As I have discussed in past columns, advancements have been made by the profession of podiatric medicine in many areas; this column is focused on our educational achievements. During the past 100 years, the education of podiatric physicians has become very sophisticated. A century ago, the podiatric educational curriculum was brief, and the courses were limited. The colleges of podiatric medicine have all done a remarkable job of crafting a curriculum that is flexible and meets the needs of new graduates—relief of pain and deformity and superior medical and surgical care.

I served as chairman of the Board of Trustees of the California College of Podiatric Medicine (CCPM) for nearly 10 years, beginning in the mid-1980s. Even in those years, there were constant changes in course offerings and increasing sophistication of educational requirements.

In preparing this column, I contacted all of the colleges of podiatric medicine. As I spoke with the presidents of several of them, I learned much about the current state of podiatric medical education. The curriculum has been strengthened and extended, and new subjects have been added.

The California Board of Podiatric Medicine mandated the Nelson-Medio study of the state of education of podiatric physicians. This detailed review concluded that the average podiatric medical college graduate has an education comparable to that of most allopathic and osteopathic physicians. However, several subjects were lacking, including behavioral science (psychiatry), women’s health, and pediatrics. Podiatric medical students now have instruction in general surgery in some of the colleges, with hands-on rotations in major teaching institutions.

Our podiatric medical students are now educated at some of the premier medical teaching facilities in the country, including the medical schools of Yale University, University of California, Temple University, and Columbia University, and the hospitals associated with these sites. Our students are also training at additional teaching facilities across the country.

The New York College of Podiatric Medicine is implementing a comprehensive computer tracking system for all clinical patients. For every patient, a computer record is prepared detailing the complete health record, past medical care, current diagnosis, ICD-9-CM codes, CPT codes, progress notes, and outcomes. Obviously, this information will be invaluable for the practice of evidence-based medicine. The staffs of our colleges will be able to determine which treatments are effective. The computer analysis will allow new relationships of diseases to be determined.

The Council on Podiatric Medical Education has created stringent standards for each college. Regular college visits and extensive reporting are required. One college president said that there has been a significant change in educational goals: Today, the colleges educate graduates who will go on to residencies. This allows a considerably different focus in the education process. This is especially true as the 2-year residency format is being considered by most of our colleges.

Our colleges are now offering combined degrees: DPM-PhD, DPM-MPH, and DPM-MBA programs are all available. We have also seen the emergence of the DPM-MD degree. These new combined degrees prepare our graduates for careers in medical group and hospital administration, insurance and business development, and public health.

A pressing concern of the colleges is debt relief. Our students and our colleges do not have the same debt relief opportunities as enjoyed in the allopathic and osteopathic fields. Our colleges are often private and do not share in the large amounts of money provided by state legislatures and state health systems. These resources should not be denied to podiatric physicians or to colleges of podiatric medicine.

Because of the improvements in our educational system, podiatric medicine has seen its scope of practice expand considerably. Complete independent histories and physicals and hospital admissions are widely enjoyed privileges of podiatric physicians. The Joint Commission on the Accreditation of Healthcare Organizations has documented this expanded scope of practice—after APMA persuasion.
This profession has arrived, and education is key. It was recently reported that the average college graduate now earns twice as much annually as the average high school graduate earns. All of the economic studies of our profession demonstrate the rewards of higher education for podiatric physicians. Podiatric physicians are blessed with a fine education and must never forget the educational system that has brought us to this state. The challenge for the future is to continue to enhance and strengthen this mature medical education system.

Richard B. Viehe, DPM
President