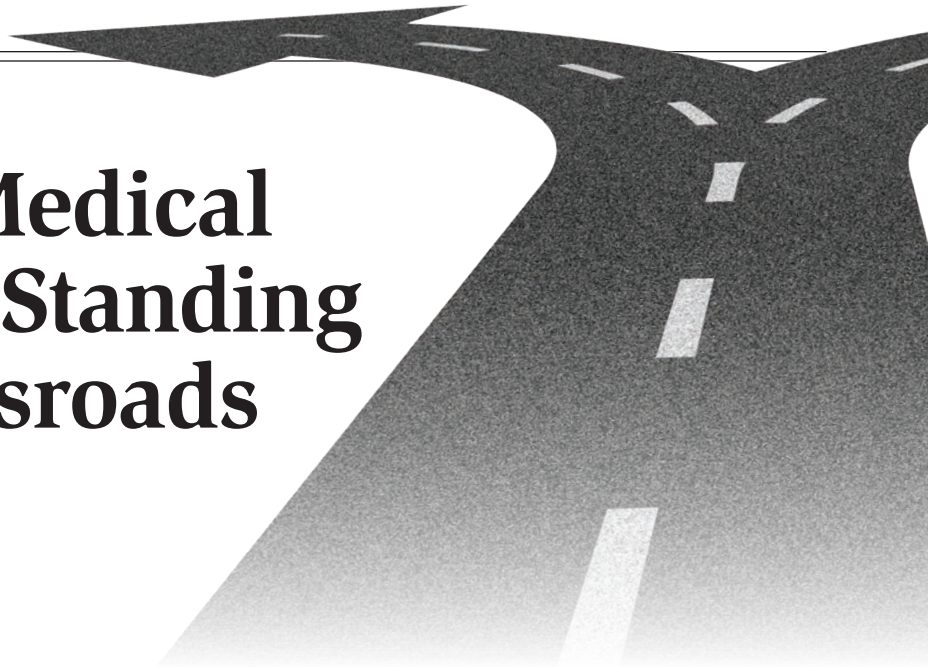

Podiatric Medical Education: Standing at the Crossroads

Which path we choose will determine our fate.

BY ROD TOMCZAK, DPM, MD, EDD

Ask a podiatrist to name two disciplines they feel they are expert in, and chances are they will tell you podiatry and education. After all, they've had more than 20 years of formal education, so that should qualify every podiatrist to tell you what's right and what's wrong with their kid's high school pre-calculus course, but more vehemently, what's right and wrong with podiatric education. They feel they can deliver a lecture more effectively than the majority of podiatrists and would certainly have the audience on the edge of their seats, even with the most mundane topic. No sleeping in their talks. There would be no stage fright or hesitation in front of 1,000 podiatrists in a mammoth lecture hall.

A student in Des Moines was doing rather poorly. The mother was a third-grade teacher who called to inform me what was wrong with the content and delivery of my classes. I was tempted to tell her that as soon as we got to the third-grade phonics portion of the Lauge-Hansen ankle fracture classification, I would be on the phone to her to offer guidance. For some reason, better judgement ruled the day and I bit my tongue.

We're here, you and I, to look at trends in podiatric and medical education and try to figure out if there will be a future need for the podiatric education we have come to love, hate, or just tolerate.

It's natural to think we can teach after all those hours, absorbing what has been thrown at us. Some of it stuck, some of it didn't. I'm not writing this article to look at educational methods or curricular content. We're here, you and I, to look at trends in podiatric and medical education and try to figure out if there will be a future need for the podiatric education we have come to love, hate, or just tolerate.

