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Joint Task Force of Orthopaedic Surgeons and Podiatric Surgeons - White Paper

Improving the Standardization Process for Assessment of Podiatric Medical Students and Residents by Enabling Them to Take the USMLE

According to the National Board of Medical Examiners (NBME), “All medical boards in the United States accept a passing score on the United States Medical Licensure Examination (USMLE) as evidence that an applicant demonstrates the core competencies to practice medicine. As a result, healthcare consumers throughout the nation enjoy a high degree of confidence that their doctors have met a common standard.” Patients, as well as referring health care professionals should be able to have the same high degree of confidence that Doctors of Podiatric Medicine (DPMs) have also met this common standard as they provide medical and surgical care to patients within their scope of practice. To accomplish this goal, and be considered physicians within their scope of practice, DPMs should be required to receive sufficient education and training to allow them to take and pass the USMLE.

Medical associations have long supported a uniform standard for licensing, including a public position saying that changes in licensure by non-MD/DO practitioners must be based on education, training, and experience, to ensure patient safety. This is the same position held by the American Podiatric Medical Association and the American College of Foot and Ankle Surgeons.

In 1961, podiatric medicine underwent its own version of allopathic medicine’s Flexner Report. This was known as the Selden Commission Report, which led to advances in faculty development and improvements in podiatric education. Hospital-based postgraduate podiatric training programs were instituted in 1956, and these training programs have been officially approved by the Council on Podiatric Medical Education (CPME) as podiatric residency programs since 1965. Subsequently, efforts to advance podiatric training and education have continued, leading to increased standardization of podiatric residency training and expansion to mandatory three-year, comprehensive programs in 2013.

Once licensed, DPMs can independently diagnose and treat human ailments within their scope of practice, which includes performing surgery in ambulatory and hospital settings, writing prescriptions, and ordering diagnostic studies. To be considered physicians, DPMs should take and pass the three-part USMLE. Following the model of MD and DO graduates, meeting this common standard along with the successful completion of state licensure requirements is essential to maintaining public trust.

There is a lack of consensus among the four organizations as to whether DPMs should currently be considered to be physicians. All four organizations agree that DPMs that meet the four goals listed at the end of this white paper would be considered physicians within their scope of practice. This white paper does not address the different uses of the term physician within both state and federal laws and should not be construed as supporting the removal of any rights currently held by DPMs, nor supporting any effort to prevent DPMs from practicing under their title, status, or scope of practice as currently recognized by state and federal law and non-governmental entities. Furthermore, all four organizations agree that irrespective of their differences with



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respect to the current definition of the term physician, that DPMs, similar to MDs, and DOs, should not be restricted in their ability to appropriately take care of patients within their respective scope of practice, nor in their access to patients based upon type of insurance.

In conclusion, the undersigned believe that the care of patients will be assured by requiring basic medical education that would allow for qualifying DPMs to take and pass all 3 parts of the USMLE. Further, we believe that the question of whether DPMs should be defined as physicians should be decided by mutually agreed upon standards of education, training, and passage of USMLE part 1-3 as opposed to future legislation.

We agree to the following in order for DPMs to be recognized as physicians within their scope of practice by all four organizations:

1. *DPMs must pass all 3 parts of the USMLE.*
2. *Accreditation of colleges of podiatric medicine should meet comparable standards to the Liaison Committee on Medical Education (LCME). We will accept the NBME's determination on whether the CPME accreditation standards are comparable to LCME and sufficient to meet requirements which would allow DPMs to take all parts of the USMLE.*
3. *CPME approval of podiatric residency programs should meet comparable standards to the Accreditation Council for Graduate Medical Education (ACGME).*
4. *Board certification for DPMs should meet comparable standards as set forth by the American Board of Medical Specialties (ABMS).*

Endorsed, 2020 by: The American Academy of Orthopaedic Surgeons (AAOS), the American College of Foot and Ankle Surgeons (ACFAS), the American Orthopaedic Foot & Ankle Society (AOFAS), and the American Podiatric Medical Association (APMA).