

BOARD OF PODIATRIC MEDICAL EXAMINERS

OPEN SESSION MEETING VIA GOOGLE MEET

AGENDA

November 18, 2021 (Amended)

Location Google Meet: <https://meet.google.com/vjo-utuq-jnf?hs=224>

Join by phone: (US) +1 657-226-0617 (PIN: 195725301)

A. ORDER of BUSINESS

- 1. Call to Order- Roll Call**
- 2. COMAR 10.01.14.02.B: Except in instances when a public body expressly invites public testimony, questions, comments, or other forms of public participation, or when public participation is otherwise authorized by law, a member of the public attending an open session may not participate in the session.**
- 3. Approval of minutes from the October 14, 2021 meeting**

Tab A

B. BOARD PRESIDENT'S REPORT

C. EXECUTIVE DIRECTOR'S REPORT-Eva Schwartz

D. OLD BUSINESS:

- 1. CSPE Licensing Examination Survey**

Tab B

E. NEW BUSINESS:

- 1. CME Accrual categories for the 2024-2025 license renewal effective Dec 1, 2021**

- 2. FPMB Topics- Fall Meeting 2021**

Tab C

F. ADJOURNMENT

BOARD OF PODIATRIC MEDICAL EXAMINERS

OPEN SESSION MEETING VIA GOOGLE MEET



MINUTES

October 14, 2021

Location Google Meet: <http://meet.google.com/wii-jiyb-pvr>

Join by phone: (US) +1 337-451-1853 PIN: 296 043 049#

The Public Meeting commenced at 1:09 PM, opened by the Board President, Dr. Adam Silverman.

Roll call was initiated by the Executive Director.

Board members present: Drs. Umezurike, Silverman, Fox, and Duggirala. Dr. Gottlieb was absent.

Consumer Members present: Ms. Frona Kroopnick and Ms. Lynne Brecker, RN

Board staff present: Eva Schwartz, Executive Director, and Elizabeth Kohlhepp, Deputy Executive Director

Office of the Attorney General: Rhonda Edwards, AAG, Board Counsel

Representing MPMA: Richard Bloch, Esq., Executive Director, and Dr. Jay LeBow, MPMA member

Representing MDH: Kim Link, Secretary's Liaison to the Boards and Commissions

Dr. Silverman cited COMAR 10.01.14.02.B: "Except in instances when a public body expressly invites public testimony, questions, comments, or other forms of public participation, or when public participation is otherwise authorized by law, a member of the public attending an open session may not participate in the session."

A. MINUTES

1. Approval of minutes from the September 9, 2021 meeting

The minutes from the September 9, 2021 meeting were approved unanimously, as submitted.

B. BOARD PRESIDENT'S REPORT

Dr. Silverman welcomed Consumer Member, Lynne Brecker, to her first Board meeting.

C. EXECUTIVE DIRECTOR'S REPORT-Eva Schwartz

Ms. Schwartz discussed that the next licensure renewal will be opening next Wednesday, October 20, 2021, to cover a license valid for 2022-2023. She reiterated that for this renewal only, all 50 CME's may be attained online or in person, including the CPR for the non-lapsing certification, HOWEVER, 25 of the CME's, must be specific to podiatric medicine. CPR re-certification may be included as part of the podiatry practice specific CME accrual category.

D. OLD BUSINESS:

1. COMAR 10.40.12.01-.06 Telehealth Regulations -BOARD OF PODIATRIC MEDICAL EXAMINERS

There are no new updates at this time.

E. NEW BUSINESS:

1. FPMB 2021 Q3 Newsletter

The Board reviewed the Federation of Podiatric Medical Boards Newsletter for informational purposes.

2. Topics Quarterly Newsletter Volume 36/No. 3 Fall 2021 from

Gordon, Feinblatt, Rothman & Hollander

The Board received a copy of the Topics Quarterly Newsletter Volume 36/No. 3 Fall 2021 from Gordon, Feinblatt, Rothman, & Hollander, for informational purposes.

3. Announcements regarding postponement of APMLE Part II CSPE

The Board reviewed an announcement from the Federation of Podiatric Medical Boards regarding the required Part II Clinical Skills Patient Encounter (CSPE) exam and administration problems that are occurring due to the pandemic. The exam is only administered at one location nationally in Pennsylvania, and COVID-19 has impeded safe access to the exam for some students and instructors. On July 15, 2020, the Federation announced that students would have the option to test for the Part II CSPE, at a later date but prior to finishing their residency program. Additionally, students graduating in the year 2021 would have the opportunity to take the Part III exam (PMLexis) prior to completing the Part II CSPE exam.

The new announcement stated that the NBPME was still experiencing difficulties administering the exam. Subsequently, the NBPME was suspending the Exam at this time. The NBPME has begun to look at new alternatives to the CSPE exam, and will keep all the licensing Boards apprised of their progress. The Maryland Board of Podiatry regulations do not address the NBPME Part II CSPE Exam as a specific requirement, but does address that all actively required NBPME examinations must be passed for eligibility to apply for a full Maryland license. The Board voted to follow the NBPME recommendations at this time.

4. 2020-2021 Part II CSPE Bulletin:

<https://www.apmle.com/wp-content/uploads/2020/09/CSPE-2020-09.24.20.pdf>

The Board reviewed the Part II CSPE Bulletin for informational purposes.

F. OTHER

1. The Board was made aware that the second part of the New Board Member Orientation will be held virtually on October 22, 2021 from 12-1:30 pm. Everyone was encouraged to attend. The Orientation will also be recorded and available to view if someone is not available at the time of the live webinar.

2. Mr. Bloch and Dr. Lebow updated the Board on the ongoing White Paper discussions. The Curry Group has now been working with the AMA for facilitation of the White Paper. The AMA resolution is currently in the House of Delegates. There will be a round table discussion held by the Federation on November 5, 2021. The Federation is requesting that all State Boards' representatives attend the Federation round table discussion.

G. ADJOURNMENT

With no further business, the Public Session of the Board meeting concluded at 1:37 PM.

Respectfully submitted by Eva Schwartz, Executive Director, Signature and date _____

and Elizabeth Kohlhepp, Deputy Executive Director, Signature and date _____

Signature by Frona Kroopnick, Board Secretary/Treasurer: _____



National Board of Podiatric Medical Examiners
P.O. Box 510 814.357.0487 voice
Bellefonte, PA 16823 814.357.0581 fax

nbpme.com
apmle.com



November 15, 2021

To: State Licensing Boards

This past February, the NBPME suspended administration of the Clinical Skills Patient Encounter (CSPE) examination due to the COVID-19 pandemic. We remain convinced this is a vital skill set that should be part of the APMLE test series. However, what is equally important is the perspective of the licensing boards.

We have designed a survey to obtain your perspectives as well as those of other organizations in the profession. It is especially important to learn whether you think this is an effort worth continuing in some form.

To date, we have received responses from 16 states. We would like to have many more and the survey has been extended exclusively to give state boards time to respond. Please give this your immediate attention and complete the survey promptly.

Thank you.

A handwritten signature in black ink, appearing to read "Roland Ramdass". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Roland Ramdass, DPM
President, NBPME



FEDERATION OF PODIATRIC MEDICAL BOARDS

2021 Fall Meeting Agenda

1. Roll Call & Introductory Remarks
2. Vision & Mission Statements
3. Announcements and Updates
4. Joint Task Force
5. Member Boards Round Robin
6. Adjournment



Quality
Safety
Integrity



Licensure
Regulation
Practice

Federation of Podiatric Medical Boards

Roll Call & Introductory Remarks



Roll Call



Introductory Remarks



Introductory Remarks

Barbara A. Campbell, DPM

- President, **FPMB**
- President, **Arizona** State Board of Podiatry Examiners



Quality
Safety
Integrity



Licensure
Regulation
Practice

Federation of Podiatric Medical Boards

Vision and Mission Statements



Vision Statement

The FPMB is an empowering leader,
helping **Member Boards** work
independently and collectively
to promote and **protect the public's**
podiatric health, safety, and welfare.



Mission Statement

To be a leader in improving the **quality, safety, and integrity** of podiatric medical health care by promoting high standards for podiatric physician **licensure, regulation, and practice.**



Quality
Safety
Integrity



Licensure
Regulation
Practice

Federation of Podiatric Medical Boards

Announcements & Updates



Presentation Objectives

ANNOUNCEMENTS

- New Member/Affiliate Boards
- Executive Board Vacancy in 2022
- Important Dates/Reminders

UPDATES

- Primary Source Verification (*Licensure*)
- Applicant / Application Statistics



ANNOUNCEMENT

New Member/ Affiliate Boards



New Member Board

U.S. Virgin Islands Board of Medicine



New Affiliate Member

College of Physicians and Surgeons of British Columbia

Amalgamated with the College of Podiatric Surgeons of British Columbia on August 31, 2020



ANNOUNCEMENT

Executive Board

Vacancy in 2022



Board Vacancy in 2022

ARTICLE IV. BOARD OF DIRECTORS

SECTION A. MEMBERSHIP AND TERMS

TERMS: Directors-at-Large shall each serve for a term of four (4) years and shall be eligible to be reelected to one (1) additional term.

SECTION B. NOMINATIONS

Nominees must be members or employees of a **dues-paid** Member Podiatric Medical Board at the time of election, and must not have previously served on the FPMB Board of Directors during the previous three (3) years.

Nomination and application process begins in early 2022.



Board Vacancy in 2022 *(cont.)*

Opportunity to Serve on Additional Boards and Committees

- **National Board of Podiatric Medical Examiners (NBPME)**
 - Two NBPME Board Members are selected from FPMB nominations
- **Continuing Education Committee (CEC) of the Council on Podiatric Medical Education (CPME)**
 - One CEC committee members selected from FPMB nominations
- **Federation of State Medical Boards (FSMB)**
 - Eligibility for appointment to FSMB Standing and Special committees or other appointive capacities



ANNOUNCEMENT

Important

Dates/Reminders



Important Dates/Reminders

- **Member Board Update Forms**
 - **September 30, 2021**
- **FY 2021-2022 Member Dues**
 - **October 31, 2021**
- **Nominations/Applications for FPMB Board Position**
 - Early 2022
- **2022 Annual Meeting**
 - Mid-May 2022



UPDATE

Primary Source Verification (*Licensure*)



Primary Source Verification (Licensure)

The FPMB reports all APMLE examinations (Part I/CSPE/II/III) results, and disciplinary actions, to Member Boards.

