Looking Outside of Podiatric Medicine

I have made the comment that the profession of podiatric medicine has arrived. What does that mean? In the past, as a method of evaluating podiatric medicine, I have discussed contributions in podiatric medical education, in surgical procedures, and in products developed by our profession. The Darco postoperative shoe, for example, dominates the market in the United States and is used throughout the world. The criteria I have used for measuring our profession have concerned what is going on inside of our profession.

Another way to look at the maturity of our profession is to look outside of podiatric medicine. Other medical fields offer a basis for comparison. During the second week in October, I attended the annual scientific meeting of the American Osteopathic Association (AOA). Osteopathic physicians are colleagues and friends in the provision of health care. Their profession is one of the major divisions of medicine in this country and in the world. There are many ways to compare the AOA with APMA.

A mature profession will have considerable depth. The resources and sophistication of the profession are significant. The study of the science of the profession is advanced. The AOA has numerous component and affiliated organizations. These represent specialties including orthopedics, obstetrics and gynecology, dermatology, sports medicine, pediatrics, pathology, manipulation, and pharmacology. The list of osteopathic specialty societies and organizations is extensive. The AOA has more than 45,000 members. Many of their affiliated and related organizations hold separate meetings, have unique requirements for admission to that subspecialty, conduct examinations, and produce publications related to that area of concentration.

How does the profession of podiatric medicine compare in this area? Does podiatric medicine also have many boards and societies and publications? The answer is yes. Membership in these subspecialty groups is restricted to those individuals who have an interest or can demonstrate considerable experience in a particular area. Podiatric subspecialty groups hold meetings devoted to a single area of focus. Podiatric physicians are considered by the community to be experts in certain areas. Podiatric physicians provide lectures on the care of the diabetic foot to diverse audiences across the country.

Affiliated APMA organizations include the American Academy of Podiatric Sports Medicine, the American College of Foot and Ankle Orthopedics and Medicine, the American College of Foot and Ankle Pediatrics, the American College of Foot and Ankle Surgeons, the American College of Podiatric Radiology, the American Society of Podiatric Dermatology, and the American Society of Podiatric Medicine.

Related organizations of APMA include the American Academy of Podiatric Practice and Management, the American Association for Women Podiatrists, the American Association of Colleges of Podiatric Medicine, the American Association of Hospital and Healthcare Podiatrists, the American College of Podiatric Medical Review, the American Podiatric Circulatory Society, the American Podiatric Medical Association Auxiliary, the American Podiatric Medical Students’ Association, the American Podiatric Medical Writers Association, the American Society of Podiatric Medical Assistants, the American Society of Podiatric Executives, the Federation of Podiatric Medical Boards, the Fund for Podiatric Medical Education, and the National Board of Podiatric Medical Examiners.

Clearly the profession of podiatric medicine has many subgroups whose members have a great interest in a limited area.

How else does our profession compare with osteopathic medicine? Our courses of study are comparable. Both professions require undergraduate education, followed by 4 years of medical education and then residency training for a variable number of years. The medical school curriculum is very similar in the two professions. In many courses, the same textbooks are used. In several schools of podiatric medicine students take courses together with osteopathic students. In both professions, residencies are conducted in teaching hospitals. Both professions require continuing medical education courses for relicensure.

Both professions are approved by the major hospital accrediting body to perform independent hospital admissions. The Joint Commission on the Accredita-
tion of Healthcare Organizations is clear on this privilege of podiatric physicians and osteopathic physicians.

Thus, the profession of podiatric medicine has many similarities to the profession of osteopathic medicine. Both professions have well-developed bodies of research, numerous subspecialty groups, similar courses of study, and comparable continuing medical education requirements. Both professions have provided more than a century of unique health care in the United States and other countries.

Our challenge for the future will be to continue to provide sophisticated health care for our patients and medical education for podiatric physicians.

We have arrived.                              Richard B. Viehe, DPM
President