1

Laying the Foundation

Michael Cornelison, DPM FACFAS

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Laying the foundation

- The Nelson-Medio Report (1993)
  - Commissioned by Medical Board of California to compare curricula
  - *"…the first-year podiatric residents, rather quickly, after an initial orientation and experience on a general medical or surgical service, begin to function in a manner similar to first-year medical residents."*
- CA Assembly Bill 932 (2004)
  - Clarified and expanded the surgical scope of doctors of podiatric medicine in California
  - Passed unanimously, following unanimous vote by the Business and Professions Committee to send to the Assembly
    - Supported by the California Medical Association

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California Physicians and Surgeons Joint Task Force

"The California Medical Association (CMA), the California Orthopaedic Association (COA), and the California Podiatric Medical Association (CPMA) have agreed to launch a joint task force to evaluate the education and training of future graduates of California podiatric schools, with the goal of preparing these students to have the education, training, and certification that would allow them to be licensed as physicians and surgeons in California."

- Joint announcement of establishment of the Task Force, 2011

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Objectives

- The task force held its initial meeting November 2012
- Compare the curricula of allopathic and podiatric medical colleges.
- Propose the process to eliminate identified differences in education and training, including providing the necessary pathway to enact such processes.
- Identify and establish the final subsequent regulatory and legislative steps for the awarding of the P&S certificate to qualified DPMs upon completion of their training
- Identify and formulate the necessary pathway for DPMs to follow to obtain the P&S certificate.
- *Curricular assessment was conducted by Task Force with protocol in common with those used by LCME, COCA, ACGME, and CPME*

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Task Force Site Visits to Colleges of Podiatric Medicine

- core curriculum requirements
- methods of instruction
- students' and residents' level of involvement in patient care
- methods of MD/DO faculty supervision for DPM residents,
- level of interactions between DPM residents and MD/DO students, and residents
- type and frequency of didactic educational experiences
- methods used to evaluate and determine clinical competence

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College Site Visit Findings

- The podiatric student pre-clinical curriculum appears to satisfy the P&S Certificate requirement for courses in Anatomy, Embryology, Histology, Neuroanatomy, Bacteriology & Immunology, Biochemistry, Pathology, Pharmacology, and Physiology.
- The podiatric student curricula at visited institutions did not fully meet the P&S Certificate Core Clinical Courses requirements for: Obstetrics/Gynecology (6 weeks) and Psychiatry (4 weeks).
- The podiatric curricula at some institutions may be of insufficient length to satisfy P&S Core Clinical Course requirements for Family Medicine, Internal Medicine, Surgery, and/or Pediatrics.

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Residency Site Visit Findings

- Residents who satisfactorily completed integrated, hospital-based medical and surgical rotations appear to satisfy the P&S Core PGY-1 requirements for these rotations.
- podiatric students and residents' performance was evaluated by the faculty using the same performance criteria and instruments used for the medical students and residents.
- The podiatric residency programs reviewed were fully integrated into their institutional GME programs.
  - all residents were required to achieve the same rotation-specific competencies and learning objectives .
  - the faculty used the same criteria and methods to evaluate resident clinical performance.

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The Next Steps

- At the same time, there were separate but similar efforts to collaborate with AAOS and AOFAS on other concerns of mutual interest.
- These interests served to create a new, national-level platform for the California initiative to continue.

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History of the 'Joint Task Force on Orthopaedic Surgeons and Podiatric Surgeons'

John S. Steinberg, DPM FACFAS

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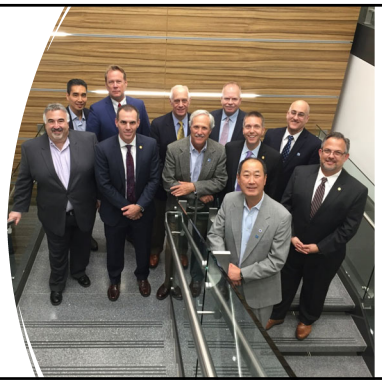
Established April 2018 in Chicago

Two voting members each appointed by the boards of:

- ACFAS
- APMA
- AAOS
- AOFAS



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Joint Task Force on Orthopaedic Surgeons and Podiatric Surgeons

- Initial Dialogue Focused on Common Struggles
  - Coding / Reimbursement
  - CPT / RUC
  - Research Registry
- Subsequent Dialogue Focused on Educational Equivalency
  - CPMA/CMA/COA Initiative
  - USMLE
  - AMA Resolution and White Paper

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Joint Task Force on Orthopaedic Surgeons and Podiatric Surgeons

- 4 Face to Face Meetings and Numerous Conf Calls
- Productive Dialogue and Mutual Respect
- Observers from CPMA, ABFAS, AMA, Legislative Affairs
- Shared Frustration at the Current Tension and Ambiguity
- Mutual Desire to Decrease Legislative Battles

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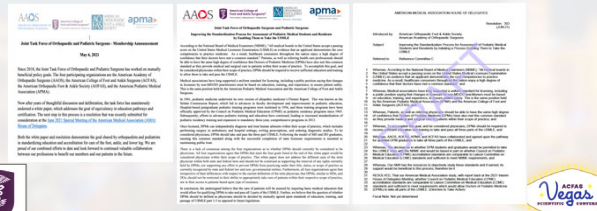
Joint Task Force on Orthopaedic Surgeons and Podiatric Surgeons

Acted to fulfill APMA HOD Resolution 4-19 on USMLE by together writing White Paper and AMA HOD Resolution



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Work Product of the Joint Task Force