Reports Ordered via Online System

100.00%

FPMB - Median Report Processing Time

< 1 business hour

Member Boards - Electronic Delivery

53

Member Boards - Median Download Time

4.2 business hours

*Statistics above based on
data from Q1-Q3 2021*

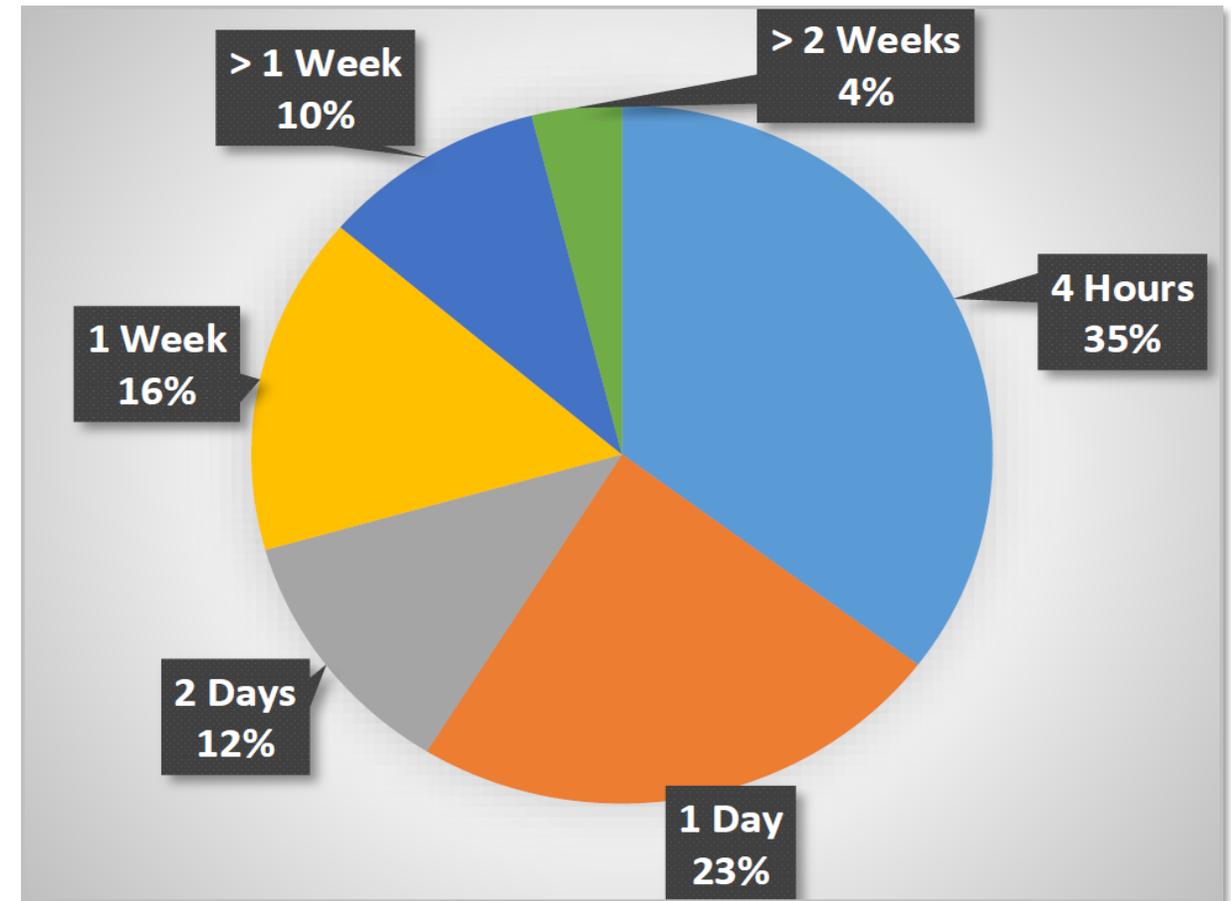


Primary Source Verification (Licensure) *(cont.)*

The FPMB is the **easiest** and **fastest** part of the licensure process:

- **Online ordering** provides 24/7/365 convenience to podiatrists.
- FPMB processes report requests **expeditiously**.
- **Electronic delivery** ensures Member Boards receive reports instantly.

*“This licensing stuff is so onerous these days.
Your platform is the easiest!!”*



*Member Board report download
time in Q1-Q3 2021*

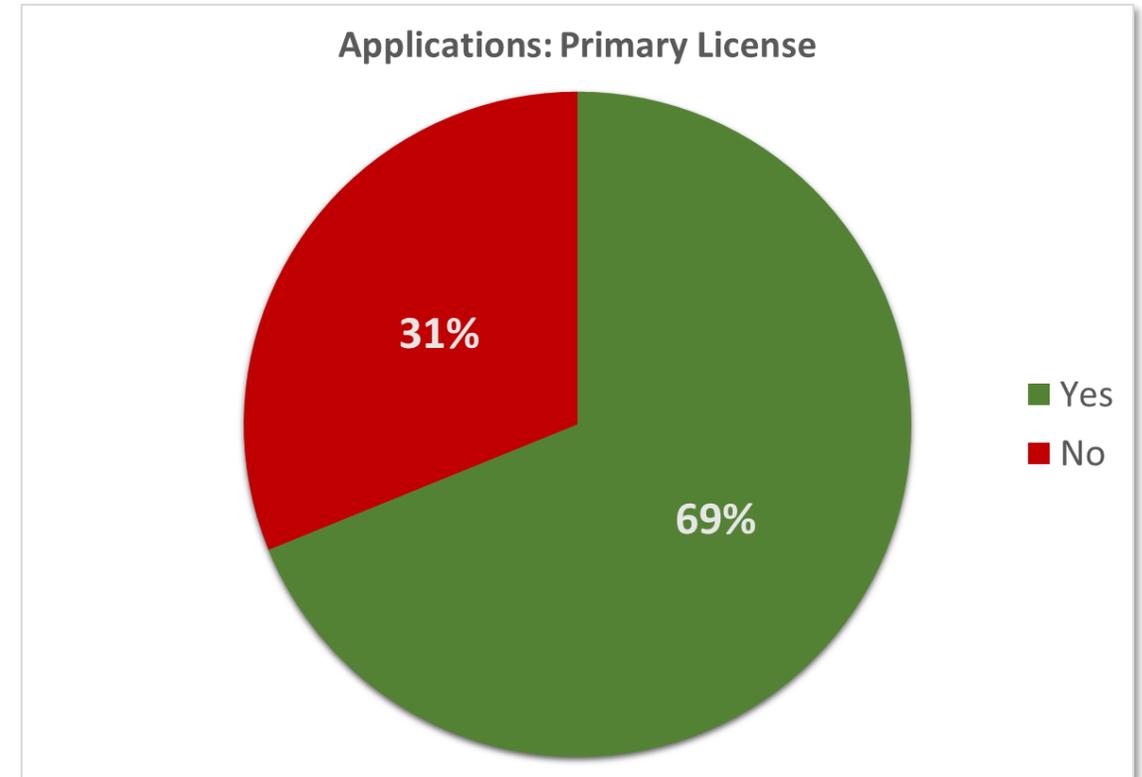
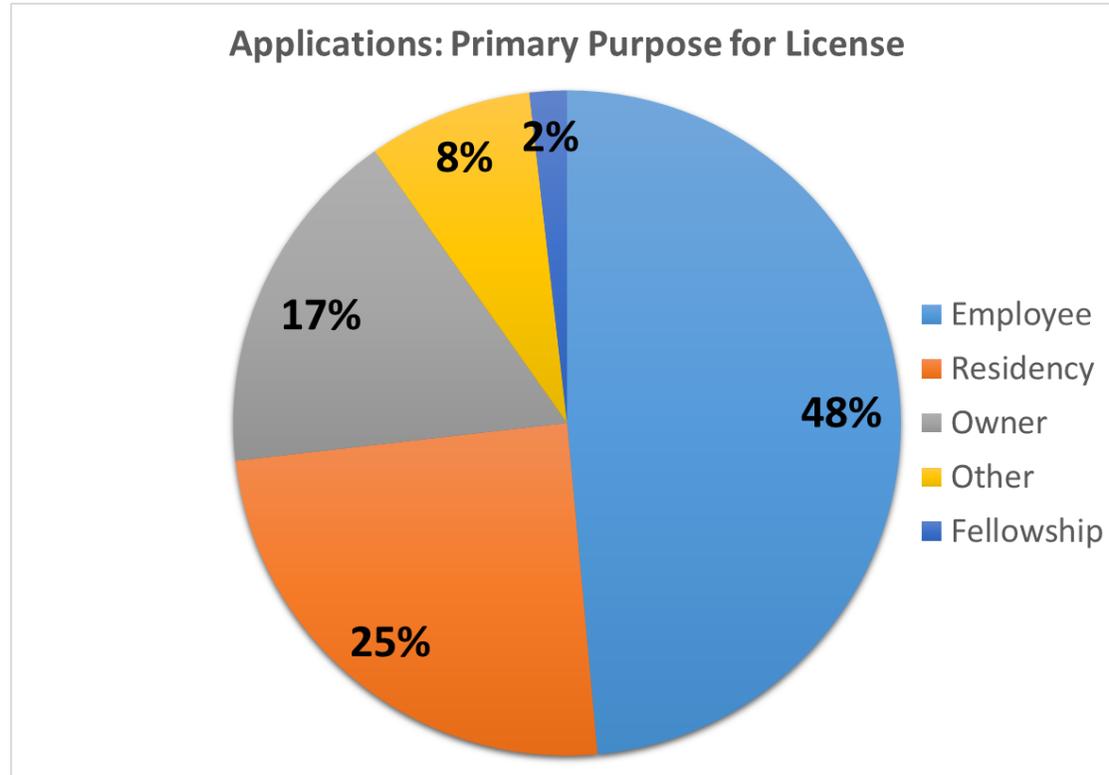


UPDATE

Applicant / Application Statistics



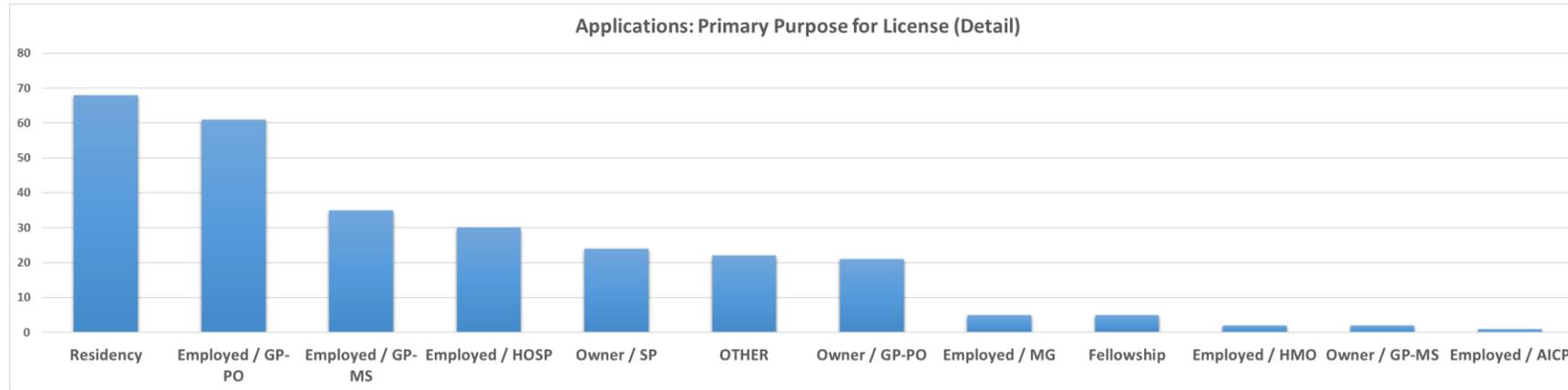
Applicant / Application Statistics



***** NEW from the FPMB Data Initiative (all data from Q3 2021) *****



Applicant / Application Statistics *(cont.)*



PRIMARY PURPOSE KEY:

Residency: Residency

Fellowship: Fellowship

Owner / SP: Owner / Solo Practice

Owner / GP-PO: Owner / Group Practice-Podiatry Only

Owner / GP-MS: Owner / Group Practice-Multi Specialty

Employed / GP-PO: Employed / Group Practice-Podiatry Only

Employed / GP-MS: Employed / Group Practice-Multi Specialty

Employed / HOSP: Employed / Hospital

Employed / HMO: Employed / HMO

Employed / HP: Employed / Health Plan

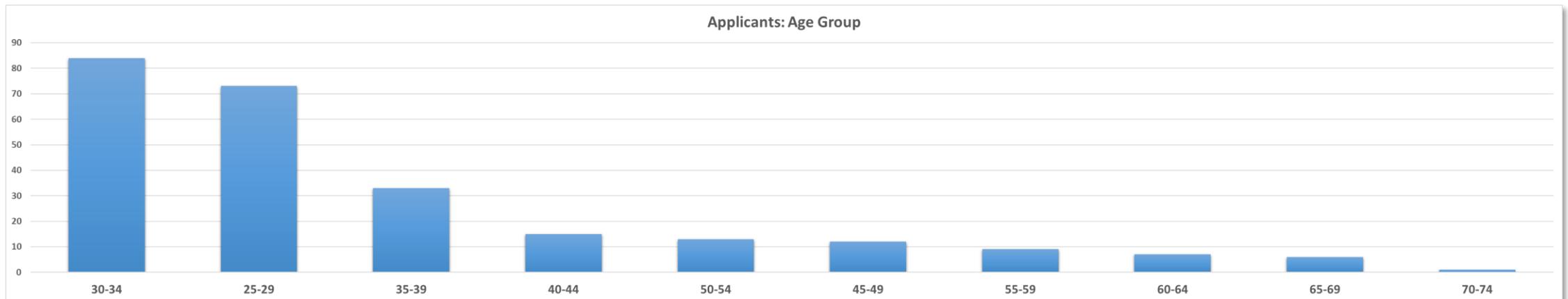
Employed / MG: Employed / Military or Government

