



Women in Podiatry

While there are more female podiatric students and practitioners than in years past, challenges remain.

BY ANDREA LINNE

In 2022, a career for women in podiatry is brighter. In 2021, women made up 50 percent of the applicants to podiatric medical schools, and 50 percent of matriculating students, according to the American Association of Colleges of Podiatric Medicine.¹ And on March



Dr. Pickard

12, Laura Pickard, DPM, who has a solo practice in Chicago, was installed as the president of the American Podiatric Medical Association by Kathleen Stone, DPM, the first and only other woman to be president of the APMA since its founding in 1912.

But other statistics and studies, as well as interviews with podiatrists, reveal the challenges that remain. “The number of women in podiatric medicine and surgery has increased steadily over the past four decades; however, there appears to be a large and continued gender

gap with respect to representation in academic medicine and other positions of power.” That was the conclusion of the 2020 study “The Podi-

Floyd’s murder to look at current practices, policies and procedures, and guide the organization’s path to be more diverse and inclusive. “Our

“Our mission includes ensuring that women are treated equally and have the same opportunities as men and don’t face discrimination.”—Long

atric Medical Profession” A Gender Comparison.”² The study also found that “female podiatric physicians were more likely to be single, have fewer children, spend more time in a clinical setting, be less satisfied with work, and experience higher work stress levels than their male colleagues.”

In 2021, William S. Long, DPM, who owns Upstate Podiatry Group, PA, which has offices in Greer, Laurens and Simpsonville, SC, became chair of the APMA Diversity, Equity, and Inclusion Task Force (DEI). The task force was formed after George

mission includes ensuring that women are treated equally and have the same opportunities as men and don’t face discrimination,” says Dr. Long, who employs three female podiatrists.

On March 15, the DEI was approved as a committee. Among the issues it plans to advocate for are family and medical leave.



Dr. Long

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Gender Discrimination

“The Podiatric Medical Profession: A Gender Comparison” study found that “of the female respondents, 73 percent described experiencing gender discrimination at some point in their career,



Dr. Wu

accept you as a female because you may get pregnant,” a third-year female student told Dr. Sundling.

Stephanie Wu, DPM, who is the dean of the Dr. William M. Scholl College of Podiatric Medicine, says she’s also heard this rumor. To learn whether students

medical students has been 100 percent for the past three years.

Role Models and Mentors

“Today, more women are involved in state and national organizations, and they often bring a fresh perspective to issues, such as work-life balance,” says Janet Simon, DPM, who works at the New Mexico Foot & Ankle Institute and is executive director of the New Mexico Podiatric Medical Association. “Women podiatry students like women role models and relate more to women leaders.



Dr. Sundling

At the APMA, we make a push to get women involved, including younger women.” That includes Dr. Sundling,

“Sometimes patients assume I’m a nurse because I’m female.”—Sundling

and 42 percent reported experiencing sexual harassment, compared with only 6 percent and 5 percent of men, respectively.”

Many of the women interviewed for this article shared a common experience: being misidentified as a nurse or medical assistant. They all said they take the high road, gently correcting the patient and attributing the problem to the individual with the gender bias. “Sometimes patients assume

I’m a nurse because I’m female,

says Rebecca Sundling, DPM, MPH, who works at the Foot and Ankle Specialists of West Michigan. “It makes me feel frustrated more than angry because I’ve worked hard to be in my position, and I’ve earned the respect. Another thing that’s frustrating is when patients and colleagues call me by my first name, but do not do the same with male colleagues or physicians. It would be nice if we were all addressed in the same way, because we’re all equal.”

While Title IX, a federal civil rights law, protects people from discrimination based on sex in education programs, there is a common belief among female podiatry students who are applying to residency programs that they should not wear engagement or wedding rings to interviews. “The rumor is still going around that certain programs won’t



Dr. Simon

have personally experienced this or have perceptions about this, third- and fourth-year students conducted a nationwide survey. The survey was sent through email and GroupMe to all nine podiatric schools. Most of the schools participated after stu-

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dents saw the message in their class GroupMe chats; 125 students responded to the survey. Approximately 55 percent of respondents were female and 44 percent male.

Approximately 30 percent of respondents felt that sharing information with a rotation site regarding personal relationship status (married, engaged, in a relationship or single) would decrease their chances of matching with a particular program; nearly 30 percent of respondents said “maybe” or “unsure.” Approximately 40 percent of respondents felt that sharing information with a rotation site regarding children or intent to have a child would decrease their chances of matching with a particular program; 27 percent of respondents said “maybe” or “unsure.” While this survey may not put the rumor to bed, Dr. Wu says that the national residency match rate for podiatric

who was recently re-elected as the APMA’s Young Physician Trustee.

“Several students have told me that they see me as a role model,” Dr. Wu says. “Today, there are only two female deans out of nine podiatry schools. It would be great to see more female dean role models and mentors for students.”

