



NEW YORK STATE SOCIETY OF ORTHOPAEDIC SURGEONS

P.O. BOX 38004 * ALBANY, NY 12203

(TEL) 518-439-0000 * (FAX) 518-439-1400

WWW.NYSSOS.ORG

Memorandum in Opposition A.2518-B(Pretlow)/S.2992-B(Klein)

AN ACT to amend the education law, the public health law and the civil practice laws and rules, in relation to the practice of podiatry

The NYS Society of Orthopaedic Surgeons (NYSSOS) strongly urges Members of the NYS Legislature to oppose A.2518-B/S.2992-B because this bill would expand the scope of practice for podiatrists from treating the foot to treating the foot, ankle and all soft tissue structures of the leg below the knee that are connected to the foot and ankle even though podiatrists are not adequately trained to perform these expanded procedures. This expanded authorization is detrimental to maintaining high-quality patient care in New York.

The amendments that were submitted in the Senate and Assembly on June 14, 2010 do not change the negative impact that this bill will have on patient care in New York State. The amendments only apply to podiatrists who are licensed prior to the effective date of the new law and are merely technical in nature. The amendment does nothing to change the fact that new podiatry graduates from any of the eight podiatry schools in the United States will be authorized by NYS law to provide treatment all of the way up to the knee. ***New graduates will not be required to demonstrate any new special qualifications or enhanced certifications before being eligible to operate under the new scope of practice.*** Passage of this bill will result in non-physicians being able to perform many medical procedures that currently only a physician can perform.

Huge Implications for Hospital Emergency Care

If A.2518-B/S.2992-B is passed, it will allow podiatrists to provide care in hospital emergency rooms for lower extremity trauma and injuries. Many motorists who are injured in car accidents will find that although they expect to be cared for by a physician, the care they receive may be provided by a podiatrist. While podiatrists provide excellent foot care, systemic health conditions requiring medical knowledge of cardiology, neurology, vascular disease, etc... complicate treatment. Physicians are educated and trained to treat the whole person. Allowing podiatrists to fill this role is very dangerous. Additionally, NY's hospitals currently only authorize podiatrists to treat patients on an outpatient basis. Any complication that requires that a patient be admitted to a hospital requires a ***physician*** to perform a medical history and requires a ***physician*** to admit the patient to the hospital.

Inadequate Training

The difference in the scope and depth of training for Orthopaedic Surgeons and podiatrists is very significant. Orthopaedic Surgeons complete four years of medical school followed by five years of residency training and one year of fellowship training. Podiatrists, by comparison, receive four years of graduate education followed by either a two-year or three-year residency, depending on the certification that they have elected to pursue.

**NY Orthopaedic Surgeons Oppose the Enactment
of this bill Because it is Detrimental to Patient Care**

As evidence of the lack of adequate training of podiatrists for the expanded procedures sought under this bill, NYSSOS has received statements from orthopaedic surgeons who are familiar with podiatry training. These documents state that podiatry residents are not trained to operate under the expanded scope at issue in this legislation and the statements are available to Members of the Legislature upon request.

Non-Standardized Credentialing of Podiatrists

Certification in the field of podiatry is not standardized. The American Board of Podiatric Surgery (ABPS), American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) and American Board of Multiple Specialties in Podiatry (ABMSP) all certify podiatrists who take their exams. The ABPS grants certificates in Foot Surgery and Reconstructive Rearfoot/Ankle Surgery Program. The Council on Podiatric Medical Education (CPME) has established the Joint Committee on the Recognition of Specialty Boards. JCRSB only recognizes the ABPS and AMPOPPM. The confusing array of certifying bodies demonstrates that there are no uniform set of standards. By contrast, in Orthopaedic Surgery, all candidates for licensure must complete an examination administered by the American Board of Orthopaedic Surgery. No secondary or alternate path to certification exists. The standards are uniform for all applicants seeking certification.

Vague Standard of “Complicated” Fractures

If A.2518-B/S.2992-B were enacted, podiatrists could treat some fractures in the office while “complicated” fractures would have to be treated in a hospital or ambulatory surgery center. However, the determination of what is and what is not a “complicated” fracture is not defined and each patient will be evaluated on a case by case basis. Due to the fact that patients are not all the same (ie: pediatric patients, geriatric patient, diabetic patients, obese patients, etc..) the determination of whether a fracture is “complicated” will rest on a myriad of factors. Distinguishing the treatment site based upon an indeterminate standard will lead to non-standardized care by podiatrists under this legislation. This will in turn lead to a great deal of public confusion.

Inadequate Patient Safety Protections

Patients who would like an incident that occurred at a podiatrist’s office reviewed by the NYS Department of Health’s Office of Professional Medical Conduct (OPMC) will be out of luck. OPMC does not have jurisdiction over podiatrists. Instead, complaints against podiatrists are governed by the State Board of Podiatry under the NY State Education Department. The State Board for Podiatry and OPMC have significantly different resources that include vastly different funding levels, number of investigators, etc... Additionally, while a physician’s malpractice history is available for public inspection through NYS’s Physician Profile Database, no similar or parallel system exists for patients who would like to review past malpractice history of their podiatrist. The lack of resources for patient’s to adequately and appropriately review podiatrists in a very significant concern and until a public accountability system can be established, expansion of the podiatric scope of practice must be denied. (It should also be noted that the reference in the bill to the State conducting a study on this issue with findings deliverable in the year 2015 with no requirement that the findings be acted upon is an insufficient public protection.)

Enactment of A.2518-B/S.2992-B is detrimental to high-quality patient care. The NYS Society of Orthopaedic Surgeons urges all of the Members of the NYS Legislature to oppose the enactment of this bill.