

Joint Task Force on Orthopaedic Surgeons & Podiatric Surgeons Talking Points Supporting 2021 AMA Resolution

EXPLAINING THE RESOLUTION

More than two years ago the 2019 American Podiatric Medical Association (APMA) House of Delegates passed Resolution 4-19, establishing that a national joint task force will work with the American Medical Association (AMA) to start discussions with the National Board of Medical Examiners (NBME) about allowing DPMs to sit for the United States Medical Licensing Exam (USMLE). That resolution was supported unequivocally by the leadership of the American College of Foot and Ankle Surgeons (ACFAS).

The subsequently created Joint Task Force of Orthopaedic Surgeons and Podiatric Surgeons between the American Association of Orthopaedic Surgeons (AAOS), the American Orthopaedic Foot and Ankle Society (AOFAS), ACFAS, and APMA, has now crafted a resolution for consideration at the AMA House of Delegates Annual Meeting in June 2021.

Submitted by AAOS and AOFAS, the resolution directs AMA to study whether Council on Podiatric Medical Education (CPME) accreditation standards for graduate medical education are comparable to Liaison Committee on Medical Education (LCME) standards. Should AMA determine comparability between CPME and LCME accreditation standards, future resolutions would direct that AMA recommend to the NBME that graduates of CPME-accredited colleges of podiatric medicine be allowed to take the USMLE.

UNDERSTANDING WHY

DPMs should not be restricted in the application of their specialty. The task force member organizations all agree that DPMs should not be restricted in their ability to appropriately care for patients within their respective scope of practice, nor in their access to patients based upon type of insurance.

Licensure should be based on education, training, and experience. AMA has long supported a uniform standard for licensing, including a public position stating that changes in licensure must be based on education, training, and experience to ensure patient safety. This is the same position held by APMA and ACFAS.

Patient safety always comes first. DPMs are driven by the desire to enrich the physician-patient relationship. Patients, as well as referring health-care professionals, should be able to have the same high degree of confidence that DPMs have met common standards as they provide medical and surgical care to patients within their scope of practice. Patients should be reassured knowing that DPMs are confident in their pursuit of higher medical education with their commitment to USMLE standards.

The wheels of change turn slowly. The evolution of the profession shows that DPMs have advanced their field of medicine. Since 1961, podiatric medicine has taken actions to advance podiatric training and education, leading to increased standardization of podiatric residency training and expansion to mandatory three-year, hospital-based medical and surgical residency programs. In addition to their rigorous four-year medical education, three-year hospital-based surgical residency, and other postgraduate accreditations, DPMs can attain advanced certification in foot and ankle medicine or surgery, or both.

Will this be required for everyone? Taking the USMLE would be optional. DPMs who choose not to take the USMLE are by no means diminished in their competency or ability to practice. The intention is that the USMLE could be taken by enrollees or graduates from a CPME-accredited college of podiatric medicine.

Why are orthopedists working with us on this? Despite our belief that our education and training is comparable to allopathic and osteopathic medicine, the orthopedic community has proposed this process to evaluate our education and training and has agreed that if these processes are comparable, they will recognize DPMs as physicians. This process could set the bar for all other providers seeking recognition commensurate with education and training.