Mentoring female podiatric students is a core mission of the American Association for Women Podiatrists (AAWP). “Every podiatric medical school has a chapter of the AAWP,” says Karen Langone, DPM, who has a solo practice in Southampton, NY, and is president of the AAWP. “We support student members and residents by helping them prepare for interviews, negotiate contracts and issues at work, and connect with women who work in different areas of podiatry, so they can better understand the opportu-



Dr. Langone

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nities available to them. The AAWP also provides five scholarships annually to third-year students who have demonstrated leadership in AAWP and worked on its initiatives.”

“Women in podiatry need women mentors who understand business,” says Jenneffer Pulapaka, DPM, who practices in Deland, FL, and is the podiatric representative on the Association for the Advancement of Wound Care (AAWC) Board of Directors. Dr. Pulapaka, who is certified by the Women’s Business Enterprise National Council (WBENC), advises women podiatrists who want to start their own practices or change their current practices. Topics include negotiating contracts and leases, getting business loans, and business models and tools. “Some women want to earn more money and others want to take more time off,” she says.

“The Podiatric Physician Mom Group on Facebook gives members a



Dr. Pulapaka

derie and the mentorship are what drew me to the organization when I was a student.”

Gender Pay Gap

“Although there may be various contributing factors, some women podiatrists working in a variety of settings make less money than their male counterparts, says Chanelle Car-

to use time-based billing when appropriate.” Female podiatrists might also take a tip from another conclusion: evidence of billing differences. The researchers found that “although female PCPs documented more diagnoses and placed more orders, they were more likely to miss opportunities to bill higher-paying visit codes on the basis of the time

“Women in podiatry need women mentors who understand business.”
—Pulapaka.

ter, DPM, who works in Baltimore and is chair of the AAWP DEI committee. “It’s a common topic for discussion among women podiatrists,” she adds, “and it’s also backed up by data.”

In 2019, the average male salary for podiatrists was \$131,355 and the average female salary was \$111,732, according to *Data USA*, a partnership of Deloitte and Datawheel.

The recent study “Physician Work Hours and the Gender Pay Gap—Evidence from Primary Care,” published in the *New En-*

they had spent with patients, a finding that was consistent with the results of a study showing that female radiation oncologists billed fewer lucrative procedures than their male counterparts.”

“Pay disparity between men and women in podiatry, as in other industries, is a systemic issue,” Dr. Simon says. “Making people aware of it is a first step to addressing the problem.”

Moving Forward

“We’re going to be actively promoting the DEI committee, so women can reach out to us when they have an issue or concern,” Dr. Long says. “We will have doctors they can call to report a problem without fear of



Dr. Carter

reprisals. There are protocols in hospitals, and we can assist them. The APMA is not in charge of residency programs, but we can speak with residency directors. Another issue we’d like to address is the time it takes to get board certified. Most pregnant women stop performing surgery prior to their due date because of the lack of ability to provide post-op care. Then, women take off time for maternity leave. Some women need to take off time for child or

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“Although there may be various contributing factors, some women podiatrists working in a variety of settings make less money than their male counterparts.”—Carter

safe space to discuss issues that are unique to women,” Dr. Simon says. “There’s a lot of chitchat on how to juggle work while taking care of children and parents. Women also share business tips on how to manage a practice.”

The AAWP also has a Facebook group, says Grace Torres-Hodges, DPM, who practices in Pensacola, FL. “Women discuss a wide range of topics from clinical advances in surgical techniques to tips on balancing mom responsibilities like breast feeding,” she says. “The camara-

gland Journal of Medicine, found that in 2017, female primary care physicians (PCPs) generated nearly 11 percent less revenue from office visits in comparison to their male counterparts.³ The study concluded that “the gap was due primarily to male PCPs providing more visits, although female PCPs spent more time with patients per visit and overall.” The study suggested that “productivity-based payment is a modifiable structural mechanism for the gender pay gap. In the short term, clinicians could be prompted

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elder care. This makes it difficult for some women to meet the seven-year requirement to complete

training and practicing 30 years ago, women are in a good place in podiatry,” Dr. Simon says. “More women hold positions in organizations. They can shed light on women’s is-

“More women hold positions in organizations. They can shed light on women’s issues and women can identify with them.”—Simon

surgical cases for board certification. Women can apply for an extension, but they would like to simplify the process and make it a standard policy to get an extension. We can’t tell the boards what to do, but we can make a recommendation to them. The DEI committee is going to make changes. You’re going to see positive results.”

“Compared to when I began

issues and women can identify with them.”

“Women in podiatry have definitely come a long way as there are more women in and choosing our profession,” Dr. Carter says. “Also, there are an increasing number of women owning and running practices, doing research and fellowships, and holding leadership positions. It’s wonderful.” **PM**

References

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