

## **The Residency Shortage: Continued Efforts to Find a Solution**

American Association of Colleges of Podiatric Medicine

You have undoubtedly read many messages recently regarding the current shortage of residency positions in podiatric medicine. Some suggestions have advocated for temporary measures that have the real potential of unintended consequences that would create more hurdles in the long term. Much of the criticism has been borne of inaccurate information or an incomplete understanding of all of the relevant facts. The fact that having insufficient residencies is a challenge we share with allopathic and osteopathic medicine gives little solace to the as yet unmatched students. But one fact remains above all: the failure of even one qualified graduate to match is tragic and unacceptable.

Let's find a solution to the current residency shortage. To do so requires a perspective that incorporates the past, present and future. This perspective focuses its energy on the need for the profession to recognize that this is a critical point in the continued advancement of the profession, rather than focus on blame for any particular group or organization in the podiatric profession. How the profession responds to this challenge will define the profession and its members for a very long time. Success in doing so will in part be dependent upon accuracy and a clear understanding of the factors that have contributed to the current situation.

### Fact:

- The supply of future practitioners is actually smaller now than in past decades, even with more schools and colleges of podiatric medicine. The average graduating class during the 1970's was 414; 580 during the 1980's; 582 during the 1990's; 432 during the 2000's and 528 through 2012 of this decade.
- As reported elsewhere, the CPME implemented a moratorium on new institutions and any increases in class size in 2008. The maximum number of entering student positions is 680 students. That is the cap regardless of the size of the applicant pool. In short, enrollments are not increasing and new schools are not opening. In January of 2013 the total number of students in the Class of 2016 was 668, with declining numbers in each of the other classes through the Class of 2013 with 572 students expected to graduate.
- A national residency facilitator was hired by the American Association of Colleges of Podiatric Medicine (AACPM) a year ago with financial support from the American Podiatric Medical Association (APMA), American Board of Podiatric Medicine (ABPM), American Board of Podiatric Surgery (ABPS), American College of Foot and Ankle Orthopedic Medicine (ACFAOM), American College of Foot and Ankle Surgeons (ACFAS), American Society of Podiatric Surgeons (ASPS), Federal Services Podiatric Medical Association (FSPMA) and the New Jersey Podiatric Medical Society (NJPMS). The work of the National Residency Facilitator has borne fruit and a significant

number of new residencies are in the process of being developed with several already in the pipeline for approval.

- Federal GME reimbursement is not available to podiatric colleges. CPME guidelines require that residencies be based at a hospital. Colleges cannot initiate residencies independent of hospitals. Residency training within the Department of Veterans Affairs is also funded separately. Nevertheless, the leaders at all nine colleges have been working hard to interest hospitals and work with them to establish new programs. Hospital anxiety over the security of future governmental funding has been a significant barrier.
- The number of *active* first year residency positions does not equal the number of *approved* first year residency positions. Each year, many programs do not fill their complement of first year positions, mainly due to case volume or funding concerns. Given the current economic environment and governmental policies toward graduate medical education, hospitals are becoming increasingly concerned about being able to fully fund all their approved positions. Just prior to the 2013 match, several approved residencies withdrew from the match out of fear that recent federal budget cuts would eliminate their source of funding.
- AACPM provides periodic status reports on residency placements from Match Day through the end of June. The following is residency placement data as of April 5, 2013:

**Class of 2013 Placements:**

Placement stats as of 4/5/13:

Placed in Residencies	499 ( 87.2%)
Not Eligible/Not Seeking Training	11 ( 2.0%)
To Be Placed	<u>62 ( 10.8%)</u>
Total	572 (100.0%)

**Class of 2012 and earlier Placements:**

Placement stats as of 4/5/13:

Placed in Residencies	22 ( 37.3%)
Not Eligible/Not Seeking Training	0 ( 0.0%)
To Be Placed	<u>37 ( 62.7%)</u>
Total	59 (100.0%)

When taking the overall placement stats into consideration, almost 83% (521) of the 631 residency applicants have found residency positions thus far this year. With nearly 2% (11) of residency applicants not seeking or ineligible for placement, it leaves close to 16% (99) total students that have yet to find a residency position for the 2013-14 training year.

