



Meet APMA President Jeffrey DeSantis, DPM

DPM = MD = DO.

On March 14, Jeffrey DeSantis, DPM, was sworn in as the 95th president of the American Podiatric Medical Association. Dr. DeSantis takes pride in his chosen profession and has spent his years on the APMA Board of Trustees working to realize the goals of Vision 21st Century. He is the founder of Cambridge Foot and Ankle Associates, in Orange County, CA, now part of Upperville Health. Married to his wife Laurie for 26 years, Dr. DeSantis is father to two adult daughters. He enjoys travel and vintage cars in his personal time.

In a longstanding tradition, *Podiatry Management* spoke to Dr. DeSantis following his inauguration to learn how he plans to advance podiatric medicine and surgery during his presidency. Dr. DeSantis underscored his commitment to fostering beneficial relationships with the orthopedic community and his belief that access to the USMLE is the next critical step to achieving parity.

Podiatry Management: *How did you get your start in podiatry?*

Dr. DeSantis: During my undergraduate years, I knew I wanted to pursue a career in medicine but was convinced I was going to go into family practice. Then I shadowed my best friend's father, Lawrence Siegel, MD. Dr. Siegel introduced me to Richard Jaffe, DPM, who was practicing in Orange County before he moved to Israel. I visited his office



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and surgery center and watched him perform surgery, and it lit a fire in me. That's when I knew becoming a podiatric surgeon was for me.

I finished my BS in Biology at San Diego State University, then attended what was then the California College of Podiatric Medicine [CCPM] in San Francisco. In my fourth year, I transferred to what was then the CCPM Southern Campus at LA County—USC Medical Center, which integrated podiatric and allopathic medical students. That year, I externed under Donald Green, DPM, who has had a great influence on my career.

There were many different types of residencies at that time, which

were so different from the three-year Podiatric Medicine and Surgery Residency [PMSR] programs today, and I was fortunate to graduate from a podiatric surgical residency at CCPM/Highland Hospital under Joshua Gerbert, DPM, and William Reese, DPM. After moving back to Orange County, I opened a private practice and joined the faculty of the Western Medical Center residency program. One of the parts of my career that I take the most pride in was teaching more than 50 residents and fellows! I also became board-certified by the American Board of Foot and Ankle Surgery in Foot Surgery and Reconstructive Rearfoot and Ankle Surgery.

Podiatry Management: *How did you become involved in the leadership of the profession?*

DeSantis: After my first or second year in practice, I was asked by one of the members of our local association to join the board of the Orange County Podiatric Medical Association [OCPMA]. I was drawn to the ability to advance our specialty in dealing with state and local leaders and specialty medical associations.

We were trained to do much more than our state practice act allowed, and I felt that our patients deserved the benefits of our training. Together, we fought and won battles at the hospital and local levels because we acted on our education, training, and experience.

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Following my experience with OCPMA, I was elected to the board of the California Podiatric Medical Association [CPMA] and worked with Jon Hultman, DPM; Frank Kase, DPM; David Mazza, DPM; and Keith Greer, Esq., to further advance our specialty, particularly working with the house of medicine through the California Medical Association [CMA].

I take very great pride in the work we did during that time, which resulted in the passage of AB 932, a bill to modernize the podiatric practice act in California, which was moved through the legislature by my friend Lou Correa (then a California state legislator and now a member of the U.S. Congress). The bill was signed by Governor Arnold Schwarzenegger in 2004 with the support of the CMA. That bill allowed podiatric surgeons to assist on non-podiatric surgeries and allowed podiatric surgeons to perform amputations (we worked in conjunction with the California Orthopaedic Association to agree on language). It also codified what podiatric surgeons were doing in rela-

tion to ankle surgery, and we mandated a grandfathering clause to ensure that none of our colleagues was left behind.

tion physicians and surgeons are universally accepted and recognized as physicians. While most of the objectives of that vision have been met, the overriding goal for parity for podiatric physicians and surgeons at a national level still requires work to be done, and those goals remain paramount for me and my presidency.

not speak as a unified voice. As a fellow of ACFAS my whole career, I am excited to see us working together toward our mutual goals.

I also believe we need to continue to demonstrate the value of our education and training. Our training has changed so significantly since the inception of our PMSR programs, and

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Podiatry Management: *What else do you think we need to accomplish as a profession in order to achieve our vision?*

DeSantis: On a local level, I believe, in many cases, we have achieved parity. Many of our MD and DO colleagues trust us and refer their family members to us for foot or ankle surgery. Think of the respect we have at our institutions and in our communities and the relationships we have forged with other physicians.

I am so proud of these standardized residency programs as well as the American Board of Foot and Ankle Surgery and the American Board of Podiatric Medicine. Our next goal—and what APMA has been working on over the past decade—is for podiatric medical students to be able to take the United States Medical Licensing Examination (USMLE). Many of you know there has been a pilot project at Western University of Health Sciences College of Podiatric Medicine.

In my opinion, this is the final piece in a journey to being fully recognized as physicians. I strongly believe that podiatric medical students should be taking the same exam that American and foreign-trained medical students are required to take and pass in order to become licensed as physicians in the United States. In order to garner the support of the allopathic and osteopathic communities in achieving this goal, and to ensure that our students are prepared to pass this exam, changes to our curriculum may be needed. The agreement and buy-in of our educators and deans of our podiatric medical colleges are imperative. We need our deans and colleges to believe in this path for our future and to prepare our students to pass the USMLE.