Employed / AICP: Employed / Academic Institution, participating in Clinical Practice

Employed / AIRT: Employed / Academic Institution, Research/Teaching, Only (no Clinical Practice)

Retired: Retired

OTHER: Other (specify)



***** NEW from the FPMB Data Initiative (all data from Q3 2021) *****



Announcements and Updates



Quality
Safety
Integrity



Licensure
Regulation
Practice

Federation of Podiatric Medical Boards

**Joint Task Force of
Orthopaedic Surgeons and Podiatric Surgeons**
(White Paper & AMA Resolution)



Presentation Objectives

- The “Big Picture” – Parity & Challenges
- Joint Task Force, White Paper, and AMA Resolution
- APMA Statement to Licensing Boards



Presentation Objectives *(cont.)*

- Relevance to FPMB Member Boards
- Implications and Discussion



The “Big Picture”: Parity & Challenges



The “Big Picture”: Parity & Challenges *(cont.)*

- The APMA is involved in physician parity, including the issues of **scope of practice**, inequitable reimbursement, hospital privileging, etc.
- In 2006, APMA established “Vision 2015,” a multifaceted plan to achieve physician parity



The “Big Picture”: Parity & Challenges *(cont.)*

- Podiatry experiences challenges to parity, including scope of practice, that fail to recognize the education, training, and experience of today’s podiatrist
- **Examples:**
 - **American Academy of Orthopaedic Surgeons (AAOS)**
 - Tips for Limiting **Scope of Practice** Expansion *(June 2015)*
 - Concerns Regarding S. 2175, Department of Veterans Affairs Provider Equity Act *(February 2016)*
 - **American Orthopaedic Foot & Ankle Society (AOFAS)**
 - If You’re Not at the Table, You’re on the Menu *(Spring 2019)*


 The logo for the American Academy of Orthopaedic Surgeons (AAOS), featuring the letters 'AAOS' in a serif font. The 'O' is a red circle with a white crescent shape inside, resembling a stylized foot or a medical symbol.

AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS


 The logo for the American Orthopaedic Foot & Ankle Society (AOFAS), featuring the letters 'AOFAS' in a white serif font inside a dark blue square.

AMERICAN
ORTHOPAEDIC
FOOT & ANKLE
SOCIETY®



Joint Task Force, White Paper, and AMA Resolution



Joint Task Force, White Paper, & Resolution

The **Joint Task Force of Orthopaedic Surgeons and Podiatric Surgeons (Joint Task Force)** was formed in 2018 by **AAOS, ACFAS, AOFAS, and APMA** with two objectives:

1. To further mutually beneficial policy initiatives, both on the state and federal level, and to help mitigate differences
2. To compare the education and training of current and future graduates of podiatric medical schools, with the goal of reaching consensus on options for education, training, and certification of podiatric surgeons that may lead to **recognition of podiatrists as physicians**



AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS



**American College of
Foot and Ankle Surgeons®**
Proven leaders. Lifelong learners. Changing lives.



AMERICAN
ORTHOPAEDIC
FOOT & ANKLE
SOCIETY®

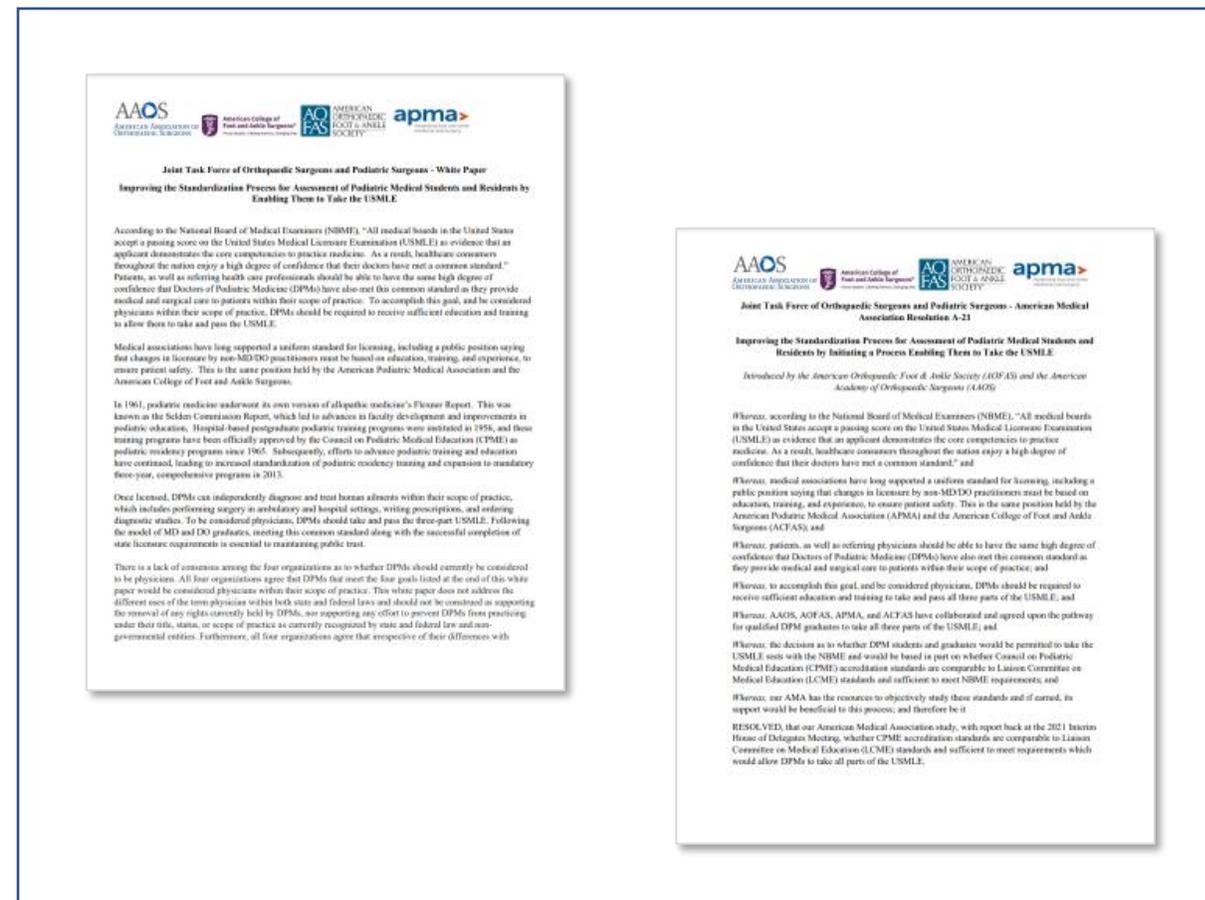


Advancing foot and ankle
medicine and surgery



Joint Task Force, White Paper, & Resolution *(cont.)*

- On May 6, 2021, the Joint Task Force unanimously endorsed a [white paper](#), which addresses the goal of equivalency in education pathways and certification, and a [resolution](#) for consideration and approval at an [American Medical Association \(AMA\) House of Delegates](#)
 - “RESOLVED, ... whether CPME accreditation standards are comparable to Liaison Committee on Medical Education (LCME) standards and sufficient to meet requirements which would **allow DPMs to take all parts of the USMLE.**”



APMA Statement to Licensing Boards



APMA Statement to Licensing Boards

Statement to Licensing Boards (May 10, 2021)

James R. Christina, DPM, APMA Executive Director/CEO

“It will certainly take several more years until we will even know if NBME will grant podiatrists access to take the USMLE ... If and when we gain access to the USMLE, ... [h]ow this will eventually affect podiatrists and their licensure is unknown at this point ... For now, and the foreseeable future, the podiatry licensing boards will be the only ones licensing podiatrists for practice and any change to the exam used (APMLE from the NBPME) would have to go through state legislatures.”



Relevance to FPMB Member Boards



Relevance to FPMB Member Boards *(cont.)*

- The white paper and AMA resolution focus on access to the USMLE, a medical **licensure exam** for allopathic physicians
- APMA's [announcement](#) of the AMA resolution noted:
 - “[The] APMA strongly believes that DPMs are physicians and surgeons whose education and training are comparable to the education and training of MDs and DOs. [The] association therefore supports a **uniform model for licensing** to demonstrate to health-care consumers that DPMs have met the same rigorous standards as other physicians.”



Relevance to FPMB Member Boards *(cont.)*

- Licensing exams, scope of practice, physician definition in statutes, etc. all intersect with state licensing and regulatory boards, as well as the mission of the FPMB:
 - To be a leader in improving the quality, safety, and integrity of podiatric medical health care by promoting high standards for **podiatric physician licensure, regulation, and practice.**



Implications and Discussion



Implications and Discussion

- The FPMB is a member of the **Federation of State Medical Boards (FSMB)** that co-sponsors the USMLE with NBME
- FSMB has shared with the FPMB the USMLE's response to the Joint Task Force request for USMLE eligibility

Federation of
STATE 
MEDICAL
BOARDS



Implications and Discussion *(cont.)*

- *Podiatric education and training, while comprehensive for the advancement of quality podiatric care, may be too narrow given the USMLE's focus on the generalized practice of medicine across all medical and surgical specialties.*
- *Opening USMLE to DPMs is not permitted under the contractual agreement between FSMB and NBME establishing USMLE, which limits eligibility to students and graduates of medical school.*
- *We must respectfully decline your request.*



Implications and Discussion *(cont.)*

- What engagement have you had with the Joint Task Force or any organization regarding the USMLE effort?
 - Has the FPMB effort to organization and publicize information related to this effort been helpful to your understanding?
- What is your view of pursuing the USMLE eligibility direction now?
- If a path forward still exists (*i.e., changes to education and a USMLE contract change*) that would lead to DPMs having access to the USMLE, how might this impact:
 - Licensure, including scope of practice, CMEs, etc.
 - Statutes, regulations, and rules
 - Structure of podiatric licensing and regulatory boards



Implications and Discussion *(cont.)*

- What path(s) should be pursued that would move podiatry towards parity, particularly with scope of practice?
 - Scope of practice is specifically relevant to state licensing and regulatory boards of podiatry
 - Greater consistency in scope of practice nationally is consistent with increased license portability, a key component to occupational licensure reform and multi-state licensure (i.e., compacts)





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



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).

Joint Task Force of Orthopaedic Surgeons and Podiatric Surgeons - American Medical Association Resolution A-21

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

Introduced by the American Orthopaedic Foot & Ankle Society (AOFAS) and the American Academy of Orthopaedic Surgeons (AAOS)

Whereas, 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;” and

Whereas, 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 (APMA) and the American College of Foot and Ankle Surgeons (ACFAS); and

Whereas, patients, as well as referring physicians 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; and

Whereas, to accomplish this goal, and be considered physicians, DPMs should be required to receive sufficient education and training to take and pass all three parts of the USMLE; and

Whereas, AAOS, AOFAS, APMA, and ACFAS have collaborated and agreed upon the pathway for qualified DPM graduates to take all three parts of the USMLE; and

Whereas, the decision as to whether DPM students and graduates would be permitted to take the USMLE rests with the NBME and would be based in part on whether Council on Podiatric Medical Education (CPME) accreditation standards are comparable to Liaison Committee on Medical Education (LCME) standards and sufficient to meet NBME requirements; and

Whereas, our AMA has the resources to objectively study these standards and if earned, its support would be beneficial to this process; and therefore be it

RESOLVED, that our American Medical Association study, with report back at the 2021 Interim House of Delegates Meeting, whether CPME accreditation standards are comparable to Liaison Committee on Medical Education (LCME) standards and sufficient to meet requirements which would allow DPMs to take all parts of the USMLE.

