



May 31, 2022

Edward Arrington, MD  
President  
Washington State Orthopaedic Association  
2001 6th Ave Ste 2700  
Seattle, WA 98121

Dear Dr. Arrington:

We are writing this letter in response to the presentation “Fractures of the Foot and Ankle: Is There a Role for Podiatry” given on April 27, 2022, at the Regional Education Outreach Program. We appreciate Washington State Orthopaedic Association’s (WSOA) collegiality and professionalism in removing this problematic presentation from circulation. There were many inaccuracies in the presentation regarding the education, training, board certification, and licensing of podiatric physicians and surgeons, and we welcome the opportunity to update the Washington State Orthopaedic Association on the latest and most accurate information.

The American Association of Colleges of Podiatric Medicine (AACPM) processes applications to the nine colleges of podiatric medicine [aacpm.org](http://aacpm.org). While in rare cases, it is possible for a student to start podiatric medical school without completing an undergraduate degree, 97 percent of matriculating students have finished their undergraduate degree, and many have advanced degrees. This situation also occasionally occurs at some allopathic medical schools. Applicants to podiatric medical school must also take the MCAT entrance exam.

The Council on Podiatric Medical Education (CPME) [cpme.org](http://cpme.org) accredits the colleges. Like the Liaison Committee on Medical Education (LCME), CPME is accredited by the US Department of Education and, in fact, just received a five-year renewal of its accreditation (see attached). The CPME standards for accreditation of colleges of podiatric medicine are comparable to those of the LCME. The educational curriculum in podiatric medical school is also very similar to allopathic and osteopathic medical schools, except that there is a concentration on the lower extremity. Several of the podiatric medical schools are associated with osteopathic medical schools, and in some instances the podiatric and osteopathic medical students sit side by side in the classroom during the first two years.

Podiatric medical students take national boards comparable to the USMLE and COMLEX exams for licensing. The national boards are developed and administered by the National Board of Podiatric Medical Examiners (NBPME) [apmle.com](http://apmle.com). NBPME administers the American Podiatric Medical Licensing

Exam (APMLE) which has a schedule very similar to USMLE and COMLEX, with Part One boards at the end of the second year, Part Two boards during the fourth year, and a Part Two clinical skills exam. NBPME and COMLEX have jointly administered the clinical skills examination, however, it has been suspended due to the pandemic. The Part Three boards are taken after college graduation during the residency training period.

Podiatric Residency training started in 1969. It continued to evolve and in 2004 became either two year or three-year podiatric medicine and surgery programs. Today, podiatric post-graduate training involves a **minimum** three-year, mandatory hospital-based medicine and surgery training program. This standardized residency training **structure** has been in place since 2013 and is the only residency available to podiatric graduates. CPME, using **training** standards and **requirements** comparable to ACGME, must approve all residency programs. These include surgical case volume and diversity requirements. There are also many optional specialized fellowship opportunities available upon completion of residency training.

Upon completion of residency training, podiatric physicians and surgeons have access to two certifying boards that are recognized by CPME's Specialty Boards Recognition Committee (SBRC, formerly the Joint Committee on Recognition of Certifying Boards). The SBRC functions in a similar manner to the American Board of Medical Specialties (ABMS) with comparable standards for certifying boards. The two recognized certifying boards are the American Board of Foot and Ankle Surgery (ABFAS—formerly the American Board of Podiatric Surgery, ABPS) [abfas.org](http://abfas.org) and the American Board of Podiatric Medicine (ABPM) [abpmed.org](http://abpmed.org). ABFAS is the only recognized surgical board and has offered its certification since 1975. Stringent examination requirements include surgical logs and case review in addition to a didactic exam and computer-based patient simulation. The American Board of Orthopaedic Surgery [abos.org/subspecialties](http://abos.org/subspecialties) only offers subspecialty certifications in Surgery of the Hand and Sports Medicine whereas ABFAS is specifically focused on foot and ankle surgery certification. The American Board of Podiatric Medicine has provided certification in general podiatric medicine since 1994.

Licensing of podiatric physicians and surgeons is determined on a state-by-state basis, as is the scope of practice, but in general most states require passage of all parts of the APMLE for licensure. The practice of podiatry is overseen by state licensing boards, and these can either be independent boards or part of a larger medical board (approximately a dozen are part of larger medical boards). Scope of practice varies from state to state, but most states' practice acts include surgery of the foot and ankle. Podiatric physicians and surgeons are credentialed in hospitals and surgery centers based on their education, training, and documented experience, just as their allopathic and osteopathic physician colleagues are credentialed and as outlined by The Joint Commission.

Continuing medical education is a requirement for maintenance of state licensure and though it may vary from state to state, it averages around 25 continuing education contact hours per year. In Washington State the licensing requirements are 50 hours of continuing education per year, the same number of hours that are required of the MDs. CPME accredits providers of continuing medical education. In addition, the recognized certifying boards require continuing medical education. ABFAS has a continuous certification program that meets the October 29, 2021, ABMS Standards for Continuing Certification.

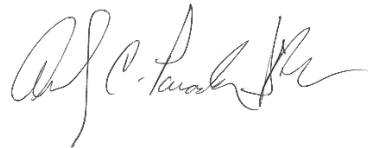
As you can see from the information above, podiatric physicians, allopathic physicians, and osteopathic physicians have more commonality than differences. The doctor making the presentation misrepresented the podiatric profession in the presentation and it is not helpful to a collegial relationship between our two professions. The doctor's actions go against the American Board of Orthopaedic Surgery's guidelines on Professional Behavior #7 [abos.org/about/professionalism/](https://abos.org/about/professionalism/) *"Demonstration of integrity in interactions with other professionals in the medical, legal, and governmental community. Demonstrates honesty in providing expert testimony, consulting, royalty and speaking agreements, media presentations, research, and publications."* We hope that the presenter is aware of why WSOA removed the presentation.

We have provided the above information and references to clarify the education and training of podiatric physicians and surgeons. We see this as a first step in a continuing dialogue with your organization. We respectfully request that you inform those who "attended" the virtual lecture series that the presentation has been pulled. Anyone who viewed this lecture as part of the WSOA series would assume that all the information provided is accurate. As you know, it was not. It was damaging to the integrity and reputation of podiatric surgeons in both the public and medical domains, and we appreciate your recognition of this by removing the presentation from circulation. We welcome further discussion and are happy to provide more information or to answer specific questions.

Sincerely,



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President, APMA



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