

*The American Journal of Orthopedics* welcomes the comments of Karen L. Wrubel, DPM, FACFAS, California Podiatric Medical Association, responding to Dr. Glenn Pfeffer's March 2013 Guest Editorial.

### RE: Podiatric "Physicians and Surgeons"

On behalf of the California Podiatric Medical Association, we wholeheartedly agree with Dr. Pfeffer's opinion<sup>1</sup> that "The title of physician and surgeon is earned, and should be based on an educational standard established by a recognized accreditation agency, in this case the [Liaison Committee on Medical Education (LCME)], and not legislative fiat."

We in podiatric medicine seek to achieve recognition of equivalency by objective proof—not by legislative sleight of hand. *Esse quam videri*—to be rather than to seem.

Since the initial announcement of the Joint California Podiatric Medical Association, California Medical Association, California Orthopaedic Association (CPMA-CMA-COA) Task Force, which was subsequently joined by Osteopathic Physicians and Surgeons of California (OPSC), the focus has been on objective evaluation of the education and training of podiatric physicians by qualified and unbiased representatives. The addition of an LCME consultant to the Joint Task Force provides greater assurance that an educational standard comparable to that established by LCME is being utilized.

We are sincere in our efforts to prove our equivalency to this Joint Task Force. We do not claim to be identical, just as current holders of the Physicians and Surgeons Certificate are not identical, having trained at differing types of institutions both in the United States and abroad. Rather, we want to show our equivalency in meeting the requirements of the Physician and Surgeon Certificate in California.

We do differ with Dr. Pfeffer's understanding of the training of podiatric physicians and surgeons in that broad-based medical education not only is, but has been, an integral part of the podiatric medical education and training since at least the early 1980s. An independent report—the Medio-Nelson Report—prepared for the Medical Board of

California and dated October 17, 1993 bears out this fact. Much of this broad-based training is obtained alongside allopathic and osteopathic medical students and residents. As Dr. Pfeffer noted, "Podiatric medical school education continues to improve in California." All podiatric medical graduates in California now attend three-year medical and surgical residencies, following four years of podiatric medical school. Some, in addition, go on to attend fellowships in advanced specialties. The limited license that podiatrists obtain reflects the specialty we have chosen and not a limited education.

We are in full agreement with the medical community that all physicians and surgeons, though they may have unrestricted licenses, should practice to their education, training, and experience, which often involves a specialty.

Any significant differences identified by the Joint Task Force will be addressed so that we may take our certified place alongside our allopathic and osteopathic colleagues, as we have on a practical basis for many years and in a myriad of settings, including hospitals, surgical centers, and medical groups across the country.

We are proud to stand together with our allopathic and osteopathic colleagues in creation of the Joint Task Force, and look forward to the culmination of its efforts and realization of its goals.

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1. Pfeffer GB. Podiatric "Physicians and Surgeons." *Am J Orthop.* 2013;42(3):112.

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