APMA & ACAFS: Frequently Asked Questions

How and when was this initiated and what was the process?

In 2018 a task force was created consisting of leaders from 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) to find common ground on the many clinical and policy initiatives that mutually benefit both groups and most importantly our patients. Additionally in 2019, Resolution 4-19 established that the national joint task force will endeavor to enlist the American Medical Association (AMA) to facilitate discussions with the National Board of Medical Examiners (NBME) on allowing DPMs to sit for the United States Medical Licensing Exam (USMLE). The resolution unanimously passed the APMA House of Delegates (HOD). It was endorsed by the American Board of Podiatric Medicine, the American Board of Foot and Ankle Surgery, and ACFAS, and was cosponsored by the APMA Board of Trustees, the American Podiatric Medical Students' Association, and 25 state component societies.

Since 2019, the Joint Task Force of Orthopaedic and Podiatric Surgeons, comprised of two members from each organization's leadership (AAOS, ACFAS, AOFAS, and APMA), began drafts of both the white paper and the AMA resolution. Over the course of two years and extensive review and edits, the joint task force members and their organizations' boards approved the documents released May 6, 2021.

Will access to the USMLE restrict DPMs' scope of practice? No. As the white paper states, "...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."

What happens if the resolution passes at the June 2021 AMA HOD meeting?

For you and your practice, there will be no immediate impact. This is a very long process that will take years to complete. The June 2021 AMA HOD is somewhat unique because it is a virtual meeting, which restricts the number of resolutions for consideration. The AMA 2021 "Prioritization Matrix" designates resolutions as either Top, High, Middle, Low, or Not a Priority. Therefore, not every resolution submitted will be heard. The first hurdle is that the resolution gets prioritized to be heard at this HOD. If it is accepted and placed on the priority list, it will be read on the floor of the HOD, options will be heard from AMA members (it could possibly go back to the AMA Council on Medical Education), and/or a vote will proceed. If all of this occurs and the resolution is ultimately approved at the June 2021 HOD, it simply requires AMA to conduct a study with the results presented at the November 2021 HOD. *That study would not be conducted by LCME or NBME, nor would it guarantee that NBME would accept a recommendation that podiatric students and graduates have access to the USMLE.*

What happens if the resolution does NOT pass at the June 2021 AMA HOD?

If it is not considered at the June 2021 HOD, it may be considered at the November 2021 Interim AMA HOD. Depending on whether the meeting is virtual, additional challenges could occur. If the resolution is introduced and does not pass, it is the end of the resolution. A different resolution could potentially be introduced at a future AMA HOD with modifications to satisfy the concerns that caused it not to pass.

Why was this process kept confidential and why did it exclude other stakeholders?

The resolution and white paper took more than two years to gain approval by AAOS, AOFAS, ACFAS, and APMA and required that all organizations would have to agree to any statement before being released. Meticulous review and vetting were conducted by joint task force members and boards from all four organizations, including professional staff and legal counsel. Because of extensive opinions and perspectives on this topic, the joint task force decided it was necessary to keep conversations confidential in order to gain consensus. Other stakeholders will and are being included now that the joint announcement has been published.

How is this going to impact podiatric medical schools? Will schools be required to adjust their curricula to help students pass the USMLE?

In the short term, there is no impact. This process will be a long one. If AMA approves the resolution, conversations and strategies will need to be developed and will require input from a larger group of stakeholders (deans, schools, etc.). Comparability of residency training standards and board certification are far in the future. It is certainly possible some curriculum changes may be required to sufficiently prepare graduates to pass the USMLE. This process may also result in a change in testing and preparation.

Is this white paper about defining the term physician?

No. The purpose of this white paper is not to 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. If we get access to the USMLE, we will then be able to use those results to further confirm our physician definition. This scenario is similar to what the osteopathic physicians did many years ago.

Are DPMs admitting our education and training are deficient?

No. DPMs' education and training are solid. If DPMs were perceived as being deficient by MDs and DOs, AAOS and AOFAS would not have supported efforts underway to get access to the USMLE, nor would APMA and ACFAS have agreed with this pathway. In 2011, the California Medical Association, the California Orthopedic Association, the Osteopathic Physicians and Surgeons of California, and the California Podiatric Medical Association formed a Physicians and Surgeons Joint Task Force. Its goal was to evaluate podiatric training and education and compare them to those of MDs and DOs. After completing site visits at both podiatric medical schools in California and at four residency programs, the team of MDs, DOs, and PhDs responsible for the evaluation concluded that podiatric education and training produced physicians whose skills were indistinguishable from practitioners of other regional specialties of medicine (such as ophthalmology and otolaryngology).

Does the option to take the USMLE down the road make our licensing boards obsolete? No.

Speculating about taking the USMLE and how that might affect licensing boards is so far into the future that no one has the answers. For now, podiatry licensing boards will be the only entities licensing podiatrists for practice, and any change to the exam used (APMLE from the NBPME) would have to go through every state legislature. APMA and ACFAS will always protect our current licensees and their ability to practice.

Joint Task Force on Orthopaedic Surgeons & Podiatric Surgeons Talking Points Supporting 2021 AMA Resolution

EXPLAINING THE RESOLUTION

More than two years ago the 2019 American Podiatric Medical Association (APMA) House of Delegates passed Resolution 4-19, establishing that a national joint task force will work with the American Medical Association (AMA) to start discussions with the National Board of Medical Examiners (NBME) about allowing DPMs to sit for the United States Medical Licensing Exam (USMLE). That resolution was supported unequivocally by the leadership of the American College of Foot and Ankle Surgeons (ACFAS).

The subsequently created Joint Task Force of Orthopaedic Surgeons and Podiatric Surgeons between the American Association of Orthopaedic Surgeons (AAOS), the American Orthopaedic Foot and Ankle Society (AOFAS), ACFAS, and APMA, has now crafted a resolution for consideration at the AMA House of Delegates Annual Meeting in June 2021.

Submitted by AAOS and AOFAS, the resolution directs AMA to study whether Council on Podiatric Medical Education (CPME) accreditation standards for graduate medical education are comparable to Liaison Committee on Medical Education (LCME) standards. Should AMA determine comparability between CPME and LCME accreditation standards, future resolutions would direct that AMA recommend to the NBME that graduates of CPME-accredited colleges of podiatric medicine be allowed to take the USMLE.

UNDERSTANDING WHY

DPMs should not be restricted in the application of their specialty. The task force member organizations all agree that DPMs should not be restricted in their ability to appropriately care for patients within their respective scope of practice, nor in their access to patients based upon type of insurance.

Licensure should be based on education, training, and experience. AMA has long supported a uniform standard for licensing, including a public position stating that changes in licensure must be based on education, training, and experience to ensure patient safety. This is the same position held by APMA and ACFAS.

Patient safety always comes first. DPMs are driven by the desire to enrich the physician-patient relationship. Patients, as well as referring health-care professionals, should be able to have the same high degree of confidence that DPMs have met common standards as they provide medical and surgical care to patients within their scope of practice. Patients should be reassured knowing that DPMs are confident in their pursuit of higher medical education with their commitment to USMLE standards.

The wheels of change turn slowly. The evolution of the profession shows that DPMs have advanced their field of medicine. Since 1961, podiatric medicine has taken actions to advance podiatric training and education, leading to increased standardization of podiatric residency training and expansion to mandatory three-year, hospital-based medical and surgical residency programs. In addition to their rigorous four-year medical education, three-year hospital-based surgical residency, and other postgraduate accreditations, DPMs can attain advanced certification in foot and ankle medicine or surgery, or both.

Will this be required for everyone? Taking the USMLE would be optional. DPMs who choose not to take the USMLE are by no means diminished in their competency or ability to practice. The intention is that the USLME could be taken by enrollees or graduates from a CPME-accredited college of podiatric medicine.

Why are orthopedists working with us on this? Despite our belief that our education and training is comparable to allopathic and osteopathic medicine, the orthopedic community has proposed this process to evaluate our education and training and has agreed that if these processes are comparable, they will recognize DPMs as physicians. This process could set the bar for all other providers seeking recognition commensurate with education and training.

SUBSTITUTE RESOLUTION #4-19 (Directive)
PODIATRIC PHYSICIANS' ACCESS TO USMLE TESTING

- 1 WHEREAS, One of the highest priorities sought by the American Podiatric Medical Association
2 (APMA) and APMA component societies has been the attainment of parity (equivalency) with MD
3 and DO physicians;
- 4 WHEREAS, The California Physician and Surgeon Joint Task Force, composed of representatives
5 of the California Podiatric Medical Association (CPMA), the California Medical Association (CMA),
6 the Osteopathic Physicians and Surgeons of California (OPSC), and the California Orthopaedic
7 Association (COA), have been pursuing a pathway for graduates of podiatric medical schools and
8 podiatric residency programs to obtain a California Physician's and Surgeon's Certificate (the
9 same plenary medical license as held by MDs and DOs);
- 10 WHEREAS, A four-point pathway to achieve this license was agreed upon by all four
11 organizations at the conclusion of the California Joint Task Force meeting in 2018;
- 12 WHEREAS, One of the key components of these four points created a new pathway whereby
13 graduates from Council on Podiatric Medical Education (CPME)-accredited podiatric medical
14 schools can obtain a plenary medical license by passing either the United States Medical
15 Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing
16 Examination (COMLEX);
- 17 WHEREAS, Currently, only graduates of medical or osteopathic medical schools may sit for these
18 examinations;
- 19 WHEREAS, It was further agreed by all four California organizations that the most effective way
20 to achieve the goal of having the National Board of Medical Examiners (NBME) or National Board
21 of Osteopathic Medical Examiners (NBOME) allow DPMs to sit for the USMLE or the COMLEX
22 examinations was to have CMA and OPSC secure the support of their parent national
23 associations, the American Medical Association (AMA) and American Osteopathic Association
24 (AOA), and thus form a broad coalition of national medical, osteopathic, podiatric, and
25 orthopedic associations which would then jointly petition the National Board of Medical
26 Examiners (NBME)/National Board of Osteopathic Medical Examiners (NBOME) to allow DPMs
27 to sit for their national examinations;
- 28 WHEREAS, At the conclusion of California's 2018 Joint Task Force meeting, all four associations
29 agreed to pass the task of forming a broad coalition to meet with NBME and NBOME to the newly
30 formed National Joint Task Force of Orthopedic Surgeons and Podiatric Surgeons (national task
31 force);
- 32 WHEREAS, The CMA (the largest AMA Component) and OPSC agreed to assist the national task
33 force in forming the broad coalition needed to meet with NBME and NBOME;
- 34 WHEREAS, The national task force has held preliminary discussions and agreed to the need for
35 DPMs to be allowed to sit for national medical/osteopathic examinations; and

1 WHEREAS, To date, the national task force has yet to declare official formation of a broad
2 coalition of national medical and osteopathic associations;

3 RESOLVED, That the American Podiatric Medical Association (APMA) representatives to the
4 National Joint Task Force of Orthopedic Surgeons and Podiatric Surgeons [consisting of APMA,
5 American College of Foot and Ankle Surgeons (ACFAS), American Academy of Orthopaedic
6 Surgeons (AAOS), and American Orthopaedic Foot and Ankle Society (AOFAS)] continue to
7 advocate for the involvement of the American Medical Association (AMA) and American
8 Osteopathic Association (AOA) with the national joint task force;

9 RESOLVED, That the APMA representatives to the national task force continue to work with
10 representatives from the California Medical Association, the Osteopathic Physicians and
11 Surgeons of California, and the California Orthopedic Association to assist with the involvement
12 of the American Medical Association (AMA) and American Osteopathic Association (AOA) with
13 the national joint task force;

14 RESOLVED, That the national joint task force work with AMA to facilitate discussions with the
15 National Board of Medical Examiners (NBME) to allow podiatric medical students to be eligible
16 to take the United States Medical Licensing Examination (USMLE); and

17 RESOLVED, That the task force issue a progress report to this House at the 2020 APMA House of
18 Delegates.

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MARYLAND PODIATRIC MEDICAL ASSOCIATION
MASSACHUSETTS PODIATRIC MEDICAL SOCIETY
MICHIGAN PODIATRIC MEDICAL ASSOCIATION
MONTANA PODIATRIC MEDICAL ASSOCIATION
NEW JERSEY PODIATRIC MEDICAL SOCIETY
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ENDORSED BY: AMERICAN BOARD OF PODIATRIC MEDICINE
AMERICAN BOARD OF FOOT AND ANKLE SURGEONS

FINANCIAL IMPACT: \$0



October 19, 2021

Michael Aronow, MD
Jeff DeSantis, DPM
Steve Ross, MD
John Steinberg, DPM

Secretariat:
3750 Market Street
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USMLESec@nbme.org
www.usmle.org

Dear Drs. Aronow, DeSantis, Ross, Steinberg:

We write as a follow up to your September 22 conversation with our colleague, Dr. Alex Mechaber. He shared with us his notes from the conversation as well as a copy of the joint task force white paper and talking points to the AMA's resolution. These helped us better understand the background and context of your request.