Regardless of what anyone tells you, the mission of podiatric medical education is to prepare the students for the next level of education. Premed supposedly gets us ready for medical school, podiatric, allopathic, or osteopathic. Podiatric medical school is presumed to prepare us for a residency program, and that residency program grooms us for fellowship, practice, or teaching others what we have learned. If we become teachers after that preparation, there is a possibility we will adopt the delivery style of the teacher from whom we feel we learned the best. The scenario then goes as follows: "This is the way nephrology should be taught because I learned everything I need to know about nephrology from Dr. Nephron. Look at the lofty academic position I've attained. If every teacher taught the way I do, we'd have a plethora of Nobel Prize winners in

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THE *PM* FORUM

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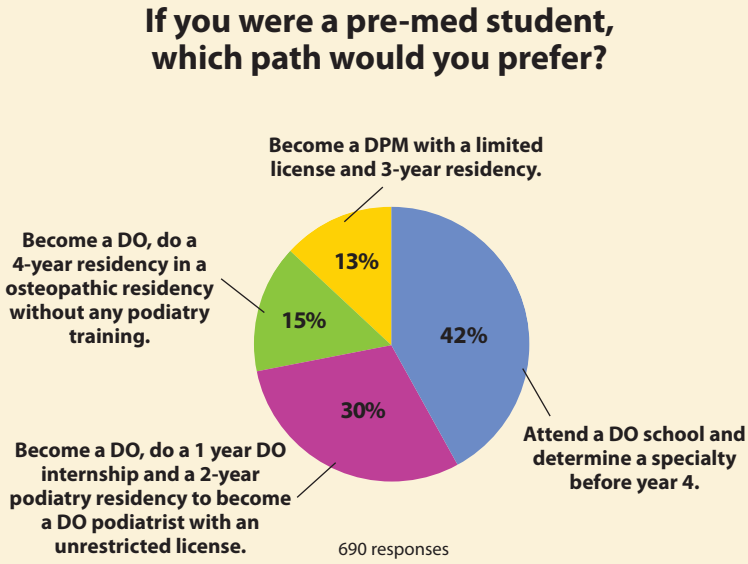
FIGURE 1



Percentages may not add up to 100 percent due to rounding.

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Medicine right here at BCPM, the Best College of Podiatric Medicine."

A Wright State Medical School study showed that a flipped classroom where students did much of the teaching coupled with team-based learning and problem-based learning resulted in greater student satisfaction and clinician practice satisfaction.[1] It would be wonderful to discuss these new methods, but as of now, in this article, we are more interested in the future of podiatric education than in how podiatry is taught.

Surveying the Dissatisfaction

Let's begin by stating that a large portion of podiatrists in practice are dissatisfied with their choice of profession dating back to their choice of professional school. A March 2025 survey in *PM News* (Figure 1) asked, "If you were a pre-med student, which of

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the following four paths would you prefer? There were 690 responses and after each choice, the percentage of the 690 respondents who chose that option is stated in parentheses.

1) Become a DPM with a limited license and a 3-year residency (13%).

2) Become an osteopath (DO), do a 1 year DO internship and a 2-year podiatry residency to become a DO podiatrist with an unrestricted medical license (30%).

3) Become a DO, do a 4-year residency in an osteopathic residency without any podiatry training (15%).

4) Attend a DO school and determine a specialty before year 4 (42%).

Only 13% or 91 of the 690 respondents surveyed voiced satisfaction with their current state in life as podiatrists. A mere 13% of the podiatrists out there are products of present-day podiatric education, the subsequent practice of the learned discipline of podiatry and are happy. The remaining 87% surveyed said they would prefer a DO degree and an unrestricted license. That is an overwhelming majority of respondents who would turn their backs on a DPM degree given another chance. Fifteen percent (15%) of the respondents know they would prefer to have completely shunned podiatry and would opt for post-graduate training, meaning residency in a discipline that had nothing to do with feet. Forty-two percent (42%) would rather be DOs but would wait until after their third-year core clinical rotations of medical school to make a decision about what type of residency and practice they would prefer.

We have beat the concept to death that a didactic DPM education is not the same as an MD or DO education.

Hope for Podiatry

There is hope for podiatry and the plan shows that the respondents are not inherently turned off with the idea of treating feet. They simply want to have an unrestricted license, one equal to MDs and DOs in practice. They would have licenses on par with the greater part of the healthcare givers we have come to know and, most importantly, they would sit for and pass all 3 steps of the USMLE after clinical rotations in the core disciplines and important electives, and an internship. They would not have to qualify their title of Doctor of Podiatric Medicine to patients as not being equal to MDs and DOs because they hadn't passed the same licensing exams, USMLE. For the latter three classes of respondents, there would no podiatry licensing exams. Would it be economically feasible to keep AAMC and CPME to satisfy 13% of students?