Chris Reeves, DPM FACFAS

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Clarity

- "Definition of physician"…as it pertains to recognition by AMA
- MD/DO/DPM?
- AMA (thus AAOS/AOFAS) – per their policy will continue to fight any legislation that targets being recognized as a physician – by any group
  - Not just DPM
  - Not just an "ortho vs DPM thing"
  - ALL LEGISLATION – NP, PA, PT, etc. - ALL GROUPS
- Repercussions to DPMs
  - Continued financial expenditure that our organizations can't compete with
  - Lack of focus on other elements of commonality that we do agree on (95%)
- How do we knock down that door?
- How do we lead the way as the most logical group to be included by the AMA?
  - **USMLE**
  - **The one commonality AMA members have and "the standard" AMA recognizes**

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Problem

- WE DON'T HAVE ACCESS TO THE TEST
  - Only NBME can grant us access to the test
  - Only AMA has enough power to suggest NBME grant us access to the test
  - Only way to have AMA do so is through a resolution in its house of delegate
  - **For AMA to listen – AAOS must be supportive**
- Organizational support
  - Position Statements
  - APMA Vision 2015
  - APMA Resolution on USMLE
- Questions to be answered
  - Why?
  - How?
  - Qualifications?
  - Process to get it done
    - ✓ AAOS influential enough to lean on AMA
    - ✓ AMA strongly suggests ("informs") NBME to review

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Plan

- AMA Resolution 1 (J21-303)
  - Show Comparable Accreditation in our current system
  - Show Comparable Education in our current system
  - Show Comparable Certification in our current system
  - NOT EQUILAVENCY!!
- AMA Resolution 2 (Future Date)
  - Allow DPMs "Access" (NOT MANDATE) to the USMLE
- Our Road Map (Future Date)
  - Develop our pathway to success (CPME, Colleges of Podiatric Medicine)
  - Implement our pathway
  - Time Frame is up to our profession
- AMA Resolution 3 (Future Date) – if we succeed as a profession
  - Include DPMs in the AMA definition of physician

PARITY!!

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The Resolution (J21-303)

3 year Process
HOD Resolution Experts (DPM/Ortho/AMA)
Extensive Legal Review

- WHEREAS
  1. NBME is recognizes the USMLE as its standard
  2. AMA position that non MD/DO providers change in status will not be through legislation but based on education, training, experience (that they recognize)
  3. Patients should have confidence in DPMs based on AMA standards
  4. To be physicians (by AMA) – Take USMLE
  5. Agreed on pathway – TO GAIN ACCESS TO TAKE USMLE
  6. NBME is the only organization able to grant access
  7. AMA has resources ($$$) to fund the process

RESOLUTION:
- ➢NBME study comparability of CPME Standards to LCME Standards and thus open pathway for DPMs to take the USMLE

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The White Paper
Facts vs Fiction

- Our organizations have always agreed that advancement in our profession be based on education, training, and experience
  - We have gone the legislative route out of necessity – with some success, with some failure, and with a lot of money spent
- We have a history of growth progress recognized by the MD/DO organizations acknowledgment of the success and evolution
  - 1956 Hospital based training programs
  - 1961 Selden Commission Report (Comparable to allopathic Flexner Report)
  - 1965 CPME approves podiatric residency program
  - 2013 increased standardization of podiatric residency training and expansion to mandatory three-year, comprehensive programs

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The White Paper
Facts vs Fiction

- DPMs can independently diagnose and treat human ailments within their scope of practice, which includes performing surgery in ambulatory and hospital settings, writing prescriptions, and ordering diagnostic studies.
  - **Recognized by MD/DO organizations**
- Statement of Resolution
  - DPMs don't have a common standard to MD/DO to be recognized as physicians - BY THE AMA (Yet)
  - We are trying to enter their club
  - Common Standard most attainable is access to USMLE
  - Resolution (J21-303)

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The White Paper
Facts vs Fiction
KEY MYTH BUSTERS

- This white paper does not: (stated in paper and agreed upon by all 4)
  - Address the different uses of the term physician within both state and federal laws
  - Should Not be construed as supporting the removal of any rights currently held by DPMs
  - Does NOT support any effort to prevent DPMs from practicing under their title, status, or scope of practice as currently recognized by state and federal law and non-governmental entities.
- AAOS/ACFAS/AOFAS/APMA agree:
  - irrespective of their differences with respect to the current definition of the term physician, that DPMs, similar to MDs, and DOs, should not be restricted in their ability to appropriately take care of patients within their respective scope of practice, nor in their access to patients based upon type of insurance.

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The White Paper
Facts vs Fiction
Final Four Points

We agree to the following in order for DPMs to be recognized as physicians within their scope of practice by all four organizations:
- This applies to the organizational definition only
- This does not apply to the different uses of the term physician within both state and federal laws (i.e. Medicare, licensing, etc.)

1. DPMs must pass all 3 parts of the USMLE.

2. Accreditation of colleges of podiatric medicine should meet comparable standards to the Liaison Committee on Medical Education (LCME). We will accept the NBME's determination on whether the CPME accreditation standards are **comparable** to LCME and sufficient to meet requirements which would allow DPMs to take all parts of the USMLE. (Point of the motion – NBME is the only organization that can do this)
   - If we don't meet it – then we continue as is (They don't want this any more than we do)

3. CPME approval of podiatric residency programs should meet **comparable** standards to the Accreditation Council for Graduate Medical Education (ACGME).
   - We firmly believe that we meet this or if not should adjust accordingly to be **comparable**

4. Board certification for DPMs should meet **comparable** standards as set forth by the American Board of Medical Specialties (ABMS).

Comparability is just that: It does not Translate into any organization being replaced

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Questions?

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