We have since spoken at length with Dr. Mechaber, reviewed the materials you provided, and conferred with Drs. Humayun "Hank" Chaudhry and Peter Katsufraakis, President and CEO, respectively, of the Federation of State Medical Boards (FSMB) and the NBME – the two organizations that co-sponsor the USMLE program. In considering whether or not Doctors of Podiatric Medicine (D.P.M.) may be eligible to take the USMLE, there were several factors we considered before making our determination.

First and foremost, the USMLE has been designed from the start with items and content appropriate for the licensing model utilized for the general practice of medicine in the United States. Although most physicians today are specialty-board certified in one or more areas of medicine and surgery and/or have a discrete focus for their practice, the medical license issued by all state and territorial medical boards does not impose such limitations on their practice. Because all physicians (M.D. and D.O.) are required to possess knowledge of all aspects of the general practice of medicine to be eligible for a medical license, the content of the USMLE is intentionally expansive in its breadth and coverage of physician knowledge and skills (e.g., pediatrics, obstetrics-gynecology, cardiology, endocrinology, etc.).

Podiatric education and training, while comprehensive for the advancement of quality podiatric care, may be too narrow given the USMLE's focus on the generalized practice of medicine across all medical and surgical specialties. This difference is of critical importance. The *Standards for Educational and Psychological Testing Standard 11.11* states, "If evidence based on test content is a primary source of validity evidence supporting the use of a test for selection into a particular job, a similar inference should be made about the test in a new situation only if the job and situation are substantially the same as the job and situation where the original validity evidence was collected." (p. 181). Licensing examination content, in other words, should align appropriately with the knowledge and skills required of individuals to operate successfully in a given field, subject area or profession.

A Joint Program of the Federation of State Medical Boards of the U.S., Inc. and NBME®



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Second, we understand you are interested in presenting this matter to the USMLE's Composite Committee, the policy-setting body for the USMLE program. Given that the nature of your request (opening USMLE to DPMs) is not permitted under the contractual agreement between FSMB and NBME establishing USMLE, which limits eligibility to students and graduates of medical school, presenting the request would be ineffective.

While we understand and empathize with the challenges you face in creating transformative change within the podiatry licensure process, we must respectfully decline your request.

Yours very sincerely,



Mike Jodoin
VP, USMLE
National Board of Medical Examiners



Dave Johnson
Chief Assessment Officer
Federation of State Medical Boards

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Quality
Safety
Integrity



Licensure
Regulation
Practice

Federation of Podiatric Medical Boards

Member Boards Round Robin



Round Robin Objectives

- Process Overview
- Prioritized Topics
- Ranked Topics



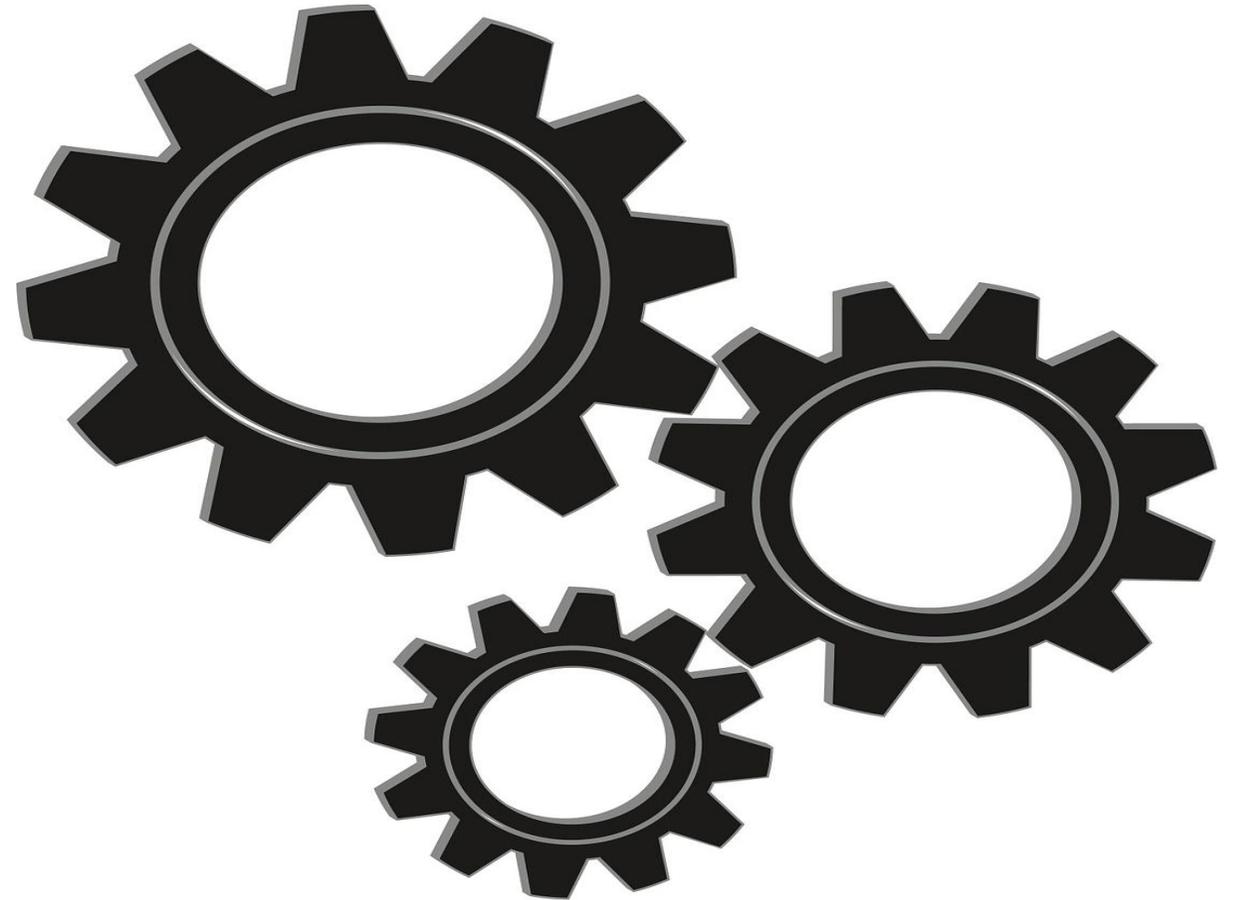


Process Overview



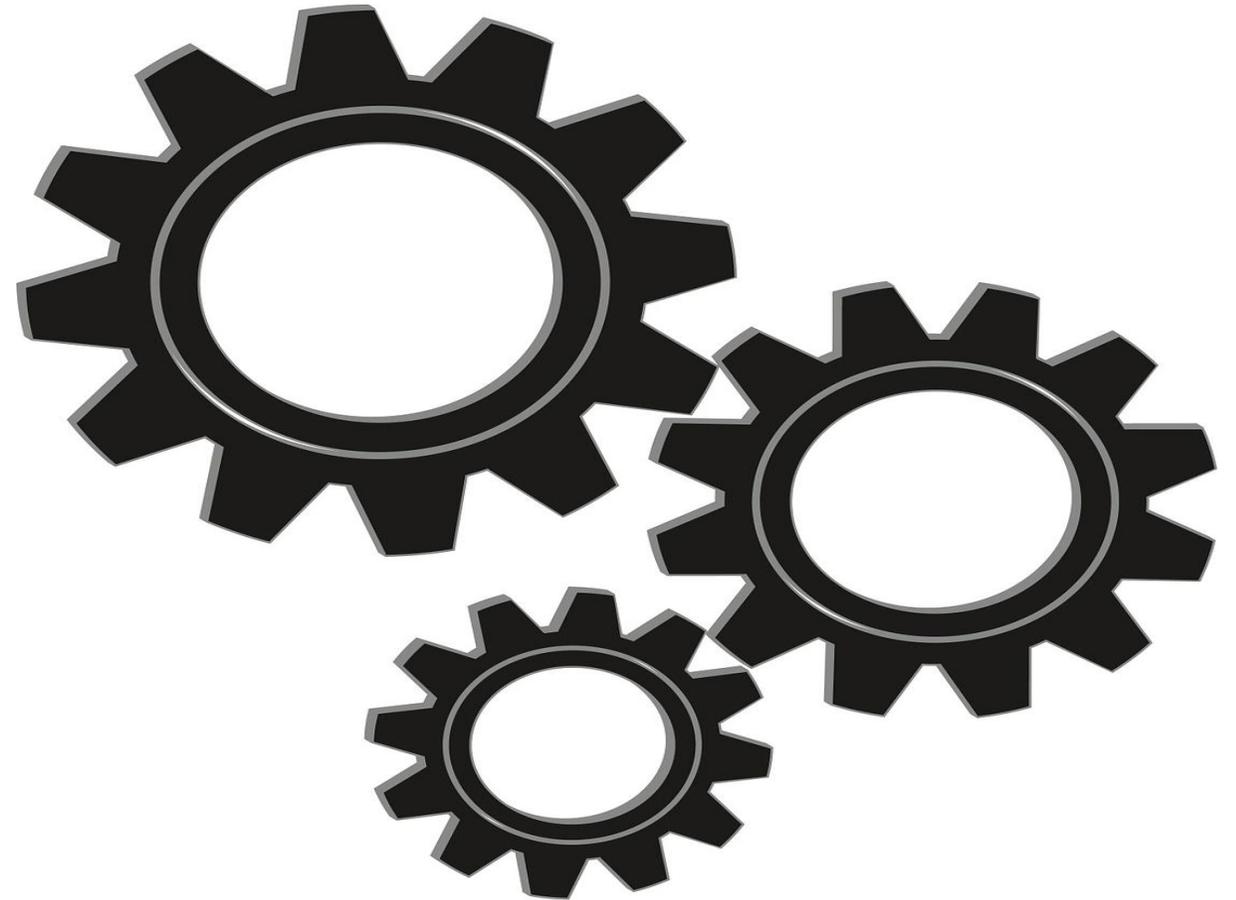
Process Overview

- FPMB provides its Member Boards with invaluable opportunities to engage with each other
- Round Robins offer Member Boards a unique opportunity for information sharing (*updates*) and mutual assistance (*questions*) in real-time



