PODIATRY MANAGEMENT

APMA Policy Proposition 2-24: One Board in Podiatric Medicine & Surgery

BY BARRY H. BLOCK, DPM, JD

n March, the delegates of the American Podiatric Medical Association met in Washington, DC for their annual House of Delegates (HOD). At this meeting, podiatrists from every APMA component state gather to discuss and debate the future of our medical specialty. While many resolutions are passed with little fanfare, others are quite contentious and hotly contested. In the end, as noted by the legendary Irv Kanat, DPM, "podiatry moves forward by consensus."



History reminds us that ideas that we now consider "no-brainers" once faced serious opposi-

tion. For example, in 1957, the initial vote to change our medical specialty from chiropody to podiatry failed. It was only via the use of parliamentary maneuver in which a member of the prevailing side made a motion to reconsider did the re-vote result in the name change. In 1981, when a vote

was taken to add the word "Medical" to the then American Podiatry Association, the vote was not unanimous.

So it was not sur-

prising that Policy Proposition 2-24: One Board in Podiatric Medicine & Surgery was passed after much debate and compromise. The consensus reached closely reflects the sentiments of more than 1,000 *PM News* readers, most of whom could not be there to vote.

Now it's time for all stakeholders to work together for the further advancement of podiatric medicine and surgery. This means putting aside personal feelings and egos, and moving forward for the betterment of the entire podiatric community.

Respectfully Submitted,

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