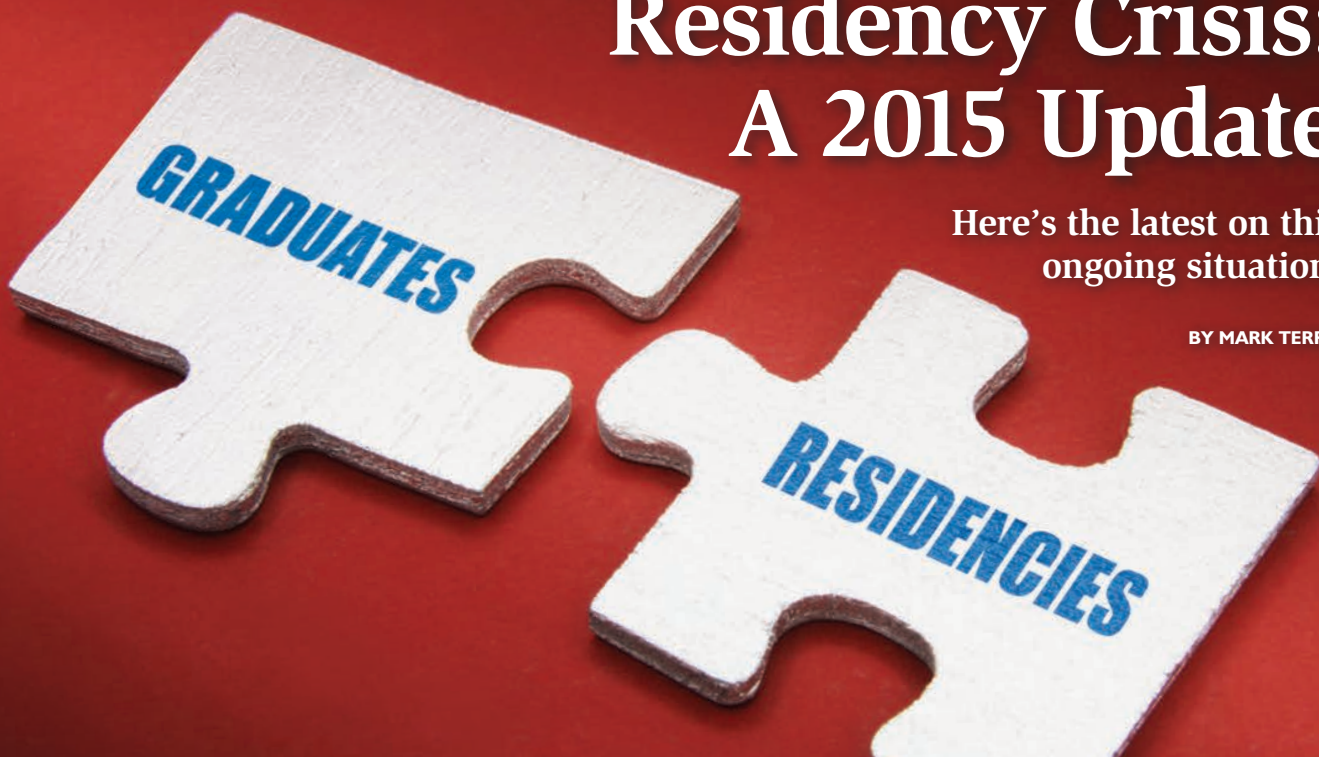


# Revisiting Podiatry's Residency Crisis: A 2015 Update

Here's the latest on this ongoing situation.

BY MARK TERRY



In 2013, *Podiatry Management* published an article looking at what was then called a podiatry residency crisis. It began this way:

“It was announced around March 20, 2013 that 104 students who graduated from podiatry schools around the U.S. were not matched to residency programs. Since that date the number has dropped, but there still remain a significant number of unmatched students.”

At one point it looked like there were about 100 podiatry school graduates

who did not get placed in residencies, although current data indicates that, over time, that number came way down. Numbers recently released by the American Association of Colleges of

Podiatric Medicine (AACPM) provide some insight into what actually happened in 2013 and since. These numbers are current as of July 1, 2015.

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## Graduating Class

	2015	2014	2013	1996-2012
Placed in Residencies	530 (96.9%)	23 (56.1%)	6 (46.2%)	3 (15.0%)
To Be Placed	17 (3.1%)	19 (43.9%)	7 (53.8%)	18 (85.75%)
<b>TOTAL</b>	<b>547 (100%)</b>	<b>41 (100%)</b>	<b>13 (100%)</b>	<b>20 (100%)</b>

### RESIDENCY POSITIONS:

CPME Approved Positions as of July 1, 2015	605
Positions not filling for this training year	42
Total Active Positions Available for this Year	563

Source: AACPM

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This article will look at what happened in 2013, what was done about it, and where we are now and moving into the future.