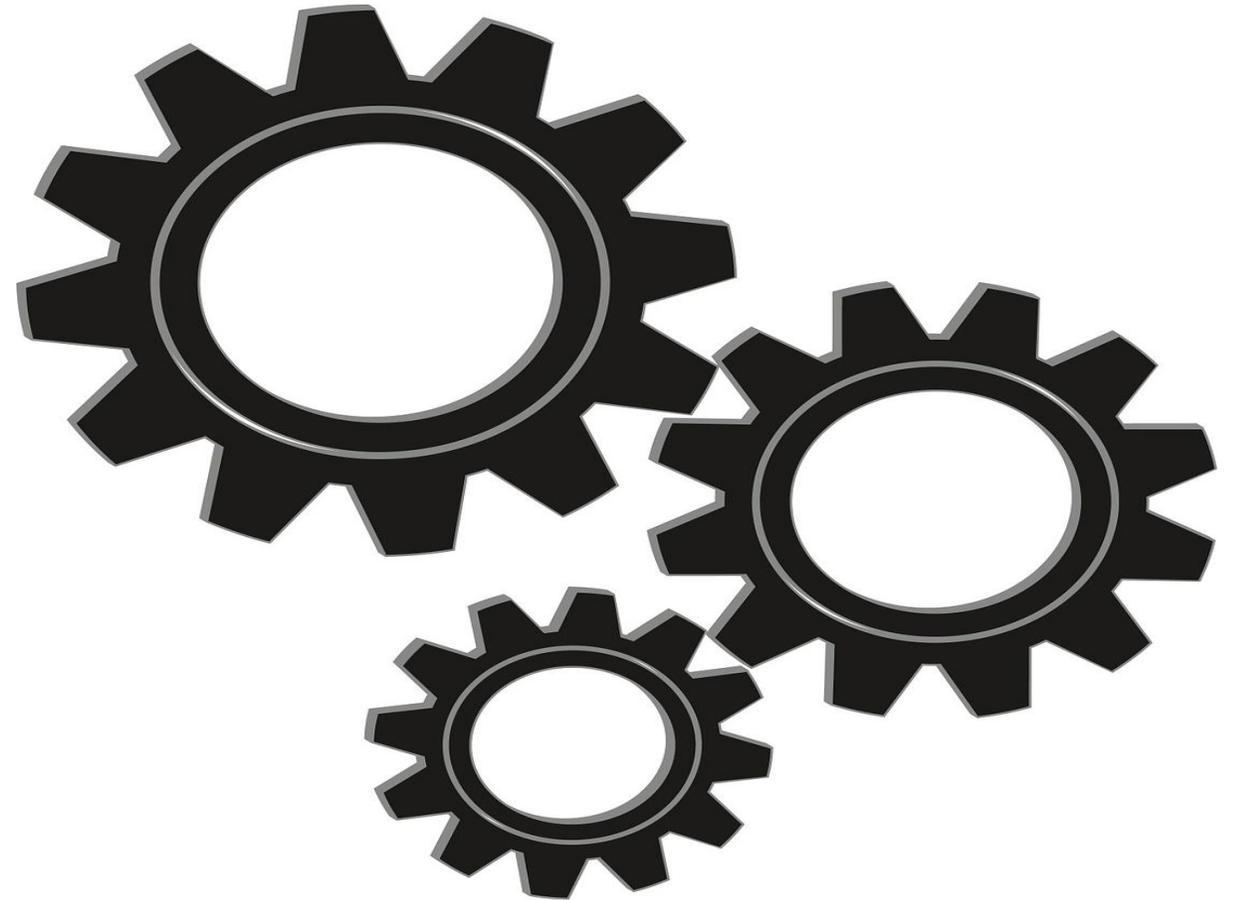
Process Overview *(cont.)*

- While RSVPing, meeting participants are offered the opportunity to identify:
 - Updates/issues about their Board/state
 - Topics/questions for other Boards/states/FPMB



Process Overview *(cont.)*

- FPMB reviews responses received and:
 - Prioritizes topics that are particularly timely, important, and of national interest
 - Categorizes remaining responses for meeting participants to rank based on their interest





Prioritized Topics



Prioritized Topics

- Scope of Practice
- Licensing Examinations
- CMEs



Prioritized Topics *(cont.)*

SCOPE OF PRACTICE

- Modernization commensurate with education, training, and experience
- Oversight of physician extenders (*i.e., medical assistants*)
- ABPM is concerned that a handful of states are using board certification as a requirement for a podiatrist to have access to the full scope of podiatric practice.
- Concerns about other professions efforts to limit scope of practice
- Scope of practice and CPT code inclusion in scope questions by licensees to the board
- Vaccinations



Prioritized Topics *(cont.)*

LICENSING EXAMINATIONS

- APMLE Part II Clinical Skills Patient Encounter (*CSPE*) currently suspended
- NBPME is reviewing options and ensuring pathways for progression and licensure for its students and residents
 - Recent stakeholder survey was sent to FPMB Member Boards
- Any unresolved licensing issues?



Prioritized Topics *(cont.)*

CMES

- Temporary or permanent pandemic-related changes in requirements (*i.e., exemptions, online vs. in-person, etc.*) given termination of emergency orders in some states
- Maintenance of Certification via certification or recertification exam conducted by American Board of Foot and Ankle Surgery (*ABFAS*) or American Board of Podiatric Medicine (*ABPM*)
- Failure rate of new applications with oral exams
- CE Broker – tool for licensees to track their continuing education that also sends renewal reminders



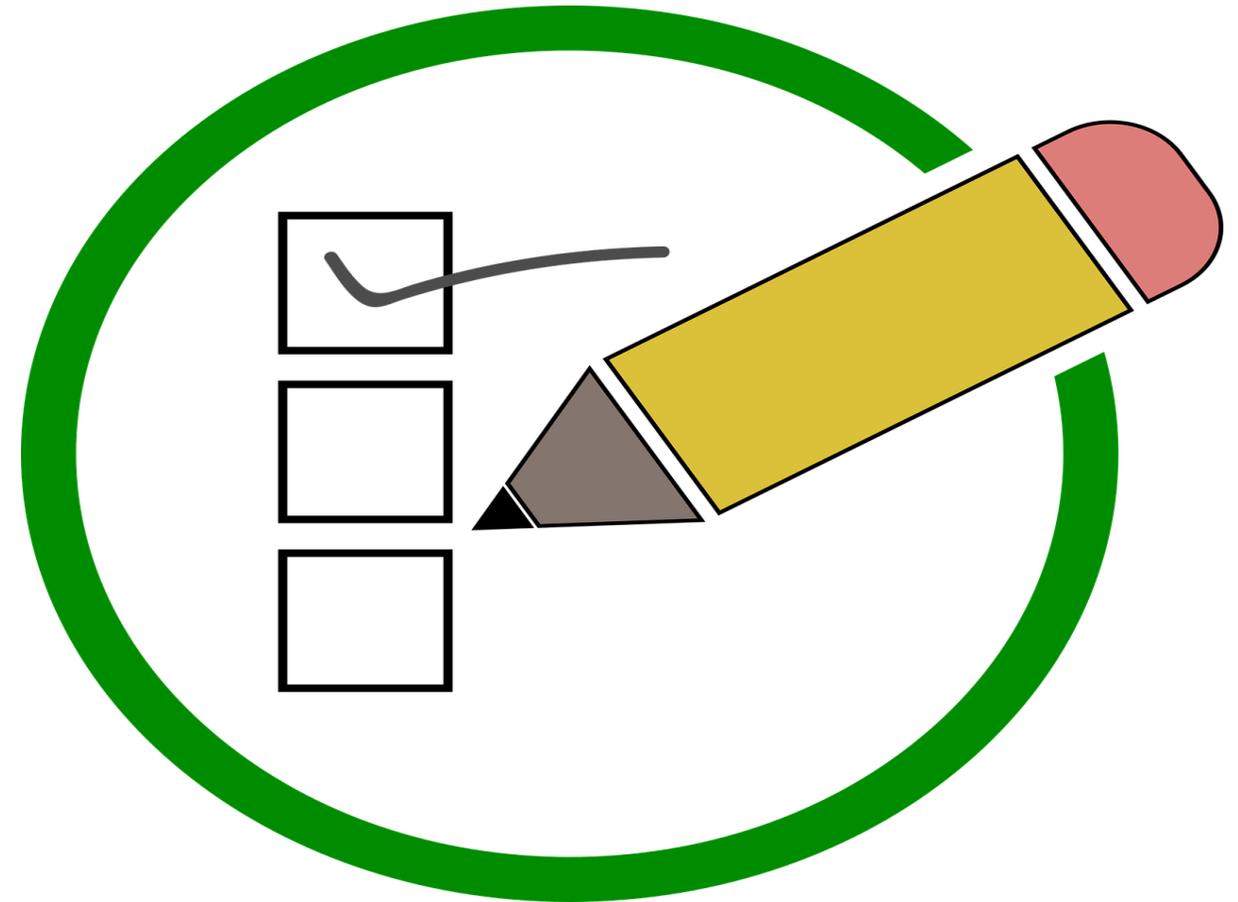
Ranked Topics

(based on participant polling)



Ranked Topics

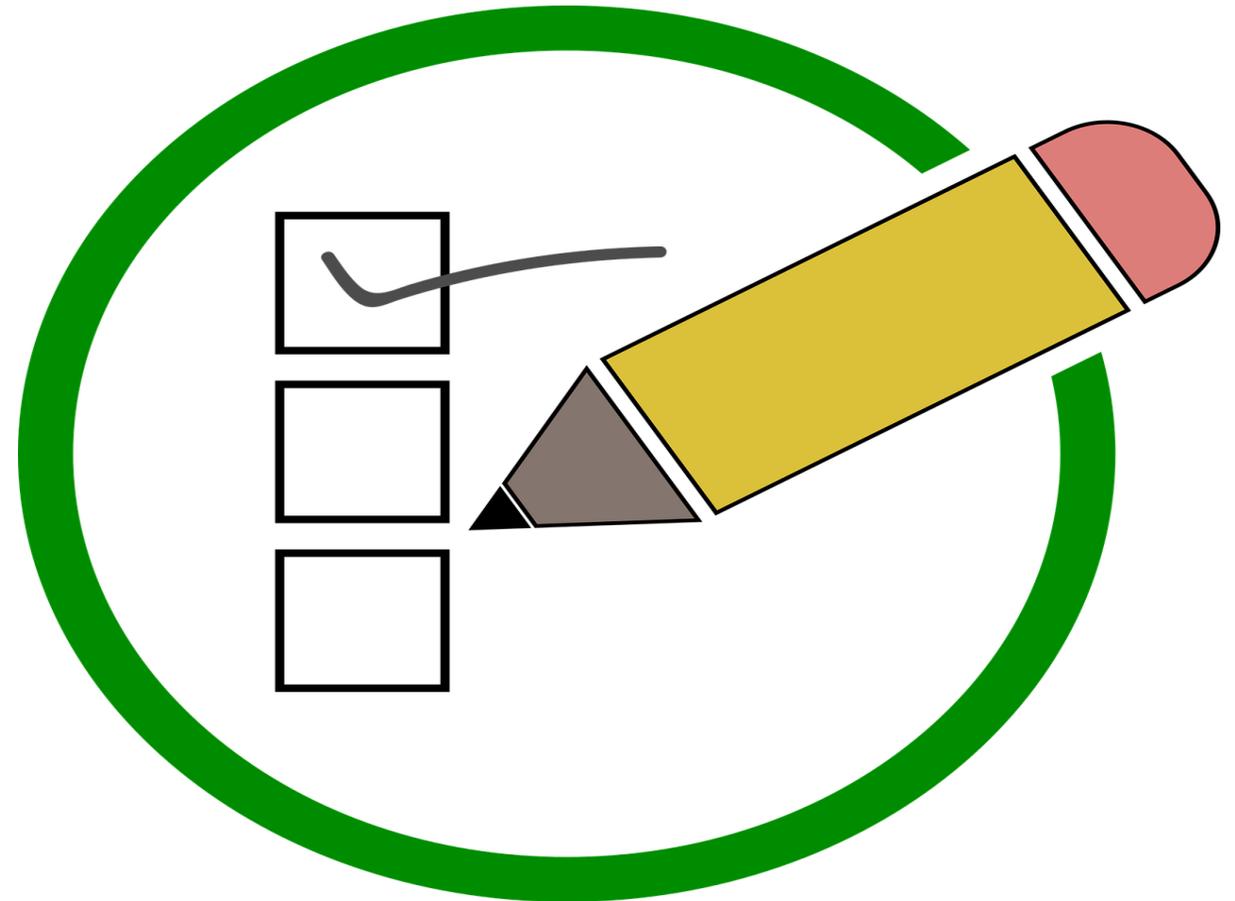
1. Complaints / Discipline / Physician Re-Entry
2. Board Governance and Operations
3. Licensure and Regulation
4. Telemedicine
5. Controlled Substances / Opioids / PDMP



