



# Facing Podiatry's Challenges and Opportunities

Meet APMA President Seth A. Rubenstein, DPM.

**S**eth A. Rubenstein, DPM, of Reston, VA, assumed the office of president of the American Podiatric Medical Association on April 22, following a special virtual session of the APMA House of Delegates.

Dr. Rubenstein graduated from the then-California College of Podiatric Medicine in San Francisco in 1983. He completed a PSR-24 program at Peninsula General Hospital in Far Rockaway, NY, and is board-certified in foot and ankle surgery by the American Board of Foot and Ankle Surgery. He has been a member of the APMA Board of Trustees since 2009. He has also served as president of the Virginia Podiatric Medical Association and as a member of the APMAPAC Board of Directors.

Dr. Rubenstein has practiced in northern Virginia for 35 years. In 2013, he merged his practice with Foot and Ankle Specialists of the Mid-Atlantic, a single-specialty group practice.

*PM* recently spoke with Dr. Rubenstein about his plans for his presidency and APMA's priorities for the profession particularly in light of the COVID-19 pandemic and the changes it has wrought for the healthcare profession.

*PM:* Your ascension to President of the American Podiatric Medical Association was delayed due to the Coronavirus outbreak. Tell our readers about what it was like leading up to the decision to cancel the APMA House of Delegates meeting.



Dr. Rubenstein

**Dr. Rubenstein:** By the time this interview is published, the Board's decision to cancel the 2020 APMA House of Delegates will seem intuitive. That was not the case at the time. In late February, most of the country was only casually aware of the magnitude of the coming pandemic. Part of being a leader is to be able to anticipate events and make decisions that may go against the prevailing opinion. For example, while Hollywood came out in force on February 9 for the Academy Awards, supermarket shelves stood bare, and makeshift hospitals were being built in China. The board took note of the situation overseas and the daily events in our own country

through early March. We also began to hear concern from our members in hot spots such as New York. The board debated the economic and political fallout for canceling the APMA HOD, an unprecedented action. We ultimately reset our focus from doing what was best for our members and our association to doing what was best for society. Most association meetings followed suit and canceled their meeting plans in the following weeks.

*PM:* What was it like in the first couple of weeks after canceling the House of Delegates?

**Dr. Rubenstein:** Controlled chaos. First, I must mention our APMA staff who performed under tight deadlines and extreme circumstances. Multitasking was the new normal. They renegotiated our hotel contract to ensure minimal financial impact from canceling the House of Delegates meeting and built a first-class COVID-19 resource webpage all in the first two weeks following the cancelled HOD.

That webpage can be seen at [www.APMA.org/COVID19](http://www.APMA.org/COVID19). Resources were added daily as the social and financial impact of the pandemic became clear. These tools included summaries of CDC guidance, FAQs, and relevant information on congressional bills designed to provide economic support and stimulus in response to the crisis.

The board also remained highly engaged, communicating daily by

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*Dr. Rubenstein (from page 103)*

group text and holding weekly virtual meetings.

We developed a Position Statement to backstop temporary scope-of-practice expansion to help ensure members who wish to volunteer in their medical communities to the extent of their training and experience were able to do so. We noted the governor’s office needed to be contacted to provide the necessary rules change, as Good Samaritan laws still limited healthcare specialists to volunteer within their scope of practice. While individual state associations would have to communicate at the state level, we drafted a formal request to the National Governors Association in their support, which was cosigned by The American Board of Foot and Ankle Surgery, the American Board of Podiatric Medicine, the American College of Foot and Ankle Surgeons, and the American College of Podiatric Medicine.

Our board and staff worked with the American Society of Podiatric Executives to formulate a financial relief package to waive member dues and delay payment dates. This effort had to be carefully crafted to

with CMS and commercial payers to ensure equal pay for equal work, and so much more.

**PM:** *You mentioned student recruitment, which has been an issue for a couple of years. Tell our readers about how and why that became a priority.*

**Dr. Rubenstein:** Our profession has been growing and maturing for

the data into a four-pronged strategic action plan predicated on generating awareness, understanding, engagement, and action.

For example, we discovered that the earlier we reach students, the greater our impact will be. This insight also led to the creation of a non-branded webpage focused on a career in podiatric medicine and surgery. You can see it at [www.stepintopodiatry.com](http://www.stepintopodiatry.com).

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more than 100 years, and that has all been for the better. Likewise, other healthcare fields have developed and more recently have gained favor with students interested in pursuing a career in healthcare. Allopathic and osteopathic medical schools have also been expanding numbers and class sizes, creating more competition for recruiting young people into our profession.