## Training and Residency Basics

Most readers will be well aware of this information, but as a way of starting off on the same foot, there are currently nine accredited schools of podiatry. They are:

- Arizona School of Podiatric Medicine at Midwestern University (AZPod) (Glendale, AZ)
- Barry University School of Podiatric Medicine (BUSPM) (Miami Shores, FL)
- California School of Podiatric Medicine at Samuel Merritt University (CSPM) (Oakland, CA)
- Des Moines University College of Podiatric Medicine (DMU-CPMS) (Des Moines, IA)
- Kent State University College of Podiatric Medicine (KSUCPM) (Independence, OH)
- New York College of Podiatric Medicine (NYCPM) (New York, NY)
- Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science (SCPM) (North Chicago, IL)
- Temple University School of Podiatric Medicine (TUSPM) (Philadelphia, PA)
- Western University of Health Sciences, College of Podiatric Medicine (WUCPM) (Pomona, CA)

According to the AACPM and the Council on Podiatric Medical Education (CPME), there were 572 students who graduated in the Class of 2013. In comparison, 2014 graduated 564 students and 557 graduated this year. “The number of approved CPME positions,” says Alan Tinkelman, Director of CPME, “was 571 in 2013 and 584 in 2014. The number of approved CPME positions available on July 1, 2015 is estimated to be 602.”

It’s worth pointing out that the data gets confusing very quickly, largely because it’s a moving target from around April through July of each year. In addition, the numbers tend to reflect a pool of applicants

that are made up mostly of current graduates, but also of graduates, as the table at the beginning of the article indicates, from previous years, including, apparently, as far back as 19 years.

## Historical Background

“It is clearly a time for the individuals, committees, institutions, and boards in the profession to take up the call to train more residents. The profession, however, cannot rely solely on existing programs to satisfy future training needs. If you think either that your area or state is ready to develop its first podiatric residency

## National Residency Facilitation Project

Recognizing that there were some issues with residency programs even prior to the 2013 problem, AACPM, with the financial support of several podiatric-related professional organizations, hired Dr. Edwin Wolf to be the National Residency Facilitator and to spearhead the National Residency Facilitation Project (NRF). The NRF Project had three goals as its mission:

- 1) Identify potential sponsor institutions for residency training
- 2) Work with facilities to become approved as sponsor institutions

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or that there is room for another podiatric residency, contact the Council on Podiatric Medical Education or the Council of Teaching Hospitals for help in getting started.”

The quote is from a CPME update to the profession that appeared in the June 2009 edition of the APMA News. Through the 2000s, an adequate number of residency positions existed for qualified graduates of colleges of podiatric medicine. By 2008, the American Association of Colleges of Podiatric Medicine and the Council on Podiatric Medical Education understood that the number of anticipated graduates in the classes of 2010 and 2011 would just meet the demand and that the classes of 2012 and 2013 could exceed the number of residency positions available.

As a result, the Council conducted three separate processes (2009, 2010-2011, and 2013) to facilitate increases in positions in approved podiatric residency programs. Those processes produced a total of 102 new residency positions—48 positions in 2009, 34 positions in 2011-2012, and 20 positions in 2013. The additional positions approved by the council significantly impacted what could have been an even greater threat to the profession.

- 3) Assist in the application process leading to CPME approval

As Dr. Wolf wrote in a March 20, 2013 AACPM letter, “As of March 2013, there are currently 208 sponsor hospitals nationwide for podiatric medical and surgical training programs. This affords training for 516 first year positions. In the past 15 months, substantive talks have been held with an additional 201 institutions as potential training sites. To date, nine programs have submitted applications for sponsorship to the Council on Podiatric Medical Education (CPME). Currently 25 institutions are diligently completing sponsorship applications to the CPME. Additionally, 69 facilities are evaluating information that has been sent to them for the purpose of evaluating their resources to determine if they wish to submit applications to become sponsor facilities.”

Dr. Robert “Tim” Yoho, Chair of the AACPM Board of Directors, said, “Dr. Wolf’s communications were mainly through phone calls, emails, and things of that nature. We reached a point where he identified at the handoff point in December 2014 a number of programs, be-

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tween 10 and 15—we'll call them prospects—who indicated a strong interest in a residency program and were somewhere along the line in filling out the AACPM application. But as an organization, we thought we needed closer ties with the programs and to work more directly with the colleges."

AACPM has now decentralized the NRF Project and broke the country up into nine different regions and assigned a college to each of those regions. Each region identified an individual within each college who was responsible for following up with the information that Dr. Wolf provided at the handoff point. As of this writing, quarterly conference calls take place to follow up on exactly where those programs are in terms of progressing through the application process. The group involved in this is the Institutional Residency Development Com-

mittee (IRDC) and they participate as a member of the AACPM Residency Balance Committee. In addition, Dr. Wolf identified a number of other institutions that had shown some interest in podiatric residency programs.

