An Open Letter to the Council on Podiatric Medical Education

I applaud the CPME for its efforts to revise Document 320, *Standards and Requirements for Approval of Podiatric Residencies*. However, I find several items in it very unsettling. If podiatry is to achieve parity with other allopathic physicians, we need to establish some equivalence in training. *Our profession is called “podiatric medicine”, not “podiatric surgery.”*

This is not evident from the following verbiage: “The infectious disease (d.) and internal medicine and/or family practice and medical subspecialties (e.) rotations must be scheduled for the equivalent of at least three full-time months of training.” Three (3) months out of a three (3) year program ignores the reality that most podiatrists practicing today perform far more medical procedures than surgical procedures.

This extreme bias toward surgery and against podiatric medicine is evidenced by the disproportional case requirements. Based on the data collected for the past 27 years by *Podiatry Management* magazine, as well as the APMA, these requirements are inversely proportional to what is being performed by podiatrists.

**Patient Care Activity Requirements**

**Case Activities**
- Podiatric surgical cases 300
- Trauma cases 50
- Podopediatric cases 25
- Biomechanical cases 50
- Comprehensive medical histories and physical examinations 25

If the intent of CPME is to turn podiatric medicine to a primarily surgical-based specialty, this document is the perfect blueprint to accomplish this goal. If this is not CPME’s goal, I suggest that CPME increase the medical and biomechanical requirements to more adequately reflect what this profession represents in today’s healthcare environment.
Note: The CPME 320 document itself, with the proposed revisions, is available for review. If you have not already done so, you can review the proposed CPME 320 document, accessible at the following link:

http://www.apma.org/Members/Education/CPMEAccreditation/Residencies/Revisions%20to%20CPME%20320.asp

The CPME has solicited feedback from the community of interest, with a response due by April 1, 2010. Comments may be e-mailed to Alan Tinkleman, CPME Director, at artinkleman@apma.org or faxed to 301-571-4903. Alternatively, mail comments to Alan Tinkleman, CPME, 9312 Old Georgetown Road, Bethesda, MD 20814.

Barry H. Block, DPM, JD
Editor-in-Chief, Podiatry Management