

APMA and Its Component Organizations

Podiatry could not exist without this important infrastructure.

By Lloyd S. Smith, D.P.M.

One of APMA's greatest strengths has been the ability of the organization to maintain membership at nearly 80% of all practicing podiatrists. There has been steady growth in total numbers, and members have consistently expressed praise for the performance of the organization. This is in contrast to many other associations in medicine. The American Medical Association's membership is in the range of 20% of all practicing MD/DOs in the USA.

Most of us would agree that, as podiatrists, we need strong and unified national and state organizations to advocate for our needs. DPMs, as a group, are often intentionally left out of many healthcare initiatives. We need to fight for inclusion and demand that our legislators and regulators do not choose to discriminate against us. In many cases, this occurs because of ignorance and political pressure. In other cases, there is willful intent to leave us out of important new measures.

Our allopathic colleagues do not face that same struggle. They may need AMA to lobby for a Medicare fee fix, malpractice reform or anti-trust protections, but they do not need AMA to fight for their survival. It is ironic that our daily struggles require us to ensure that APMA continues to be strong and vital. At the same time, we must demand that APMA meets this challenge at every possible opportunity. I felt that pressure daily on the board and honestly feel the organization was and still is up to the challenge.

The Leadership Void

The ever-diminishing base of volunteer leadership, however, could jeopardize APMA's future. Every facet of our state and national organizations needs volunteers willing to work long hours without pay to advance the cause. We need people willing to serve on committees, join in the leadership experience, and run for elected positions. Over the past several years at the APMA House of Delegates, little or no competition existed during any of the elections. That was not always the case and we need that to change. As APMA President, I had to hunt for qualified individuals willing to serve on important committees.

One of the other struggles on the APMA Board (1994 to 2006) was the unity of our Affiliated and Related organizations. The alphabet soup of organizations that exist in our profession is not unusual and is certainly necessary and healthy. It can also be confusing to the outside world when multiple conflicting voices are heard on a particular issue. Nevertheless, it has worked for decades and continues to do so.

Organizational Unity

Our organizational unity has been challenged on several occasions during the past decade over the requirement that all members of state, affiliated and related organizations of APMA also be members of both the APMA and the corresponding entity. This

mandate is part of the APMA Bylaws, and the wisdom and vision of our predecessors in this regard is monumental. This requirement does not exist within AMA. Members of the respective state or related organization in medicine do not need to be members of AMA.

At one point, one of the APMA organizations surveyed its membership to determine whether removing itself from the APMA umbrella was reasonable. The membership at that time voted with a resounding “no” and the integrity of the APMA bylaw and the unity within our profession was preserved. That should not nor cannot change if we wish to maintain our unity and strength.

Reorganization of Organizations

Recently, the APMA House of Delegates passed a reorganized set of criteria for our related and affiliated organizations. That initiative took many years of careful discussion and preserved the unity concept, so critical to our survival. It also redefined the role being played by APMA and the related and affiliated organizations. It will strengthen those relationships and should strengthen the respective organization.

Why do we need these “other” organizations? If we have a strong and united APMA, can't APMA fulfill the mission and ultimately lessen the costs of running our affiliated and related groups? Having spent over a decade helping to manage APMA, I firmly feel we need our sister groups to address the various specialty issues.

AAPSM

One group that I am intimately connected to, being a past president, is the American Academy of Podiatric Sports Medicine (the AAPSM). Its greatest service to me is education, and it continues to provide that feature to this very day. During the 1970s and early 1980s, there was little or no knowledge of podiatric sports medicine. NYCPM's curriculum in the 70's did not have one course, or even one lecture, in the area.

When the local hospital asked me to set up and run a Runner's Clinic within the Sports Medicine Division, I said yes, but was totally unprepared for the job. I had great surgical and biomechanical training but really had no knowledge about running shoes, tibial stress fractures, overuse injuries or anything else related to running. My closest connection was my love of sports, my high school track team experience, and my faithful orthotic labs.

The AAPSM was there to serve me and many others at the time. The founding fathers of the organization and so many of the leaders and other past presidents became my classmates as we learned together about the issues of marathoning, running, overuse injuries, sports orthotics and so much else. It also provided the camaraderie necessary for us to push each other and figure out the best solutions to so many problems. It allowed us to become legitimate physicians in the array of available positions. That type of specialty organization was vital then and is just as vital today.

I urge each of you to maintain your membership in APMA and its affiliated and related organizations. If you are not a member of APMA, you have certainly failed to comprehend how vital APMA is to your survival. Podiatry would not exist without APMA.

Bio: Dr. Smith is a 1974 cum laude graduate of NYCPM. He has been in practice in Newton, MA since 1976. He is a past president of APMA, the AAPSM, the Fund for Podiatric Medical Education (now the APMA Educational Foundation), and the Massachusetts Podiatric Medical Society. He has served as a consultant to numerous corporations, has spoken at meetings in Europe and throughout the USA, and is well published in a variety of venues. He can be reached at lloydpod@yahoo.com