

Frequently Asked Questions

How and when was this initiated and what was the process?

In 2018 a task force was created consisting of leaders from the American Academy of Orthopaedic Surgeons (AAOS), the American College of Foot and Ankle Surgeons (ACFAS), the American Orthopaedic Foot & Ankle Society (AOFAS), and the American Podiatric Medical Association (APMA) to find common ground on the many clinical and policy initiatives that mutually benefit both groups and most importantly our patients. Additionally in 2019, Resolution 4-19 established that the national joint task force will endeavor to enlist the American Medical Association (AMA) to facilitate discussions with the National Board of Medical Examiners (NBME) on allowing DPMs to sit for the United States Medical Licensing Exam (USMLE). The resolution unanimously passed the APMA House of Delegates (HOD). It was endorsed by the American Board of Podiatric Medicine, the American Board of Foot and Ankle Surgery, and ACFAS, and was cosponsored by the APMA Board of Trustees, the American Podiatric Medical Students' Association, and 25 state component societies.

Since 2019, the Joint Task Force of Orthopaedic and Podiatric Surgeons, comprised of two members from each organization's leadership (AAOS, ACFAS, AOFAS, and APMA), began drafts of both the white paper and the AMA resolution. Over the course of two years and extensive review and edits, the joint task force members and their organizations' boards approved the documents released May 6, 2021.

Will access to the USMLE restrict DPMs' scope of practice? No. As the white paper states, "...DPMs, similar to MDs, and DOs, should not be restricted in their ability to appropriately take care of patients within their respective scope of practice, nor in their access to patients based upon type of insurance."

What happens if the resolution passes at the June 2021 AMA HOD meeting?

For you and your practice, there will be no immediate impact. This is a very long process that will take years to complete. The June 2021 AMA HOD is somewhat unique because it is a virtual meeting, which restricts the number of resolutions for consideration. The AMA 2021 "Prioritization Matrix" designates resolutions as either Top, High, Middle, Low, or Not a Priority. Therefore, not every resolution submitted will be heard. The first hurdle is that the resolution gets prioritized to be heard at this HOD. If it is accepted and placed on the priority list, it will be read on the floor of the HOD, options will be heard from AMA members (it could possibly go back to the AMA Council on Medical Education), and/or a vote will proceed. If all of this occurs and the resolution is ultimately approved at the June 2021 HOD, it simply requires AMA to conduct a study with the results presented at the November 2021 HOD. *That study would not be conducted by LCME or NBME, nor would it guarantee that NBME would accept a recommendation that podiatric students and graduates have access to the USMLE.*

What happens if the resolution does NOT pass at the June 2021 AMA HOD?

If it is not considered at the June 2021 HOD, it may be considered at the November 2021 Interim AMA HOD. Depending on whether the meeting is virtual, additional challenges could occur. If the resolution is introduced and does not pass, it is the end of the resolution. A different resolution could potentially be introduced at a future AMA HOD with modifications to satisfy the concerns that caused it not to pass.

Why was this process kept confidential and why did it exclude other stakeholders?

The resolution and white paper took more than two years to gain approval by AAOS, AOFAS, ACFAS, and APMA and required that all organizations would have to agree to any statement before being released. Meticulous review and vetting were conducted by joint task force members and boards from all four organizations, including professional staff and legal counsel. Because of extensive opinions and perspectives on this topic, the joint task force decided it was necessary to keep conversations confidential in order to gain consensus. Other stakeholders will and are being included now that the joint announcement has been published.

How is this going to impact podiatric medical schools? Will schools be required to adjust their curricula to help students pass the USMLE?

In the short term, there is no impact. This process will be a long one. If AMA approves the resolution, conversations and strategies will need to be developed and will require input from a larger group of stakeholders (deans, schools, etc.). Comparability of residency training standards and board certification are far in the future. It is certainly possible some curriculum changes may be required to sufficiently prepare graduates to pass the USMLE. This process may also result in a change in testing and preparation.

Is this white paper about defining the term physician?

No. The purpose of this white paper is not to address the different uses of the term physician within both state and federal laws and should not be construed as supporting the removal of any rights currently held by DPMs, nor supporting any effort to prevent DPMs from practicing under their title, status, or scope of practice as currently recognized by state and federal law and non- governmental entities. If we get access to the USMLE, we will then be able to use those results to further confirm our physician definition. This scenario is similar to what the osteopathic physicians did many years ago.

Are DPMs admitting our education and training are deficient?

No. DPMs' education and training are solid. If DPMs were perceived as being deficient by MDs and DOs, AAOS and AOFAS would not have supported efforts underway to get access to the USMLE, nor would APMA and ACFAS have agreed with this pathway. In 2011, the California Medical Association, the California Orthopedic Association, the Osteopathic Physicians and Surgeons of California, and the California Podiatric Medical Association formed a Physicians and Surgeons Joint Task Force. Its goal was to evaluate podiatric training and education and compare them to those of MDs and DOs. After completing site visits at both podiatric medical schools in California and at four residency programs, the team of MDs, DOs, and PhDs responsible for the evaluation concluded that podiatric education and training produced physicians whose skills were indistinguishable from practitioners of other regional specialties of medicine (such as ophthalmology and otolaryngology).

Does the option to take the USMLE down the road make our licensing boards obsolete? No.

Speculating about taking the USMLE and how that might affect licensing boards is so far into the future that no one has the answers. For now, podiatry licensing boards will be the only entities licensing podiatrists for practice, and any change to the exam used (APMLE from the NBPME) would have to go through every state legislature. APMA and ACFAS will always protect our current licensees and their ability to practice.