

## Looking Ahead: Will There be a DPM Shortage?

The SUNY Workforce Study reveals many areas that podiatry must address in the coming decade.

By Ellen R. Delisio

An American Podiatric Medical Association (APMA)-commissioned study of the podiatric workforce confirmed what many in the profession have suspected for years: the number of podiatrists practicing and graduating over the next 10 years will be insufficient to meet a projected surge in demand for foot-care services.

In fact, according to the report, the Podiatric Medicine Workforce Study prepared by the Center for Health Workforce Studies School of Public Health at the State University at Albany, the number of graduating podiatrists needs to **triple** by 2014 in order to meet the health needs of a population that is increasingly older, heavier, and diabetic. “Unless production [of podiatrists] is significantly greater...or demand for podiatric medicine services unexpectedly declines, other professionals would have to increase their share of foot-related services, or patients would have to go without services,” the authors of the report said.

Just to maintain the podiatrist- to-population ratio at a constant level in the years ahead would mean all podiatry schools would have to increase their number of graduates collectively by 10 percent – and would require the addition of a 10<sup>th</sup> college of podiatric medicine to produce more practitioners. Even then, the number of graduates would fall short of the numbers needed to serve all of the patients forecasted to need care, according to the report. “The sheer number of podiatrists that will be required to keep pace with an aging population and the epidemic in diabetic foot disease is a dilemma for our society,” said Paul Kesselman, DPM, one of many practitioners who reviewed the report. “While good for young podiatrists, the costs to society will be daunting.”

The findings present the profession with many challenges and opportunities. Some podiatrists from across the U.S. who studied the report disagreed with how to best meet the challenges and capitalize on the opportunities, with ideas ranging from putting the workforce issues ahead of the Vision 2015 goals to getting more podiatrists involved personally in student recruitment and promoting the profession. And not everyone views a potential shortage as a problem in need of a multi-pronged remedy; some think many podiatrists already are struggling to make ends meet, and more practitioners are not necessary.

The APMA commissioned the study in 2007 to try to substantiate suspicions of a pending shortage of podiatric physicians. “We wanted to take an objective look into the future,” said Ross E. Taubman, DPM, APMA’s president. The study’s findings show the need for more extensive and effective recruitment of applicants to podiatric medical colleges, according to Taubman. Since the study was released in December 2007, the APMA has stepped up its recruitment activities and efforts to increase the number of residency positions. “And of course, the valuable data collected from the workforce study is helping APMA in numerous other areas like state and federal advocacy as well as health policy and public health issues,” he said.

### **Valuable Selling Points**

The report provides recruiters with valuable selling points: the U.S. Bureau of Labor Statistics (BLS) projects job growth of about 16 percent in podiatric medicine between 2004 and 2014, which is slightly higher than the average for all professions and occupations, the report noted. The BLS further estimates that 6,000 job openings for podiatric physicians will occur between 2000 and 2010, with about 3,000 of these slots due to increased demand for podiatric services and the remaining vacancies caused by doctors who retired or left the profession. “While all along, we have told students what an outstanding career this is, we now have statistical data that indicates that the future is very bright,” Taubman said.

The APMA also reported to the study authors that podiatrists are closing the income gap with other health professionals. The median net income for all podiatric physicians in 2001 was \$134,415. “If you look closely at the salaries of new DPM associates, in many instances, they are very competitive with their allopathic and osteopathic counterparts,” Taubman said. “In fact, in many cases, the salary statistics for podiatric physicians exceed many others, including some areas of allopathic medicine.”

### **Not Everyone Agrees**

Other DPMs are more skeptical and less enthusiastic about the findings. Lowell Scott Weil Sr., DPM, chairman and CEO of Weil Foot & Ankle Institute Foot & Ankle Surgery Centers in Illinois, said he does not necessarily agree with the criteria the workforce study researchers used to predict a spike in patient demand or their conclusion that a severe DPM shortage is imminent. “I just don’t feel like we need a real big [recruitment] push right now,” Weil said. “I can’t see flooding the market. It will just make it harder for those in practice.”