Podiatry Management: *You have been very active in terms of outreach to and collaboration with the orthopedic surgeons and other medical spe-*

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Eventually, after consulting with my wife and business partner, I decided to make a run for the APMA Board of Trustees to have an impact at the national level. During my time on the Board, I was particularly active with the Vision 2015 Committee (now Vision 21st Century!). I served on that committee every year until handing it off to Scott Hughes, DPM, who I know is going to take it across the finish line.

The overall mission of Vision 21st Century is to ensure that podiatric

In terms of the state licensing boards, I still believe we have work to be done. We cannot and will not accept any states not having ankle surgery in their practice acts! That will be one of my overriding priorities as president. I believe in it, and we need to make it known to all the political leaders across America that DPM = MD = DO.

We need to continually look at the blueprint of Vision 21st Century and push more of those objectives across the goal line. I think as a specialty in medicine, we are so much stronger together, and we all have to work together and support each other. We lose strength when we do



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cialties. How do you think those relationships will benefit APMA and the profession?

DeSantis: Our relationship with orthopedic surgery was delicate in the past; we had turf battles locally and nationally. I feel that we have handled those with integrity and honesty in the way we portray ourselves and the training our colleagues receive today. These days, we enjoy a more collaborative relationship focused on our mutual goals.

My first surgical case in practice was on an ankle, and I needed an orthopedic surgeon as a proctor, so I contacted Daniel Stein, MD. We added my case to the end of his block, and we grabbed a bite afterward. It was the beginning of a close personal friendship and rewarding professional relationship. Over the years, I have assisted him on multiple orthopedic cases, which is why I see how important it is to allow podiatric surgeons to assist on any surgical case. Over the past several decades, podiatric and orthopedic medicine have worked together on many projects, starting with the Nelson-Medio Report, a study of podiatric residency training conducted by the California Medical Board in 1993. We also worked together during the passage of AB 932 when we invited orthopedic surgeons to tour our podiatric medical school in San Francisco and several of our residency programs.

Most recently, we set up a national task force known as the Joint Task Force of Orthopedic Surgeons and Podiatric Surgeons. The task force now consists of two members of the American College of Foot and Ankle Surgeons [ACFAS], Chris Reeves, DPM, and John Steinberg, DPM; two American Orthopaedic Foot and Ankle Society members, Michael Aranow, MD, and Bryan Den Hartog, MD; two American Academy of Orthopaedic Surgeons members, Steven Ross, MD, and James Ficke, MD; along with APMA Past President Ira Kraus, DPM, and myself, representing APMA. Over the past few years, we have met several times in

person, and meeting face-to-face and developing relationships has been instrumental in so many ways. We realize we won't agree on everything, but we have worked together on several projects that affect all foot and ankle surgeons.

Podiatry Management: *You mention developing relationships face-to-face. How has COVID-19 changed the landscape for your presidency?*

DeSantis: 2021 has brought with it a much-needed sense of optimism. I believe in the brilliant advances we have made in medicine and am

of Trustees, as well as the staff of APMA, for the work they have done for all podiatric physicians while also grappling with the changes in their own personal and professional lives.

Podiatry Management: *What would you ask the profession to do to support you during your presidency?*

DeSantis: Interact with me and with APMA! APMA members should open their publications, attend webinars, listen to our podcasts, watch our Monday Minute video, and answer our eAdvocacy calls to action. This is how individual physicians

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hopeful we are close to achieving a greater sense of normalcy.

But COVID-19 has changed our lives: our practice lives and our personal lives. And it has changed some of the ways APMA delivers on the promise of membership. While I truly believe there is nothing that can take the place of face-to-face meetings, we now realize that we can provide meaningful virtual education when in-person meetings are unavailable. APMA, along with its elected Board of Trustees, has adapted to the changes of the past year very nimbly and will continue to adjust to changes ahead.

The APMA Board of Trustees takes its responsibility to serve as good stewards of member dues dollars very seriously. We waived dues for members during the initial public health crisis, and we delivered incredible value through the wealth of COVID-19 resources we delivered. We lobbied for podiatric physicians and surgeons from the relief plans to the vaccine rollout, and we consistently succeeded in defending our members' interests.

APMA is *the* organization advocating for you on Capitol Hill, at CMS, and with the public. I want to thank my colleagues on the Board

become a part of our mission to advance foot and ankle medicine and surgery—and it's also how they get the full value of their dues dollars. Non-members should learn more about APMA membership and join. APMA is here to provide help, advice, and support.

I also hope that podiatric physicians and surgeons will find time to share their story, whether that's with prospective students, local legislators, or another healthcare provider. I personally want to tell the story of a surgical specialty. We have all had a scalpel put in our hand and felt the nerves before our first case. Whether you are performing ankle surgery, forefoot surgery, or diabetic wound care—you are a surgeon, and it is a privilege not to be taken lightly when a patient places their trust in you to let you operate on their body. The beauty of this specialty is that we are trained as surgeons and able to choose whether we want surgery to be a significant part of our practice—or not.

I hope everyone reading this article realizes how proud I am to call you colleagues! You fight the battles every day to provide truly outstanding care to patients. The future for our specialty is great, and you will be as proud as I am to be a part of it. **PM**