APMA has traditionally focused on career awareness, while the po-

We now also know our profession is well-suited to the interests and expectations of the next generation of healthcare providers who seek greater balance between their professional and personal lives.

**PM:** *We also hear that young members are not as engaged in the association. What is the APMA currently doing to enhance young physician involvement?*

**Dr. Rubenstein:** I am very passionate about promoting young physician engagement and development of tomorrow’s leaders. There is a phrase in Hebrew that captures this sentiment. It goes “L’dor va’dor” and translates to, “from generation to generation.”

We launched our initial efforts in 2018 with a brand audit that helped identify gaps in the delivery of services to young physicians and produced a more contemporary logo and tagline. The data we collected resulted in the launch of our Young Physician Transition Series, which provides a wide body of resources for podiatrists during the first 10 years of practice, including material for residents and young practitioners. You can find more information on the APMA website at [www.apma.org/ypts](http://www.apma.org/ypts).

Our young physicians have more surgical training now than any prior

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balance the individual needs of our members and the financial viability of a national association to advocate, educate, and lead our profession after the COVID-19 pandemic cleared. As a leader, you have to keep both eyes on the here and now while maintaining your focus on the future. There are many challenges that await us on the far side of the COVID-19 national emergency. These include our temporarily suspended student recruitment initiative, designed to ensure that our profession thrives, and advocating

podiatric medical schools focused on student recruitment. At the 2018 House of Delegates, our leadership passed Resolution 9-18, which directed APMA to work in tandem with the American Association of Colleges of Podiatric Medicine and other stakeholders to enhance our profession’s student recruitment efforts.

We started with market research including interviews, focus groups, and surveys to determine what young people knew about our field and what motivated them to choose a path in medicine, and then distilled



*Dr. Rubenstein (from page 104)*

generation of podiatrists due primarily to our ongoing efforts of aligning our professional training with allopathic and osteopathic models. I am very impressed with their technical skill set. However, their priorities have shifted to include a greater focus on work-life balance and servicing high student debt.

In order to promote leadership engagement, APMA has sponsored an annual Young Physician’s Institute for several years. We have also established a Young Physician seat on almost every APMA committee, including a voting position on the Board of Trustees.

Our board is very concerned about the amount of student debt. Unfortunately, this is not an easy problem to solve. Several years ago, APMA established an Educational Foundation that has awarded more than \$4 million in scholarships to deserving third- and fourth-year podiatric students. No other association in our profession sponsors such a program. We are currently considering expanding the mission of the Educational Foundation to include research grants.

The Board of Trustees is also monitoring a pilot program between private corporations and state associations designed to help young physicians reduce their student loan debt burden. If successful, such partnerships can be

modeled up nationally to provide markedly discounted and flexible loan refinancing options for our young physician members.

*PM: You have a long history with the APMA Legislative Committee; where do you think the profession stands in terms of its legislative priorities?*

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**Dr. Rubenstein:** I think we are right on target with our legislative priorities. Advocacy has always been one of APMA’s cornerstones.

One of our long-term goals, of course, has been to gain recognition for podiatrists as physicians in state and federal statutes. Such recognition is not in dispute among the public we serve. However, when legislators do not consider our standard and quality of care to be equivalent with allopathic and osteopathic medicine, they may craft legislation with unintended consequences for us.

Succeeding in this endeavor requires political acumen, support from our membership through PAC contributions and grassroots lobbying, and the unwavering conviction that the goal is worth the effort. It also requires the patience of Job. We have been working toward this goal since 1971. APMA has gained bipartisan and bicameral congressional support for our bill in 10 congressional sessions. We have succeeded in attaching our bill to moving legislation three times. Once we reach that point, however, there is nothing more that can be done, as Congress must then either vote or table the bill.

*PM: This is an unprecedented time. Any final thoughts on the year ahead?*

**Dr. Rubenstein:** This is truly a historic time. The 2020 House of Delegates meeting would have been the 100th gathering of that body, and I had looked forward to celebrating the history of our organization. I think, however, that the crisis that presents itself now is an even greater opportunity to learn from the challenges of the past and realize the potential of the future.

The only thing we know for certain about the future is that it will be different. Change is coming at us more rapidly than ever before. Adapting to those changes may be the greatest challenge each of us has in our practice today, and APMA is here to help. My presidency will continue to reflect APMA’s unwavering commitment to our members and their needs. **PM**