



# Future Star: Andrew Pavelescu, DPM

Meet podiatry's  
new public health leader.

BY MARC HASPEL, DPM

The willingness to step forward to lead is an admirable quality. All too often, the search for those eager to assume positions of leadership does not land on younger physicians, leaving leadership roles in the hands of veteran doctors. The next podiatric physician in *Podiatry Management's* series on Future Stars has already begun the process of stepping forward, and is already gaining attention and praise. Nominated by a veritable ambassador of podiatric medicine, Dr. Arthur Gudeon of Queens, New York, R. Andrew Pavelescu, DPM has already impressed his fellow colleagues in New York. Dr. Pavelescu serves as vice president of the Queens division of the New York State Podiatric Medical Association, and has attended its House of Delegates multiple times. He is active in speaking to, and training, other young podiatrists in his capacity as Chairman of the NYSPMA Young Practitioners Committee. He was recently elected to the NYSPMA Board of Trustees.

Doctor Pavelescu recently took some time to reflect on his young career, recent accomplishments and future professional aspirations.

**PM:** *Who in podiatric medicine influenced you the most thus far in your career? To whom else do you give thanks?*

Thus far, I have been influenced by two phenomenal, smart, and talented surgeons—the first being my residency director Dr. Charles Lombardi, and the second being a great mentor, Dr. Michael Loshigian. Aside from academics, they have both helped me grow as a person, hone my clinical skills, and become a bet-

low unemployment rate and has a high expected growth rate, which is also an important metric when looking at career choices. Furthermore, as a podiatrist, one has various employment options including, but not limited to, self-employment, small or large group practice, hospital or academic center-based employment,

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ter doctor, teacher, and advocate for my profession.

**PM:** *What first attracted you to a career in podiatric medicine?*

My attraction to podiatry was multifaceted. Although it is a specialty field, as a career, it still allows individuals the ability to sub-specialize and focus their practice in a particular area of interest... for example, podopediatrics, wound care, sports medicine, etc. Another great thing about podiatry is that one also has the ability to choose if they want to be a surgeon or not. According to labor statistics, podiatry has a very

or even work in the VA or the Armed Forces. Finally, I think podiatrists also have more flexible hours compared to other healthcare professionals, which allows for a more balanced work and family life.

**PM:** *What are your goals both short-term and long-term for your career in podiatry?*

My most immediate short-term goal is to successfully complete the ABFAS board certifications process and become board certified. Aside from this, I am both anxious and excited about the launch of a new proj-

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ect and initiative I have overseen as Chair of the Young Members Committee for the New York State Podiatric Medical Association. Over the last year, we developed the Young Member Institute, which is a new and unique program aimed at addressing the needs of young podiatrists in New York State. Aside from this, I am looking forward to advancing my partnership track within my own practice group and eventually becoming more involved in the teaching and resident training aspect of our profession.

**PM:** *What podiatry college did you attend? Where and how would you describe your post-graduate training?*

I graduated from the Ohio College of Podiatric Medicine (now Kent State). I completed my residency training at New York-Presbyterian/Queens Hospital, which is an intensive four-year program, both academically and surgically. I am very content with my education and training, which have prepared me to enter private practice with a solid foundation.

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**PM:** *What are your thoughts about APMA, the certifying boards and other organizations that function within the profession?*

I fully support the APMA and their continued efforts to support and push our profession forward. Much has been accomplished to date, for example the recent VA bill, and much is still to be accomplished. That being said, I don't think many realize that the APMA is the only national podiatry organization that actively lobbies for podiatrists, whereas the remaining professional organizations are solely educational in nature. APMA actively fights for our licenses,

our scopes of practice, and our profession. There is a misconception, however, when it comes to boards. One does not have to belong to a professional organization to undergo board qualification and certification.

Many organizations exist in our profession, which either provide some sort of certification or exist as an educational membership organization. The fact is that there are only two recognized certifying boards

in podiatry, The American Board of Foot and Ankle Surgery (ABFAS) and The American Board of Podiatric Medicine (ABPM). These are designated by the Council of Podiatric Medical Education (CPME) and the Joint Committee on the Recognition of Specialty Boards (JCRSB), which set specific requirements for candidates to attain board certification.

**PM:** *What sub-specialties interest you in podiatric medicine, and why?*

My practice is mainly tailored towards reconstructive foot/ankle surgery and sports medicine. The surgery aspect fascinates me because every case I perform and every patient I see is so very different. You can almost think of every case being a puzzle you have to solve. I enjoy putting the pieces together (the decision-making), performing the surgery, and in the end, making patients' lives that much better off. Being active myself, I also enjoy working with active patients. Unlike other sub-specialty areas of podiatry,

sports medicine also allows one to provide patients with new and innovative treatment options like stem cell therapy, which is another area that interests me greatly.

**PM:** *What type of practice arrangement, i.e., solo, small, or large group, suits you the best?*

Personally, a small private practice group is the ideal work environment.

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There is much to be said about the advantages of a small group practice but, in particular, I think working in a small group allows for better patient care and improved outcomes. Compared to larger practices, doctors in smaller groups are able to allot more time to each patient visit, not only delivering better care but also allowing one to establish a great relationship with each patient. Interestingly enough, although it is known that large practices and hospital-owned practices have more resources and the ability to create systematic processes to improve care, a Weill Cornell study showed that these practices lagged behind their smaller counterparts in rates of preventable hospital admissions. Moreover, a smaller group practice allows for better control of one's lifestyle in terms of flexibility in office hours and work-life balance.

**PM:** *What are your thoughts on the overall role of podiatric medicine in the current healthcare system?*

Podiatry plays a vital role in a comprehensive healthcare system and podiatrists are essential components of a multi-disciplinary team needed to take care of patients. Podiatric medical doctors should not define themselves as medical professionals who treat the foot and ankle but rather as medical professionals who prevent, diagnose, and treat

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*Dr. Pavelescu (from page 112)*

people who have foot and ankle problems. In short, podiatrists are essential providers who improve population health as part of the overall healthcare team. This is important because most proposed health reforms focus on the reduc-

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tion of complications, hospitalizations, and lowering costs in certain patient populations. Providers who can help achieve the “triple aim” of better health, better care, and lower costs will be valued. Podiatry can play a key role in the realization of national and state healthcare goals.

**PM:** *What should this profession do to continue to attract sound quality individuals like yourself?*

We need to continue our career awareness and mentorship efforts and gear them towards individuals who want to pursue a career in healthcare. We need to

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**PM:** *Would you be in favor of degree change as well as name change from the term “podiatric” to “foot and ankle” medicine?*

No, I think we should be proud of our profession, our title, and our credentials. Much work has been accomplished and much more is to come for the advancement of this profession and its unique identity. Just by changing the name of the degree does not automatically change the requirements to attain said degree or the scope of practice to which one is restricted. Nor does it change the perspective of others about podiatrists. The only progress forward is unity under the DPM credential, and we must continue our efforts to graduate the most skilled students and residents. **PM**

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**Dr. Haspel** is senior editor of this magazine and past-president of the New Jersey Podiatric Medical Society. He is a member of the American Academy of Podiatric Practice Management.