### Residency Program Cycles

So, as of this writing in 2015, not every graduate of a podiatry program has been accepted into a residency program. To summarize the chart above, 11 graduates from the Class of 2015 were not placed, 19 from 2014 were not placed (still), 7 from 2013 have yet to find residency placement, and 17 people who graduated from podiatric programs between 1996 and 2012 have not yet been placed in residency, although they apparently are still applying. That makes a total of 54 individuals.

Does that constitute an ongoing

podiatry residency crisis? It sort of depends on how you define crisis and who you are, although it's likely that those 54 people will say, "Yes."

"Yes and no," says Dr. Gregg Young, Chair of the AACPM Residency Balance Committee. "We have generated enough residencies that we have enough residencies for this size of the graduating class. We unfortunately have a little under sixty unmatched this year with no positions left. That's because we still have a hangover from the last three years."

Young points out that the AACPM's Residency Balance Committee has a target number that is based on 110% of the number of students in each graduating class. So for the current year, that would be about 620 residencies. "So we're 20-ish short of the actual goal. The

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Dr. Young

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colleges have been trying to increase class sizes, and other colleges have been trying to apply as new colleges, all of which has been halted because the Council on Podiatric Medical Education (CPME) has a moratorium on lifting the college caps and another moratorium on college applications. The moratorium is revisited every six months and obviously at some point they're going to have to lift it."

There is another complication, but it's important to understand how the numbers can cycle. In short, if an institution offers residency programs that don't get filled for two years, they disappear.

"When I graduated in 1988," says Dr. Phill Ward, President of the American Podiatric Medical Association (APMA), "there weren't enough residencies for the graduates, so we saw all podiatric education stakeholders



Dr. Ward

start to take care of that issue by generating more programs. Then in the late 1990s to early 2000s, we had more residencies than students and residency spots started to go away. We went back to a cycle of more students than residency spots. It has been cyclical for the last two or three decades. If a position is not filled, then that position stays as an accredited, approved position for, I believe, two years, but if it's not filled in two years, that position goes away-- which is how you can lose programs."

There are other issues that can also affect existing residency programs. For example, if a not-for-profit hospital gets bought by a for-profit hospital, the new institution may not want a residency program or other types of training. Or, says Ward, "a hospital administration changes and there's a philosophical change. Or a residency director retires and nobody else in the hospital wants to take on the job. So you continually gain and lose programs. It's not a static number."

Ward points out that this year there were 42 approved first year residency positions that were not filled with an incoming resident. "There could be a multitude of reasons—hospital decision, administrator decision, funding, maybe they didn't

er extent, still is. Around 2010, the Council on Podiatric Medical Education (CPME) formally established a single three-year residency program, the podiatric medicine and surgery residency (PMSR). Prior to that, there were two-year and three-year res-

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have support from the medical community—lots of different reasons. That 563 number of residency spots that were available could or should easily have been 605 this year."

### Other Factors

According to the AACPM, the final numbers for the Class of 2013 were:

Placed—516  
Not eligible—11  
Still seeking—45  
Total in the class—572

Class of 2012 or earlier:

Placed—24  
Not eligible—0  
Still seeking—35  
Total—59

Total applicant pool combined  
(class plus previous years)

Placed—540  
Not eligible—11  
Still seeking—80  
Total pool—631

In 2013 I wrote, "Although the AACPM's math is difficult to follow (or duplicate)...." Unfortunately, that hasn't changed in the last two years and the data cited by various sources don't match up completely. Moving past those problems, and having already discussed the cyclic aspects of residency placement, are there other factors?

### Three-Year Residency Requirement

This change was cited as a major factor in 2013 and, to a slightly less-

er extent, still is. Around 2010, the Council on Podiatric Medical Education (CPME) formally established a single three-year residency program, the podiatric medicine and surgery residency (PMSR). Prior to that, there were two-year and three-year res-

idencies in podiatric medicine and surgery (PM&S-24 and PM&S-36). Full implementation of the PMSR occurred on July 2, 2011. This apparently affected, in particular, the 2013 residency placement program, although Dr. Young is skeptical that it was a real factor. "It was never an issue. The issue was the small class sizes in earlier years and a bunch of programs/positions that disappeared because they went unfilled. We don't really have decent evidence that if we were still allowing two-year positions, it would make any difference. At the time of transition, 85% of the programs were already three years."

### Sequestration

Another factor cited was the federal government budget sequestration in 2013. There was a wide range of automatic spending cuts to the U.S. federal government. Most were part of the Budget Control Act of 2011 (BCA) that was set to begin on January 1, 2013, then were postponed by two months by the American Taxpayer Relief Act of 2013. Medicare, which funds podiatry residencies, was cut by two percent.