Most of the podiatrists he knows in his area are not overwhelmed with patients; in fact, most can offer a patient an appointment within three days, compared with the weeks or months it can take to get an appointment with another specialist, according to Weil. Many podiatrists already are struggling to keep their practices solvent and retire as soon as financially possible, noted Kesselman in a letter to *Podiatry Management* magazine online. “Many DPM’s are having a hard time meeting their financial obligations and are seeking alternative employment opportunities; the cost of obtaining a medical degree is skyrocketing while reimbursements are traveling just as fast in the opposite direction; and most DPM’s graduate from school and residencies hundreds of thousands of dollars in debt. Something needs to be fixed soon, or there will be a need for more than a 300 percent increase in the number of graduating podiatrists!”

A doctor supply that is smaller than the patient pool could drive up podiatrists’ salaries, the study noted, “Assuming, of course, that other physicians continue to turn to podiatric physicians for assistance dealing with foot problems of their patients.” There is the possibility, though, that an ongoing shortage also could force referring physicians to seek out other medical professionals to care for their patients.

### **Improving Quality of Applicant Pool**

Improving the quality of the applicant pool also is a concern to many. Bryan Markinson, DPM, who reviewed the study, was troubled by the low number of applicants

to podiatric colleges and the high acceptance rate. Only between 500 and 700 students have been applying to podiatric medical schools in recent academic years and a large share are accepted, figures in the SUNY study indicate. “This data should be used to get funds for scholarships and grants or incentives to the best and brightest in our undergraduate colleges to consider podiatry as a career,” Markinson wrote in a letter on *Podiatry Management* magazine online, “This effort should be prioritized over Vision 2015.”

### Vision 2015

Still other practitioners maintain that enhancing the role of podiatrists in the medical community, one of the major goals of Vision 2015, should remain a top priority, and one not completely unrelated to the workforce issues. “I believe that we must be mindful of our future workforce needs as well as how we are recognized in our healthcare system,” Taubman said. “Although the results of the workforce study help us to better understand the future practice landscape, it does not have a major influence on the strategies needed to reach the objectives of Vision 2015.”

Those who think it is important to increase the number of podiatrists advocate promoting the field as an appealing career choice to undergraduates, increasing the number and quality of applicants to colleges of podiatric medicine and easing the financial burdens of new DPMs who graduate deeply in debt. As the report noted, “despite attractive working conditions and earnings,” there was a drop in interest in podiatric medicine starting in the mid-1990s. The number of graduates from podiatric medicine schools in the U.S. declined from 680 in 1995-96 to 331 in 2006-07, according to the report, “creating a shortfall in the supply that seems certain to affect the podiatric medicine profession for decades to come.” Many current podiatrists also will be nearing retirement age over the next decade. Only about 6.5 percent of podiatric physicians are younger than age 30, while about 56 percent are age 45 or older, the report noted.

Vincent J. Hetherington, DPM, vice president and dean of academic affairs for the Ohio College of Podiatric Medicine, said he thinks the study’s conclusions make sense, adding that allopathic medical schools are trying to increase their enrollments as well. “There are only about 15,000 podiatrists in the United States,” he said. “The demand for our services is definitely there. We need to meet that need.”

### **Attracting Less Traditional Candidates**

There are indications that initiatives to attract less traditional podiatric candidates – including women, minorities and those looking to change careers -- are having an effect on the workforce. Women now comprise nearly half of the applicant pool, Taubman noted, and podiatric college representatives are attending career presentations at historically black colleges. While in 2000, 74 percent of podiatrists were males and 85 percent of them were non-Hispanic white males, graduates of podiatric medical programs in the 1999-2000 academic year, “reflected a greater diversity than the profession as a whole,” the workforce study noted. “You may note that, as a percentage of the population, podiatric medicine more closely mirrors the face of the nation than many other health disciplines,” added Moraith North, executive director the American Association of Colleges of Podiatric Medicine (AACPM).

The APMA also held focus groups for both students and pre-med advisors to gather information to help direct recruitment efforts. The AACPM also has created pages on Facebook and MySpace, the popular online social networking Web sites, and developed clips for YouTube to reach potential students, North said.

Taubman and North agree, though, that practicing podiatrists are the best ambassadors for the profession. Outreach by practitioners also would help meet one of the goals of Vision 2015, which is generating at least 2,500 applicants to podiatric colleges. “If each practicing doctor of podiatric medicine were to recruit just one qualified student, we would have more than 13,000 applicants, which would far exceed our current applicant pool,” Taubman said. “It is important that we each spend time talking to our patients and to their families about the benefits of a career in podiatric medicine. We can also make career presentations at high schools and local colleges. We can each add a link to the APMA career page to our own websites and we can display career brochures in our reception areas. It’s easy to get involved and we all need to participate.”

