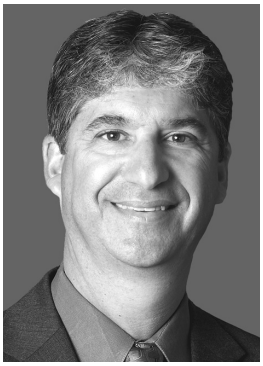
Board Certification and Parity



The APMA Vision 2015 Plan is the blueprint for gaining universal acceptance of podiatrists as physicians within our education, training, and experience. One of the plan's key areas is board certification. The current Vision 2015 objectives related to board certification are:

1) Board certification in podiatric medicine, podiatric surgery, and podiatric orthopedics to utilize pathways of training and experience comparable to those of allopathic medicine.

2) The certifying boards in all specialty areas of podiatric medicine and the certification process must be clear and understandable to the medical community and to the public.

Some have argued that APMA-recognized certifying boards are neither clear nor understandable to the medical community nor to the public. Yet, before we beat ourselves up too much, let's remind ourselves that our current board certification processes are the direct result of the evolution of our education, training, and experience.

In 1975, APMA had an active role in establishing the American Board of Podiatric Surgery (ABPS) because the profession recognized the need for a surgical specialty board for podiatry. Over the past 33 years as the education and training of podiatric physicians has advanced, the ABPS evolved to certifying foot surgery and reconstructive rearfoot/ankle surgery. Later, APMA recognized the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) as a direct result of the education and training of residents. The advancement in education and training in this specialty area of practice has gone through similar evolution over the past 20 years.

Our current situation tells us that as the education, training, and experience of podiatric physicians evolve, so, too, will our board certification process. There are two basic ground rules from which we must not waiver. First we cannot make central to the process the plight of those who are already certified. What will become of those previously certified in the "old system" is an issue that will need to be discussed. But if we are to move forward, we cannot allow this issue to be the impediment that stalls the process. Second, and most importantly, we cannot alter the process in such a way as to make it less meaningful. To do so will single-handedly make reaching parity impossible.

We are about to embark on the rewrite of the Council on Podiatric Medical Education (CPME) Document 320: *Standards, Requirements and Guidelines for Approval of Residencies in Podiatric Medicine*. The ad hoc committee will begin its deliberations this fall, with the projected approval of this document to take approximately 1 year. The revised guidelines are likely to create a minimum 3-year residency with uniform competencies for every graduate that will bring the profession in line with our allopathic and osteopathic colleagues. By creating uniform postgraduate training and podiatric medical college competencies (already created), we will follow the logical blueprint of our evolved board certification process.

This is no different for podiatric medicine than it is for allopathic or osteopathic medicine. Is the specialty of orthopedic surgery the same as it was even 20 short years ago? Of course it isn't. As a consequence, the requirements to achieve board certification in orthopedic surgery have evolved based on the current education and training achieved in medical school and residency programs. During this evolution, those previously certified were handled in the appropriate manner for their education, training, and experience.

So what will the outcome be? I can honestly say that I don't know. The APMA Board of Trustees constructed the Vision 2015 Plan so that stakeholders will make decisions that preserve the ultimate goal of podiatrists being universally recognized as physicians within our education, training, and experience. What are the possible outcomes of this process? There are three obvious solutions.

1) *Single board certification in podiatry.* Many within the profession would like to have a single, all-encompassing board certification in all aspects of care within the profession. This will be possible only when we have minimum 3-year residency programs with uniform competencies. This type of certification has not made sense to date because of the variable types of residency programs in which our graduates

participate. While we may pursue this option, we must consider advances within the profession in several emerging areas: complex rearfoot/ankle/leg surgical procedures, wound care, infectious disease, sports medicine, and orthotics and bracing, to name a few. While we will all be exposed to the full scope of practice for podiatric physicians in our new model of residencies, is it reasonable to expect that all podiatric physicians will be universally competent in these advanced areas of practice? Probably not, but that is no different than what exists in the specialties of allopathic and osteopathic medicine.

2) *One organization granting certificates in podiatric surgery and podiatric medicine.* Once we create minimum 3-year residencies with uniform competencies, we could decide to have two distinct specialty areas within the profession that both deserve their own certificates. Combined boards in allopathic medicine exist. The American Board of Psychiatry and Neurology (ABPN) is one such example that grants separate certificates for psychiatry and neurology. Following this example, the ABPN also gives certificates in subspecialties. Is this the preferred model?

3) *Continuing with separate APMA-recognized boards in each specialty area.* Is it possible that once we complete this process we will retain our current separate board certification organizations?

The possible outcomes of the process for determining board certification are exciting. I caution us to travel down this road with the right temperament and analytical thinking, devoid of rhetoric and unsubstantiated passion. The eventual outcome is just ahead of us if we follow our evolving education, training, and experience. And, when we complete this process, we will have achieved the universal recognition as physicians that we so richly deserve.

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