What are the models for postgraduate training that best serve the public and the profession? That question was thoroughly investigated by the exhaustive efforts of the members of the Association’s Educational Enhancement Project (EEP), which seeks to produce a complete needs assessment of the predoctoral and postdoctoral educational programs in podiatric medicine.

Our current educational models have evolved over many years, and change in our current systems is healthy if it leads to better physicians and thus improves the care we render to the public.

I have witnessed a steady improvement in the competencies of DPMs during my 21 years in this profession, but I also realize that we must strive to improve our knowledge base even more in the challenging health-care environment of today. All health-care professionals are expected by the public and by health systems personnel to provide more efficient and more efficacious care with fewer resources.

Therein lies the challenge: How do we graduate better qualified DPMs who can meet these needs?

Our current system consists of the following multiple-residency models: rotating podiatric residencies (RPRs), podiatric orthopedic residencies (PORs), primary podiatric medical residencies (PPMRs), and podiatric surgical residencies (PSRs). Two certifying boards—the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) and the American Board of Podiatric Surgery (ABPS)—are recognized by the Joint Committee on the Recognition of Specialty Boards (JCRSB) and the Council on Podiatric Medical Education.

Board certification demonstrates one’s competence to the general public, and many hospital staffs and managed care organizations will not credential physicians who are not board certified.

The public and the community of podiatric physicians are best served by board certification, and for all practical purposes that is the only pathway for DPMs to gain access to patients and hospital staff privileges in many areas of the country. APMA suggests that hospitals and managed care organizations evaluate individual practitioners on the basis of their competence, training, and experience, rather than making decisions solely on the grounds of board certification.

One of the outcomes of the EEP was that comprehensive training was the best model for the training of podiatric physicians. Many look at the typical podiatric practice as evidence of such postgraduate training. The typical podiatric practice offers a full range of services to patients, from the medical management of foot conditions, to nonsurgical orthopedic management, to surgical options for care. Each practice may offer a different level of these components, but most practices do, in fact, offer the full range.

This was the compelling reason that led the EEP to decide that comprehensive training was the most desirable model. Simply put, such training fills the needs of most practices and the public at large. The direction in which we need to move is to develop a comprehensive curriculum for our colleges of podiatric medicine and our residency programs.

The EEP called for a resource-based, comprehensive 24-month program, and that is what the vast majority of the profession sees as the basic training experience. As in all fields, some will desire additional training beyond the minimum set by the profession, and there are opportunities for training in specialty areas of practice, including extra years of residency training or fellowships.

It is time to adopt the model as promulgated by the EEP and develop the curriculum for the comprehensive 24-month residency in podiatric medicine and surgery. Once that model is in place, the graduates of such programs could choose to be certified by one or both of the boards—or, as recommended by the House of Delegates of APMA, the two boards could merge into one.

APMA does not control either of the boards, so it is appropriate for us only to recommend that the boards deal with this process of evolution in a manner that truly reflects the future needs of both practicing DPMs and the public we are sworn to serve.

Through this process of change, it is important for us to stay united in our vision for podiatric medicine, in order to ensure that the foot care needs of the public will be well served into the future.

There is truly “Strength through Unity.”

ROBERT D. “DOUG” SOWELL, DPM
President