the “Foot and Ankle Conditions” tab and an alphabetical list of disorders appears. One more click and the patient sees a web page filled with helpful information—one of the College’s patient education pieces on numerous disorders. Each sheet succinctly explains the symptoms, causes, and treatment options, along with an illustration depicting the condition.

“A picture is worth a thousand words,” says Joyce, “and these pieces are ideal for explaining what’s happening with a condition. Often you can see the light bulb turn on the minute the patient looks at the illustration.”

First thing each morning, Joyce goes to FootHealthFacts.org and then minimizes it on the screen so that it stands ready for immediate access whenever it’s needed. He uses the website throughout the day with various patients, briefly discussing what’s going on by referring to the illustrations. Patients also have the option to refer to the web page at home at their leisure and then if they have questions, they can ask them to the doctor on their next visit.

Patients have given him the thumbs up on the usefulness of the web pages. “I think it is among the best things the College has done for consumers,” says Joyce. “There’s a lot of information out there on the Internet, but most of it isn’t geared to patients.”

Joyce is convinced that using FootHealthFacts.org is more effective than verbally explaining various aspects of the condition. “Typically after you’ve explained something, patients simply nod when you ask if they understand and say ‘no’ when you ask if they have any questions—but in truth they really don’t fully understand.” In contrast, using this website gives them time to carefully read and digest the information.

“This method also reinforces the DPM’s treatment plan,” Joyce adds. “The web page shows, in writing, that these are the acceptable treatment options undertaken by foot and ankle surgeons.”

According to Joyce, there’s yet another advantage to using FootHealthFacts this way: It can keep DPMs “fresh” by avoiding the mental fatigue that can come from explaining the same condition over and over.

For Joyce, the website simply can’t be beat. “It’s free, easy to use, and doesn’t require you to go out of your way. All the information is right there—just a click away.”
Across the nation, some 1,400 Veterans Administration (VA) medical facilities are succeeding in providing a high level of career satisfaction for medical practitioners. Monica Schweinberger, DPM, of the VA Medical Center in Cheyenne, WY, is one such physician who enjoys the many benefits of working in a federal facility.

“In terms of podiatric surgery, the VA certainly offers many opportunities to practice quality care,” she says. “But you also must realize that because you see patients with a wide range of conditions, this setting typically doesn’t lend itself to specializing.”

At Schweinberger’s facility, the patient population consists primarily of male adults, although women are now being seen increasingly. “We generally don’t see children, so the VA is not the right choice for those interested in pediatric care.”

Podiatric medicine at a VA hospital runs the gamut, from conservative foot care to surgical intervention. Many VA patients have diabetes, making wound care a major focus. Although trauma cases are uncommon at Schweinberger’s facility in Wyoming, they are highly concentrated at VA hospitals that treat patients coming from war zones.

A Stimulating, Multidisciplinary Setting

“One major appeal of working in a VA hospital is that I get to work closely with many different medical disciplines,” says Schweinberger. Indeed, the VA provides an environment that nurtures an interdisciplinary care team approach.

Schweinberger also has high praise for another VA advantage: being able to connect easily with other providers through the VA’s email system. “I can contact other podiatric departments and other specialists to ask them questions about a difficult case or find out what’s available at the VA. It’s great to have that kind of support.”

Another huge plus is ready access to advanced technologies and surgical instrumentation. Working in a VA facility enables state-of-the-art medicine. Schweinberger reports that the VA is very proactive in getting the latest in equipment and products, such as wound care medications, dressings, and other treatments. “This is a big benefit for our patients and for our ability to practice well,” she states. “You don’t always have such access in private practice.”

Providing care in a VA hospital also yields great personal satisfaction, Schweinberger points out. “It’s rewarding to help individuals who have served our country,” she says. “You get to see patients who have done amazing things, and you get to hear their stories.”
Improving Care Through an Effective VA Initiative

Schweinberger is especially pleased with a VA initiative called PACT (Prevention Amputation Care and Treatment). In this program, which has been ongoing for several years, each VA facility reports on their amputation rates and on any new preventive approaches undertaken. Multiple specialties, including podiatric medicine, are involved in this effort.