### **DPM Mentors Network**

The DPM Mentors Network launched by AACPM in December 2000 now has 500 podiatric physicians who mentor young people interested in the profession via e-mail and sometimes in person. The mentors answer questions and can invite students to visit their offices. “Our statistics show that DPMs are one of the most effective resources to attract applicants to the profession, yet they have been underutilized to help the colleges recruit the most qualified students,” according to North.

The national attrition rate of 14 percent for podiatric colleges’ Class of 2008 could indicate the need for greater selectivity. All of the colleges have programs in place that offer counseling, tutoring, guidance in test-taking, study habits, and stress management as a way to ensure success by their students, according to North. “The primary key to retention, however, is on the front end of the process,” she added. “It is critical that there is a sufficiently large applicant pool to ensure greater selectivity for the schools as they seat each year’s class.”

### **Need for a Uniform Practice Act**

Weil argued, though, that there is no point in recruiting more students until podiatric training is standardized and expanded. All podiatric students should participate in a three-year residency program that covers all aspects of podiatry, including surgery, he maintains, so they have the greatest number of job possibilities open to them. When rigorous uniform standards are in place, schools will attract better quality students. A uniform podiatric practice act, also part of Vision 2015, will help podiatry achieve equality with allopathic physicians, leading to broader opportunities, Kesselman agreed. “Increasing our scope of practice will bring far more efficient medical care, particularly to those suffering from diabetic foot disease,” he said. “Certainly this will also offer more research and employment opportunities in both the academic and commercial sector.”

### **License Limitations**

And while today’s podiatry students invest more time in medical training than those of a few decades ago, they are not always seeing that additional training translate

into more responsibilities or job opportunities. “In spite of this expansion in training, which closely resembles that of medical doctors, podiatric physicians still receive the same limited license that I received almost 40 years ago!” said Jon Hultman, DPM, another podiatric physician familiar with the study. “I believe that to make the profession more appealing, the education, training and degree of doctors of podiatric medicine need to be recognized as equivalent to those of medical doctors and osteopathic doctors. A doctor of podiatric medicine should be able to practice to the full extent and scope of his or her training – as can the practitioner of any other specialty of medicine.”

### **Three-Year Residency Shortage**

Hindering that goal is the limited number of three-year residency programs for the students who are graduating. Without more residency positions, simply enrolling more students will not create greater numbers of qualified practitioners, Weil argued. “Until we can give everyone a three-year residency, just adding more bodies won’t help,” he continued. “We just don’t have the resources to train a lot of new podiatrists. We’re setting up people for failure if we bring in more people and can’t train them.”

While every member of the 2008 graduating class who was eligible for residency training secured a position, “there is a possibility that there will not be sufficient numbers of multi-year podiatric medicine and surgery (PM&S) residency positions for all graduates in the near future,” North said.

Both the APMA and the AACPM are involved in creating new residency slots. “We have been working diligently with other stakeholders in this concern, such as the colleges, the AACPM, the Council of Teaching Hospitals (COTH), and the CPME to develop new positions,” Taubman said. “APMA is participating on the Task Force on Residencies and has provided new resources to help podiatrists establish new residency programs and/or to add positions to current programs. We are encouraging all of our members to get involved and to try to work in their own communities to establish new programs.”

### **Reducing the Financial Burden**

Also a priority is reducing the financial burden on podiatry students. “Clearly, the cost of a podiatric medical education, available only at private institutions across the country, is very costly,” North said. “It is important that legislative and regulatory efforts are increased to ensure that all the debt relief programs and avenues that exist for debt reduction after completing a postdoctoral training that are available for medical and osteopathic graduates are also made available to podiatric graduates.”

It will take contributions from different constituencies to address the problem, Taubman added. “This may include state and federal action and may require loan subsidies and more financial and academic merit-based grants. Perhaps pharmaceutical and medical manufacturers providing subsidies may also be required in order to resolve the financial crisis many podiatric medical students face.”

This is another area in which practicing podiatrists can make a significant impact, added Taubman. “We continue to encourage practicing DPMs to consider the APMA Educational Foundation when making charitable contributions each year,” he said. “APMA is a strong leader and advocate for the profession of podiatric medicine;

however, each individual DPM must also pitch in. We must walk the walk by investing in the future of our profession.”

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