Ranked Topics *(cont.)*

COMPLAINTS / DISCIPLINE / PHYSICIAN RE-ENTRY

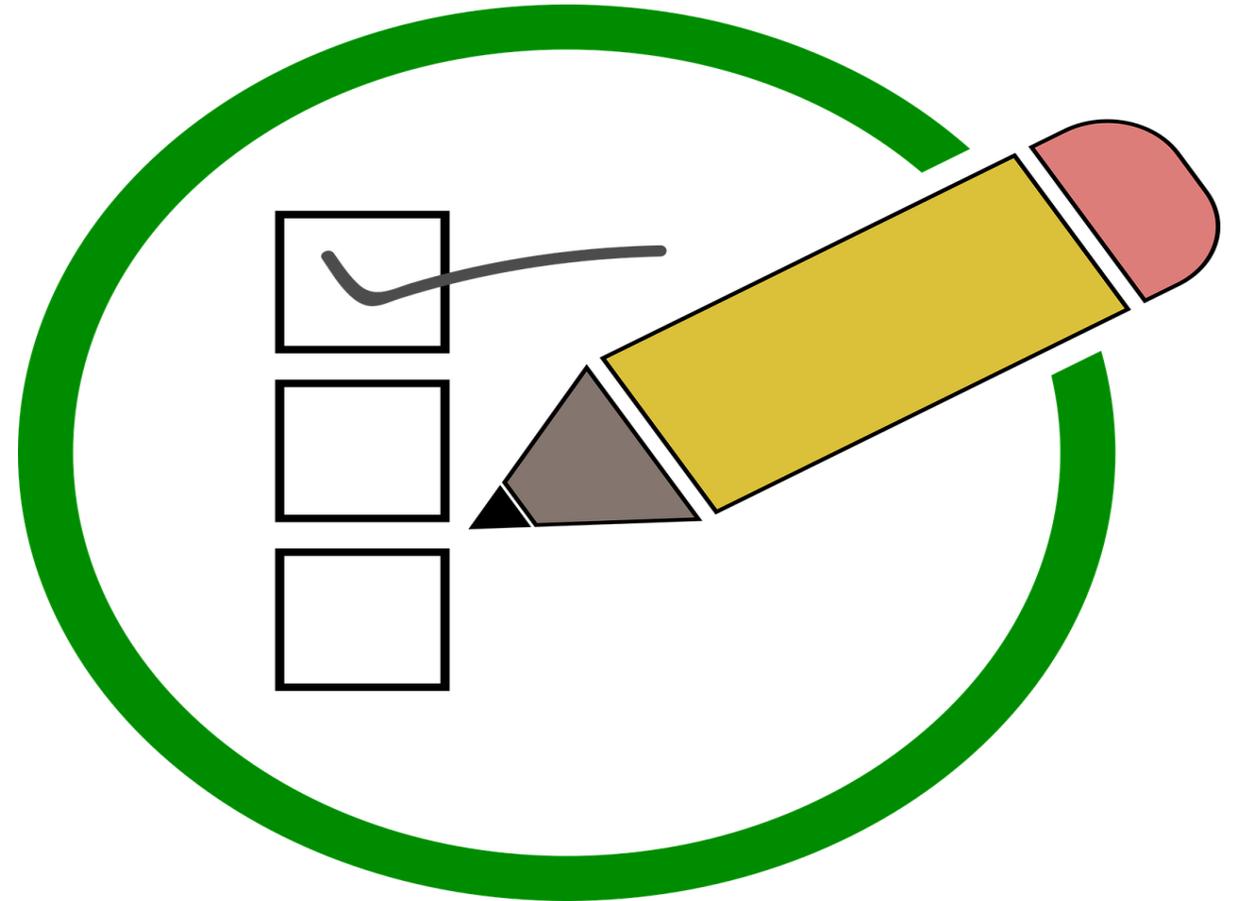
- How do boards review specific cases – decisions made by one board member or a group of board members?
- Who does the investigations of complaints?
- What are the statutory requirements?
- What are the timeframe requirements?
- Does your board have a physician re-entry program?



Ranked Topics *(cont.)*

BOARD GOVERNANCE AND OPERATIONS

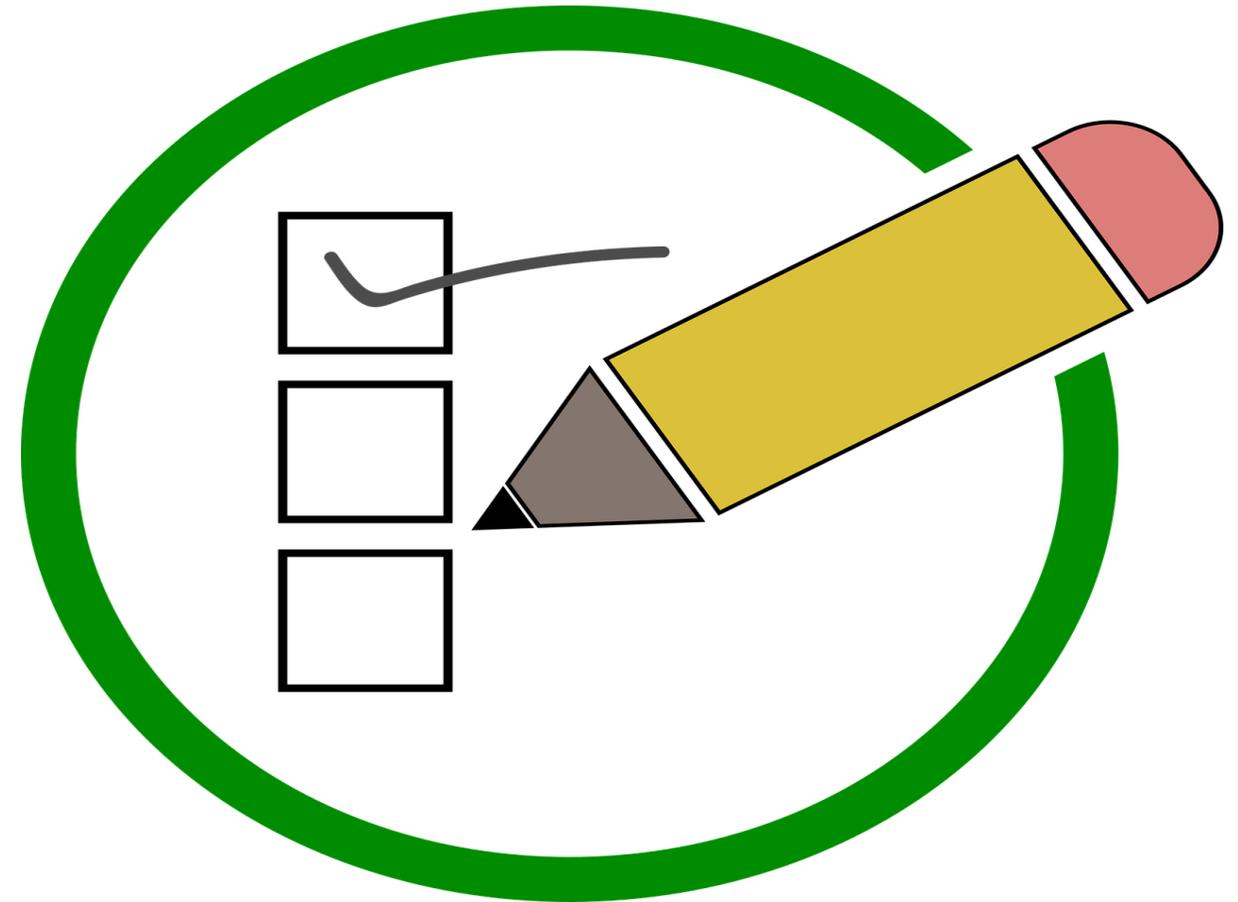
- How are you filling board vacancies, especially public members?
- How are you onboarding new board members?
- What are your experiences and recommendations related to sunset reviews?
- What are your document retention policies and schedules (*i.e., expired license and complaint files*)?



Ranked Topics *(cont.)*

LICENSURE AND REGULATION

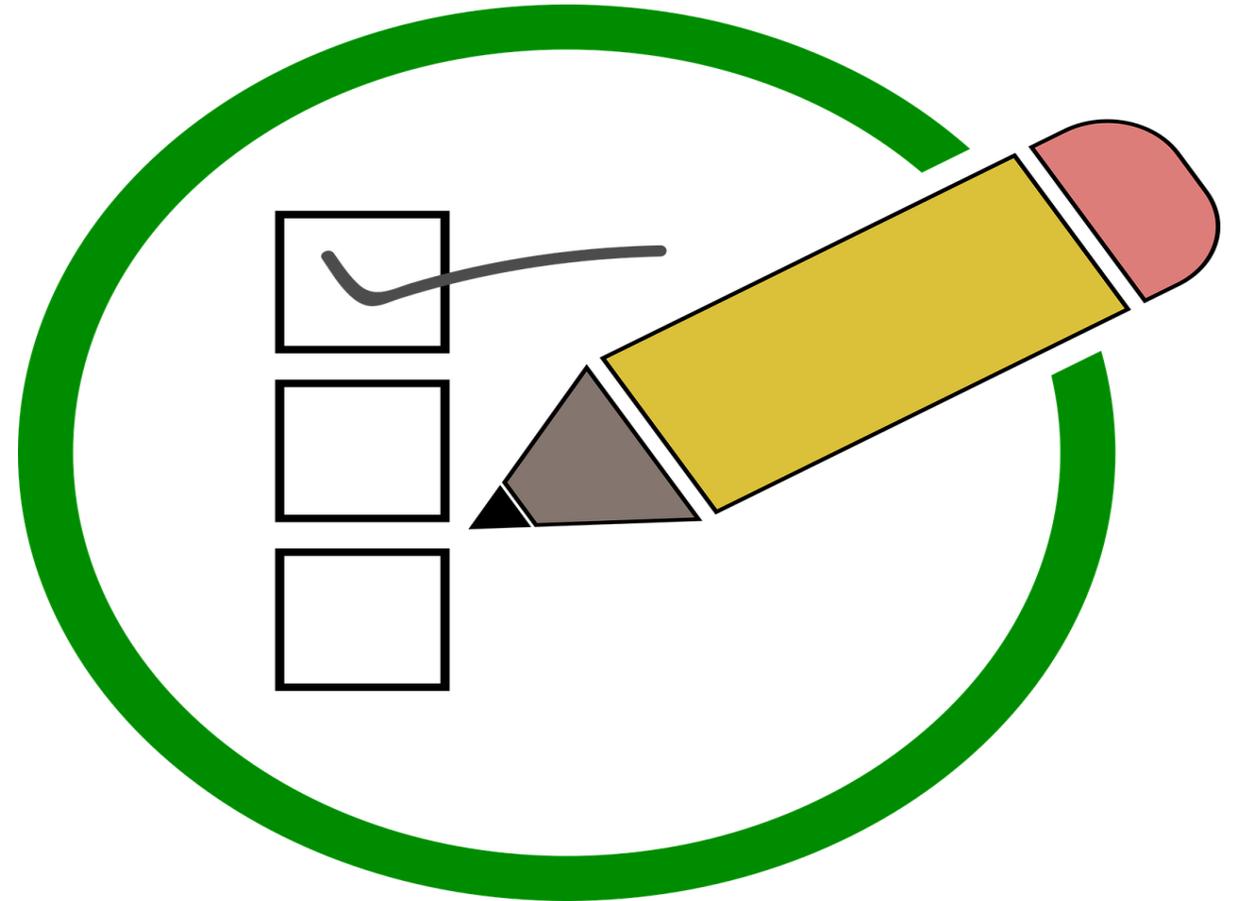
- Any changes to initial and renewal licensure requirements?
- Any new developments regarding reciprocity and/or increasing license portability?
- Adoption of criminal history forms
- Any additional training requirements (*i.e., recognition of abuse/human trafficking*) or new trends (*i.e., diversity, equity, and inclusion*)?
- Authorization to perform x-rays