It's hard to say if this ultimately played a huge role in the 2013 residency shortage, but it did create a lot of uncertainty as to how much funding residency programs were going to get and when.

"Clearly, with the Class of 2013," says Dr. Yoho, "many things came into play. It was one of the earliest years, all programs were three years, government sequestration—it was

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unknown about funding—and the improved performance of students on the national board exam.”

## National Board Exam

As I wrote in 2013:

“Year over year, there has been a 12% failure rate in the national boards Part 2 on the part of graduating students. However, in 2013, the failure rate was between 2% and 3%. It’s difficult to say what the cause of the unexpectedly low failure rate was, but one potential answer is simply that the podiatry schools were doing a better job of preparing their students for those tests.”

## The Great Recession

The so-called “Great Recession,” which officially lasted from December 2007 to June 2009, may have played a part in the 2013 residency crisis simply because many health-care institutions, and pretty much everyone else, was recovering from the near economic collapse several years earlier. Many business institutions—and for better or worse, hospitals are businesses—may have taken a very hard look at their bottom lines in light of the global economic crisis and ongoing uncertainty over the implementation of the Affordable Care Act and decided podiatry residency programs were a financial liability.

## Rolling Averages

One significant component of funding for new residency programs, known as indirect medical education reimbursement (IME), is based on what is called a “rolling average.” The essential definition of a “rolling average,” or “moving average,” as supplied by BusinessDictionary.com is, “Mean of time series data (observations equally spaced in time) from several consecutive periods. Called ‘moving’ because it is continually recomputed as new data becomes available, it progresses by dropping the earliest value and adding the latest value.”

How this affects residency programs is that, although a program may have, for example, 100 students one year, 101 the next, and 101 the year after that, it’s possible that

over that period, the program will get reimbursed for 100.66 students, which is to say, the program will receive less money in funding than it’s spending. So, it’s possible that a program would pay for two residents, but the rolling average means they get paid for just one. It takes, perhaps, five years to get paid the entire amount. But during periods of significant economic uncertainty, hospitals might decide to cut their losses.

## Options for Unassigned DPMs

From an overall point of view, there has been a great deal of improvement from 2013 to 2015 in terms of residency placement. There are still podiatry graduates who have not been placed, and although that’s certainly not a good thing for them, a percentage of non-placements is fairly typical.

“You have to understand, first of all,” says Dr. Young, “there are probably going to be a handful of people who don’t get programs because they suffer from some fatal flaw. A residency program is a job, and while it’s necessary to have graduated from a college of podiatric medicine, some people don’t have the personality to be a podiatrist, which is unfortunate after they’ve gone through that much schooling, but it’s the way it is.... There will always be a handful of people who just don’t get programs, and that has nothing to do with whether we have programs or not.”

Dr. Ward points out that podiatry is not the only profession in which all graduates don’t necessarily get residency placement. “In any specialty in medicine, you’re looking at people who do not get residency programs. I recently saw that there was a 94% match rate for all allopathic applicants. Their percentages are better than in podiatry, but their raw numbers are much higher overall, so their number of graduates who don’t get placement is much higher.”

Of little comfort, no doubt. So what can podiatric graduates who didn’t get residency placement do?

## Preceptorships & Mentorships

This would basically be a one-year work-study with a podiatrist, typically paid. Not only will this provide useful clinical experience, it will

give much-needed experience in how the business of a podiatric practice actually runs but does not lead to licensure in most states. The American Academy of Podiatric Practice Management (AAPP) has employment opportunities for unmatched podiatry graduates. For more information visit <http://www.aappm.org/omp.html>.

## Graduate School and/or Research Positions

Further education, such as a master’s degree in public health or other health-related field, is a possibility, as are business courses if a graduate is thinking of eventually opening a podiatric practice. Of course, the idea of more schooling and more education bills may not appeal to everyone, but if the idea is to apply for a position the next year, research jobs, graduate school, mentoring, or a preceptorship will improve the odds for placement.

Dr. Ward also indicates that students can go to the APMA website, [www.APMA.org/jobpositions](http://www.APMA.org/jobpositions). The APMA maintains memberships for anybody that graduates but has not been matched. They can also email [helpagrad@apma.org](mailto:helpagrad@apma.org) for more information. “We co-sponsor a research program with each of the nine schools that is available for an unmatched graduate to perform research work at the school. We are not just sitting by and watching what happens. We’re very involved in trying to help people who haven’t been matched and creating educational settings that will be appropriate in the future.”

As of this writing, CPME is evaluating and possibly approving two more programs. There are also potentially another 6 programs that are under consideration. **PM**



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