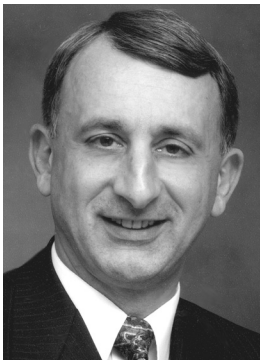
Vision 2015: Blueprint for Parity



For as long as I can remember, our profession has talked about working toward equality, parity, and comparability with our allopathic and osteopathic colleagues. Numerous paths have been proposed to accomplish this goal. We have opted to prove our value through our education, training, and experience.

Although some of us enjoy professional equality with allopathic and osteopathic physicians in our practices and hospitals, this situation is not as common as it should be. Dr. David Schofield appointed a task force chaired by Dr. Ross Taubman to look more closely at professional comparability with other physicians. The task force determined that to achieve parity, work must be completed in four basic areas: 1) education, 2) legislative and regulatory issues, 3) public relations, education, and information, and 4) interprofessional relations. Let's look at each of these four themes.

With regard to education, the competencies of podiatric medical students must be equivalent to those of allopathic and osteopathic medical students when they graduate from a college of podiatric medicine. The students must graduate with the same fundamental knowledge and skills. Our students must be tested with national board examinations comparable to those administered to allopathic and osteopathic students. Whether this means taking the same test or a comparable test has not been determined. The minimum residency program length must be 3 years, as in allopathic and osteopathic postgraduate training. There must be only one board certification in the profession. The importance of this was stressed by Dr. William Hazel, an orthopedic surgeon and a member of the American Medical Association Board of Trustees, in his address to the 87th APMA House of Delegates.

Next is the legislative and regulatory arena. There must be a universal scope-of-practice act. This would allow residents to plan to practice in any state without worrying about whether the state law will allow them to care for their patients to the full extent of their education, training, and experience. It would also permit physicians to move from one state to another without considering particular state practice laws. There must be a uniform definition of DPM as physician. In some states podiatrists are considered physicians, while in others they are not. Federal law must also uniformly define us as physicians.

Public relations, education, and information must get the message out to both the general public and the health-care community that DPMs are physicians. Although this has already been achieved in small pockets throughout the country, it must become a national perspective. Our message must be strong and consistent, and our Web site and publications must be brought into alignment with Vision 2015.

Finally, we must initiate, foster, and solidify relationships with national, state, and local medical societies, just as we cultivate relationships in our own hospitals and with the physicians who refer patients to us. It's all about relationships. We can't be hermits and expect the world to know who we are and what we do. We must enlighten physicians who are unaware of our education, training, and experience and prove our comparability. Getting involved and promoting podiatry should be second nature to all of us. Now, with a common goal the entire profession can agree on, let's roll up our sleeves and get to work!

Clearly, there is much to be done. Fortunately, we can tackle many areas simultaneously. We need everyone's help. Be visible, and get involved with your hospitals and medical community. Develop relationships with local physicians and other health-care providers. Help the world better understand the extent of our education, training, and experience, and success will naturally follow. Also, please contribute generously to your state political action committee as well as APMA's PPAC. The reality is that without financial support, it will not happen. We must help ourselves; no one is going to do it for us. Consider it an investment not only in our profession as a whole, but also in your own future.

APMA will oversee the progress of this project until its completion. Careful decisions will be made to achieve our goals in each of the four areas. There is only one possible outcome: universal recognition of DPMs as physicians within our scope of practice, determined by our education, training, and experience.

CHRISTIAN A. ROBERTOZZI, DPM
President