Ranked Topics *(cont.)*

TELEMEDICINE

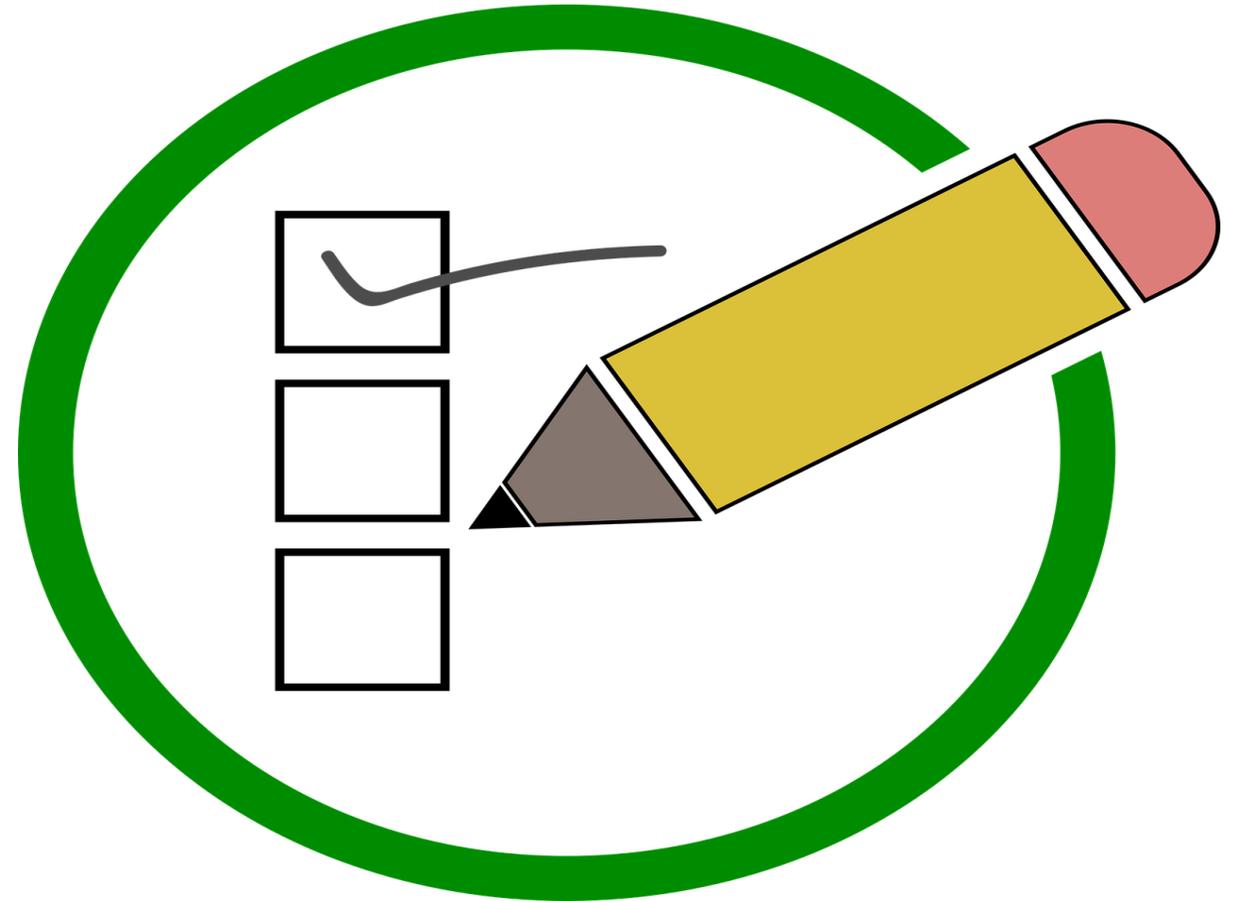
- Any new legislation and/or requirements?
- What is allowed (*ex: audio-only*)?
- Any increases in complaints made to Member Boards?



Ranked Topics *(cont.)*

CONTROLLED SUBSTANCES / OPIOIDS / PDMP

- Any new legislation and requirements?
- Any mandatory training?
- Any mandatory electronic prescribing /
HER PDMP requirements?
- Physician drug use and abuse



Member Boards Round Robin

Additional Round
Robin Topics
(time permitting)



Quality
Safety
Integrity



Licensure
Regulation
Practice

Adjournment

Thank you very much for your preparation, participation, and engagement.

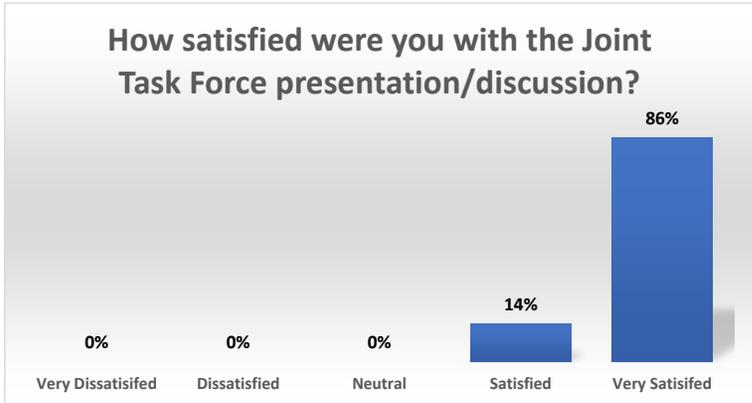
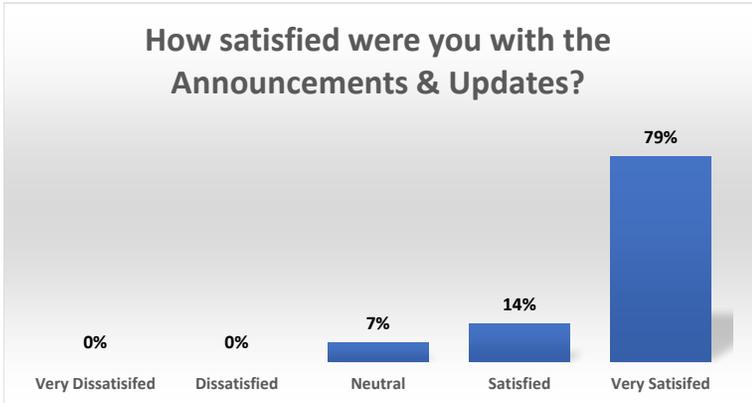
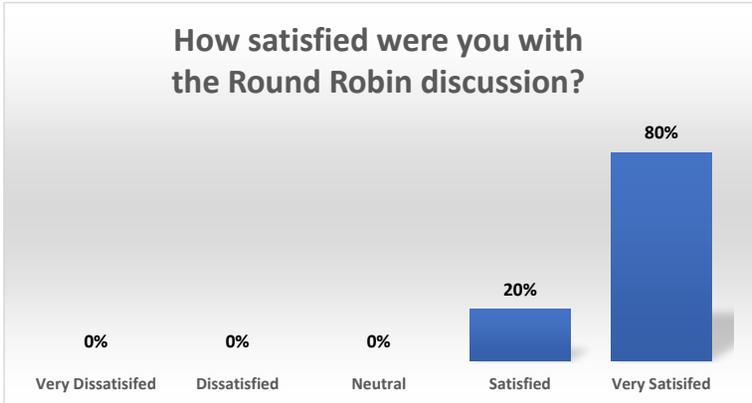
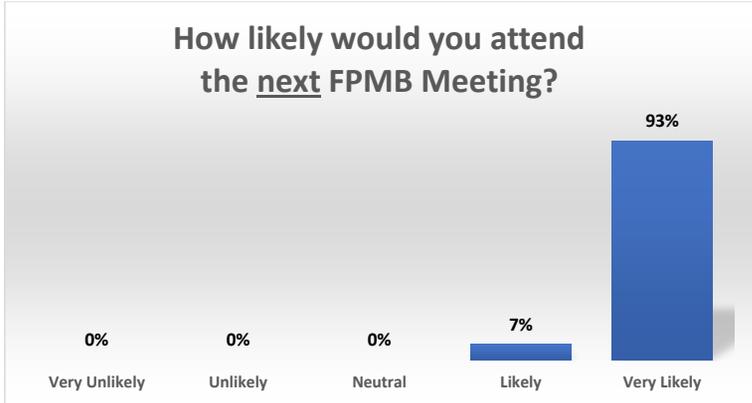
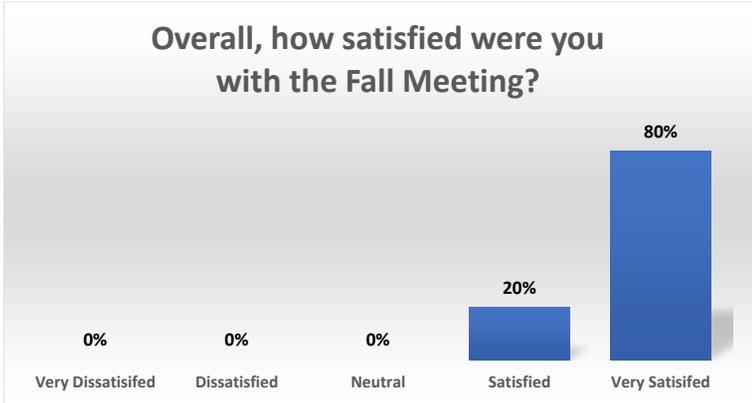
The FPMB is an empowering leader, helping Member Boards work independently and collectively to promote and protect the public's podiatric health, safety, and welfare.

We Need YOUR Feedback!

A link to a post-meeting survey will be emailed to you. Your important feedback is welcome and appreciated.

Thank you again, stay safe, and be well. The FPMB is here for you!





Why should Member Boards participate in FPMB meetings?

- Informative, and because it brings a feeling of camaraderie across the profession.
- There are common issues which others have dealt with. It is helpful to hear their solutions
- The FPMB is the one organization that serves every single practitioner, and it is essential you stay informed about the state of the profession. This board is the best resource to track the economics of the profession
- Very educational
- This meeting is the only way boards can exchange information about all aspects of medical board real time.
- To keep up to date on current practices and procedures
- It seems inherent in the participation, to have interest in national level activity
- Discussion of common problems shared by the member boards is helpful in addressing issues and solving problems for each board. Having the ability to see the participants in a virtual setting may give executive directors and board presidents more impetus and confidence in contacting other board's executive directors for assistance with an issue.
- It's great to be able to hear the challenges of other Boards as well as their rules and procedures.
- There is tremendous value in learning what is occurring in other jurisdiction as much of what is shared is advantageous to other jurisdictions.
- It is good to hear from other member states that they are having the same issues we are here. I used to think that the issues are exclusive to my state because we are so small compared to other states, but the issues are shared by all, not just the small states.
- You all help navigate national issues and give perspective on shared problems and act as a facilitator of information on how to handle challenging issues, rules, and law implementation.
- To better understand the issues affecting the profession, the regulation of such profession, and to gain insight into issues that are coming or may be coming

What did you like MOST about the Fall Meeting?

- The summary of where we are at nationally –a big picture survey of our shared interests
- Hearing concerns over the Joint Task Force white paper/AMA resolution
- Learning about other jurisdictions' procedures
- Level of participation, exchange, and engagement in all the discussions
- The Round Robin is fantastic
 - I love to hear the voices of the other states
 - Ranking the topics helped to focus discussion
 - Many participants shared good thoughts and idea
 - Good job of timing and moderating
- It was virtual, very comfortable
- You run a hell of an efficient and organized meeting!!!