How we got to where we are today is a complex question and includes a number of contributing elements. Reviewing all of these elements in this article is not possible. However, for the sake of illustration, data will be limited to the classes of 2012 and 2013. Here is what we know. An unexpectedly high number of students in the class of 2013 - 561 - qualified for the residency match by passing parts I and II of the national board exam, while 10 did not qualify and one student decided to not seek training. We know 43 students from the class of 2012 qualified for the residency match. Of the 604 candidates from these two classes competing for residency programs 518 candidates matched in the initial match and subsequent scramble (499 from the class of 2013 and 19 from the class of 2012). As of the date of this article, all remaining available positions are filled. This leaves a shortage of 86 positions for the classes of 2012 and 2013.

Prior to the match, AACPM was aware of 568 positions approved by the Council on Podiatric Medical Education (CPME). For a variety of reasons (funding, surgical numbers, programs merging, programs closing, concerns with government and just not interested), nearly 40 slots were eliminated from the match with nearly 20 of these slots withdrawing from the process approximately 2 weeks prior to the match.

Recognizing the likelihood of a shortage, CPME for the third time reviewed surgical and medical volume, results of recent on-site evaluations and progress reports, approval status, and other individual programmatic factors to identify institutions that sponsor programs with the capacity to increase positions. Based on that review, the council authorized an additional 108 positions in these CPME-approved programs. Institutions authorized an increase in positions were notified of the decision just prior to the match. Of these 108 positions, only six have been added to the number of available positions: five for the 2013-14 training year, and one to be added in 2014-15. The five positions for the 2013-14 training year have been filled.

So, if only more programs accept the offer to add more positions at established programs, there is a solution to this problem in the short term, while efforts to establish new programs appear to be gaining momentum thanks to the work of individuals in the profession such as Dr. Ed Wolf and his efforts as the National Residency Facilitator.

Some have advocated short term solutions through a restructuring of programs by shortening the length or reducing the number of cases required. Even temporary modifications to residency training would have major implications for the funding of podiatric residency training. Changing minimum training programs affects Graduate Medical Education (GME) funding levels for ALL training programs as the Federal government matches its full funding levels to the minimum training model.

The future of the profession is intertwined with providing a long term solution to this issue. Every practitioner has a role to play in this endeavor. Many groups within the profession have been working to facilitate residency development with varying levels of success. We cannot allow this current situation to result in the reduction in the total number of practitioners across the country right at a time when the demand for services by our patients is increasing.

- Each school and college of podiatric medicine is actively engaged in residency development. Although not able to be program sponsors themselves, the colleges are working with hospitals and interested practitioners to establish new residency training opportunities. They must continue to do so.
- Each current residency director can take a hard look at their program to determine whether there are ways to provide additional training opportunities that would result in expansion at their program.
- Each of us must communicate with congressional leaders to advocate for increased support for GME, rather than the cuts that are either already underway or threatened.
- Each practitioner can play a role. If every active podiatrist brought just one case a month to a hospital that supports residency training, the increase in case volume would ensure the filling of the full complement of entry level positions at current training programs, as well as allow for expansion at many training programs. Should you have an interest in becoming more actively involved in residency training by developing a new program, please contact Edwin Wolf, DPM, MS,

Project Director of AACPM's National Residency Facilitation Project, at [ewolf@aacpm.org](mailto:ewolf@aacpm.org) or call (212) 874-0609.

And so, here we are. There are 86 graduates in the classes of 2012 and 2013 seeking residency training positions. We understand that residency programs are not required to fill the already approved positions, but in the spirit of professional pride and moving this profession forward we appeal to these programs to once again step up and at least give residency candidates the opportunity to be considered for these approved positions. All programs deserve recognition for the outstanding training they provide, and programs that offer assistance in this process by expanding their number of positions should receive appropriate recognition for their efforts to remedy this very serious but solvable problem.

Meanwhile, the colleges and our national facilitator will continue their efforts to open new doors to residency training. AACPM remains committed to working tirelessly until all qualified residency applicants have secured a training position. We call upon all of our colleagues to join us in this effort. We stand ready to work with you as you seek to find the appropriate level of participation in this effort. It's our collective future at stake.