Support for a Challenging Caseload

One challenge in the VA setting can be the high number of patients that are seen. “You can get inundated, because the VA has a policy that physicians must see all new consults within 30 days,” explains Schweinberger. That policy is good news for the patient but can be difficult for the physician—unless there’s adequate support.

“It’s rewarding to help individuals who have served our country. You get to see patients who have done amazing things, and you get to hear their stories.”

— Monica Schweinberger, DPM

“‘This is an effective way for us to critically analyze how well our facility is preventing amputation,” says Schweinberger. “We compare our performance from one year to another, as well as compare it to other facilities. Just as important, we get ideas and information from other facilities—it’s a great way to work collaboratively.’”

In Schweinberger’s department, she receives needed support from a nurse practitioner, who handles much of the conservative wound care and other nonsurgical cases, and she also gets help from medical assistants. In addition, the department has a nail technician who performs nail and callus care. “It’s extremely beneficial to have this kind of support because of our high number of patients who require diabetic foot care,” says Schweinberger.

Not all VA podiatric departments are the same, though. For example, because Schweinberger’s facility is small and in a rural area, she currently is the sole full-time podiatric surgeon. Other VA hospitals may be larger or smaller, and some are teaching hospitals, where residents can provide important support.

Advice: Check Out the Specific Facility

For those who are interested in pursuing a career with the VA, there’s one piece of advice that Schweinberger emphasizes: “It’s essential to go to the specific facility and see it in person. You need to get a feel for the area you’ll be working in, who you’ll be working with, and what kind of support you’ll have.”

Schweinberger also urges candidates to look at the type of patients that they would see. “You have to know where your interests lie, and then determine whether that facility can meet your needs,” she says.
Missed the Website Marketing Webinar?

View it Now Through the ACFAS Website!

Did you miss the complimentary webinar, *From Prospect to Patient — How to Grow Your Practice with an Online Presence?* No worries, a link to the webinar is now on acfas.org so you can check it out at your convenience.

What can you discover from this webinar? Learn how a typical patient searches for a podiatrist on Google and major search engines and how you can be a part of action. Plus, hear the important elements that make up a successful practice website and marketing strategy including website design, search marketing, reputation management, social media and mobile marketing.

During this 45-minute program brought to you by ACFAS and Officite, you’ll learn first-hand how to:

- Maximize your brand and online image with a dynamic practice website
- Reach on-the-move patients with a mobile website
- Optimize online visibility with local search marketing strategies
- Generate positive patient reviews to improve your online reputation
- Connect with patients and secure referrals through Facebook and blogging
- Easily launch and manage a complete Internet strategy for your practice
- Plus review the newest Internet marketing trends for building a successful online presence in 2012 and beyond!

To view the webinar, visit the ACFAS website: www.acfas/marketing

Webinar Series to Come

The ACFAS Practice Management Committee plans to expand upon this pilot program, and offer a series of complimentary webinars in the fall. Stay tuned for more information on a listing of topics, and a schedule of sessions.
news from the college

Member Input on a Hot Topic: DVT Prophylaxis Survey Draws a Huge Response

Hats off to the ACFAS members who recently stepped up to the plate and hit a home run by providing vital input on their experiences with DVT prophylaxis following foot and ankle surgery. At the time of this writing, some 800 members responded to the College’s online DVT Prophylaxis Membership Survey—vastly surpassing the number needed to capture meaningful data.

Thanks to this impressive response rate, the survey results will yield important feedback that helps the College characterize members’ practices regarding postoperative DVT and prescribing chemical agents to prevent DVT. The findings will be examined by the ACFAS Research/ EBM Committee, and will serve as a springboard for determining the next step in addressing this topic.

All survey participants were entered into a drawing for a $100 American Express gift card, and the winner is Emanuel Willis, DPM, FACFAS, from Sumter, South Carolina, although all participants are winners in the sense that they helped clarify where they stand on DVT prophylaxis.

