

July 24, 2019

Michael Schottenstein, MD
President
State Medical Board of Ohio
30 E. Broad Street, 3rd Floor
Columbus, OH 42315

Re: State Medical Board of Ohio Letter to Daniel Logan, DPM

Dear Dr. Schottenstein:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to express our concerns with a recent letter sent by the State Medical Board of Ohio (Board) to Daniel Logan, DPM, that clarified an Ohio podiatrist's scope of practice. The AMA is concerned that the Board's decision outlined in the letter inappropriately expands podiatrists' scope of practice beyond the intent of Ohio law.

In particular, based on the Board's interpretation, podiatrists would be permitted to perform a supramalleolar osteotomy of the tibia or fibula, as well as harvest bone marrow from the proximal tibia. Both of these procedures would allow podiatrists to perform procedures outside of their education and training which emphasizes foot and ankle health, and prepares students for the prevention, diagnosis and treatment of foot disorders resulting from injury or disease. We are concerned the Board's decision could negatively impact the health and safety of patients in Ohio and urge you to reconsider this decision. As background, the following is a summary of the education and training of orthopaedic surgeons compared to podiatrists, as well as an overview of podiatrist board certification process.

Podiatrists do not have the same level of education and training as orthopaedic surgeons

First, the education and training of podiatrists differs significantly from the education and training of orthopaedic surgeons. An orthopaedic surgeon is a physician (MD or DO) who has completed four years of medical school and five years of residency training. Medical school encompasses a comprehensive education focused on the fundamental principles of medicine and its underlying scientific concepts. Following medical school, physicians enter a residency program—a three-to seven-year program during which medical residents provide care in a select surgical or medical specialty, such as orthopaedic surgery. Residency provides the additional education and training necessary to assure the competence of an independently trained physician. Residency for orthopaedic surgeons is a five-year program which involves “the study and prevention of musculoskeletal diseases, disorders and injuries and their treatment by medical, surgical, and physical methods.” Many orthopaedic surgeons also pursue additional fellowship training and subspecialize in areas such as foot and ankle surgery, trauma, pediatric orthopaedics, spine, reconstructive joint surgery, sports medicine, hand surgery and orthopaedic oncology. The advanced training by orthopaedic surgeons allows them to contextualize foot and ankle treatment with the entire musculoskeletal system.

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By contrast, podiatrists attend four years of graduate or postdoctoral training with a curriculum that focuses on classroom instruction and laboratory work followed by study of clinical science and patient care. While podiatric education requires an understanding of biomedical science, the emphasis is on improving foot and ankle health. Graduates of podiatry school receive the degree of Doctor of Podiatric Medicine. Unlike orthopaedic surgeons, podiatrists are not required to complete a residency program. For podiatrists who choose to complete residency training to qualify for board certification or state licensure requirements, the requirements have changed significantly over the past 20 years. Currently, podiatric residency programs are three years in length. Prior to 2013, however, podiatric school graduates could select either a two-year or three-year program. A podiatrist's certification pathway is dependent on the type and length of residency completed.

In short, orthopaedic surgeons' education and training includes four years of comprehensive medical school where students study the biological, chemical, pharmacological and behavioral aspects of patients, plus five additional years of residency focused on musculoskeletal diseases, disorders and injuries and their treatment by medical, surgical and physical methods. By contrast, podiatry school emphasizes "foot and ankle health" and prepares students for the prevention, diagnosis and treatment of foot disorders resulting from injury or disease.

Not all podiatrists complete a podiatric surgical residency

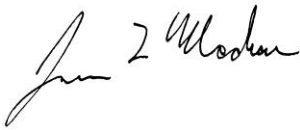
Board certification allows physicians to demonstrate competency in their field of medical specialty, providing the public assurance that a physician has the appropriate knowledge, skills and expertise to deliver optimum care in a specific area of medicine. Orthopaedic surgeons can be board certified by the American Board of Orthopaedic Surgery, a member board of the American Board of Medical Specialties or the American Osteopathic Board of Orthopaedic Surgery. By contrast, there are multiple, often competing, podiatric certifying boards which offer multiple certifications in podiatry. This is confusing, especially when these requirements have changed over time and are tied to the podiatrist's residency.

This fractured approach to board certification prevents the application of uniform minimum standards of competency to board-certified podiatrists. This lack of uniformity should be considered when examining podiatrist scope of practice because it is directly related to the level of podiatrist training. For example, the American Board of Foot and Ankle Surgery, the only recognized certifying board for the subspecialty of foot and ankle surgery recognized by the Council on Podiatric Medicine, states that the three-year podiatric surgical residency program provides significantly more foot and ankle training than any other specialty, yet not all podiatrists have completed this podiatric surgical residency. As recently as 1996, an applicant did not have to complete a surgical residency to become a board-certified podiatrist. From 1996-2005, an applicant needed to complete only a one-year surgical residency and from 2005-2013, an applicant needed to complete a two-year residency, at least one of which was surgical. It is only very recently (as of July 1, 2013) that all podiatric residency programs are comprised of three-year podiatric medicine and surgical residency programs. Due to this fractured approach, even today, the vast majority of practicing podiatrists have not completed this three-year program.

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For the reasons discussed above, we strongly urge you to reconsider your decisions on podiatrist scope of practice as outlined in your letter to Daniel Logan, DPM, particularly those that would allow podiatrists to perform a supramalleolar osteotomy of the tibia or fibula, as well as harvest bone marrow from the proximal tibia. If you have any questions, please contact Kimberly Horvath, JD, Senior Legislative Attorney, Advocacy Resource Center, at kimberly.horvath@ama-assn.org or (312) 464-4783.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD

cc: State Medical Board of Ohio Members
Ohio State Medical Association
Lisa Bohman Egbert, MD