A big thanks goes to all survey respondents who did their part in facilitating research about members’ practices in this controversial area.

Board Nominations Now Open

Two 3-year director terms on the ACFAS Board of Directors are open for nomination this year. ACFAS Fellows who meet criteria for election are encouraged to submit a nomination application by August 20. The Nominating Committee will announce recommended candidates to the membership no later than October 5. Candidate information and electronic ballots will be e-mailed to all voting members no later than November 29. Electronic voting will end on Dec. 29, 2012.

For details on the criteria for candidates and the application, visit acfas.org/nominations, or contact Executive Director Chris Mahaffey at 773-693-9300 or mahaffey@acfas.org. New officers and directors will take office during the ACFAS 2013 Annual Scientific Conference on February 11-14, 2013, in Las Vegas, Nevada.

For questions regarding eligibility criteria, contact Nominating Committee Chair Glenn M. Weinraub, DPM, at 510-248-3039 or gmweinraub@gmail.com.

Welcome!

ACFAS is pleased to welcome Caitlin Wember as the new Electronic Communications and Public Relations Manager for the College.

Caitlin will serve members as the voice of the College’s social media channels, writer and editor of This Week @ ACFAS, web editor of both acfas.org and FootHealthFacts.org and assist in the execution of the College’s national public relations strategies.

Caitlin can be reached at Caitlin.wember@acfas.org.

Consumer Website Expands “Find a Physician” Profiles

In an effort to better communicate the high level of education and training of ACFAS Fellow and Associate Members, the Consumer Education Committee recently requested that the ACFAS Member profiles, viewable to potential patients on the consumer website FootHealthFacts.org, be expanded to include additional fields regarding a physician’s “Education and Training Background.” The fields that are now viewable are:

- ABPS Status
- Residency
- Specialty Training
- Fellowship Training
- Podiatric Medical School

Recently, ACFAS sent a mailing out to all Fellow and Associate Members whose residency information was not on file, so this information will be viewable on their profiles. If you received the mailing, we encourage you to provide your residency information back to the College, so your profile is completely accurate. To see what data is viewable on your current profile, please go to FootHealthFacts.org and search for your name.

Expand Your Profile!

If you are interested in expanding your profile by providing more details about your practice and additional training, or provide address changes to the College, please go to acfas.org and log into the website; you will then be prompted to “modify your profile” with a link viewable the top of the screen. The expanded profiles will now also allow members to add information about “Academic Health Center Appointments,” with the profile showing the appointing institution and institutional department.
ACFAS UPDATES TWO POSITION STATEMENTS

The ACFAS Professional Relations Committee recently updated and posted online two revised position statements: “ACFAS Guidelines for Institutional Credentialing & Privileging and Due Process Rights” and “History & Privileges for Foot and Ankle Surgeons.”

The revision of the documents is part of the College’s ongoing efforts to ensure that all ACFAS position statements are current and reflective of official ACFAS stands.

The College’s position statements address a variety of clinical and professional concerns of interest to members and the public. You can access all 11 of ACFAS position statements, along with a white paper, at acfas.org/positions.
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OsteoMed, L.P.
The idea for an ACFS textbook evolved from the need for a certification exam study guide. Dr. Ben Hara was appointed editor of the textbook prior to presidency in 1971. In 1976 Complications in Foot Surgery: Prevention and Management was released.

Contributions to the *Journal of Foot Surgery* continued to increase in the ‘70s. A number of neoplasm studies were published annually by Dr. Steven Berlin in the *Journal*, based on lesions reported by ACFS members. Thanks to the efforts of Dr. Earl Kaplan, the *Journal* received acceptance by Index Medicus of the National Library of Science in 1977.

Dr. Kaplan retired in 1979, during the presidency of Dr. Cecil Davis, the first African-American president of ACFS. In honor of his retirement, The Earl Kaplan Award was created to annually recognize one student from each school who excelled academically in surgery.