Of the 690 respondents, 30% would prefer this new specialty that exists only on paper or in the cloud. These 203 of the 690 respondents would like to spend one year

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in a general internship similar to that of most MD and DO graduates. Completion of that one year that would grant them a medical license in most states, but they would not merit hospital privileges or be able to declare themselves anything but licensed. They would perform a two-year podiatry residency. There is no such program anywhere, but theoretically the design could be implemented.

Podiatrists have been asking for years, "What prohibits a current DPM from returning to a teaching hospital and performing a one-year general internship and obtaining an unrestricted medical license?" The answer is that this new cohort will have a DO degree, not a DPM degree. We have beat the concept to death that a didactic DPM education is not the same as an MD or DO education.

A big question is, "Would these new graduates call themselves podiatrists or osteopaths?" The answer to this question is currently irrelevant compared to other administrative issues which need to be navigated. How will the residencies be funded? Would the federal government and Medicare simply re-route current DPM resident salaries that would otherwise go unspent to the new graduates?

The Council on Podiatric Medical Education (CPME) would cease to exist since there most likely would be no DPM schools. Could a school or two continue to function with the diminished enrollment, and function like today's DPM schools? There might be a healthcare giver called a podiatrist, but with a DO degree and under the school supervision of AACOMs and COCA, and the residency would be under the aegis of ACGME. No longer would podiatry be accrediting podiatric residencies like it does today.

There would be a single board if this comes to fruition and it would be under the American Board of Multiple Specialties in Podiatry (ABMSP), and additional fellowships would be treated exactly like DO or MD fellowships. Should we prepare for that starting today? The American Board of foot and Ankle Surgery (ABFAS) would not be doing business as ABFAS, but then ABMSP would not be certifying either, nor would ABPM. The names would change but who better to certify a DO with a two-year podiatry residency? All petitions for accreditation would be going through ABMSP. The important thing is that podiatric leadership shows that they are listening to its constituency, and there is the option of becoming a DO with an unrestricted license and still continue to care for feet if the individual desired. There is also that important belief that remunerations would increase. There could still be an APMA just like an AOA if done correctly, but let's not put the cart before the horse.

The Enrollment Crisis

How will this happen and why is it being predicted to happen soon? The following data is from the American Association of Colleges of Podiatric Medicine (AACPM) and AACOM's website, which is the equivalent of AACPM except for osteopathic colleges of medicine information. Credit should also be given to Moraith North, the Executive Director of CPME. Their pledge of transparency has to be applauded. Data from CPME is current as of April 8, 2025.

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Some of these facts, however, may not be what we want to see, especially for those of us who have been around for a while. What we have worked to preserve and improve may be crumbling in our gentle hands.

I asked Moraith on April 8, 2025 how many applicants there are to all the colleges of podiatric medicine. She promptly answered 467. For the podiatry class that began in the early fall and late summer of 2024, there were a total of 839 total applicants and 525 first year students matriculated at the 11 colleges. This totals 839 applicants, not matriculated students. With two months to go in the application cycle for the class beginning in 2025, we only have 55% of the total applicants of last year. In 2015, there were 1194 applicants to the podiatry colleges. Since then, the average applications have been 897. We are 430 applicants shy of last year, with approximately 3 months remaining in the admission cycle for the class beginning in 2025.

Acceptance numbers and the total number of students who have sent in seat deposits is still unknown, and the seat deposit is up to each individual school to disclose. The admission class of 2024 had 525 students enrolled at the 11 podiatry colleges, which is 48 students for each school with a range from 24 (LECOM-SPM) to 82 (SCPM) freshmen students. Many of us remember sharing a cadaver with 3 or 4 other students and having half or a third of the class in each laboratory session. It appears that today and in the future there could be one reader from the dissection guide and one dissector for each cadaver if every group had a couple of self-retraining retractors. But that is not the case; this ideal learning environment is a long way from reality. Cadavers cost money—money generated from tuition. Podiatry schools are almost all private institutions, not state schools, and our schools are driven by tuitions. The average podiatry school can expect about $40,000 per student per year from tuition, which is hardly enough to defray overhead and salaries for good teachers.

The DPM schools that are truly imbedded in a DO or MD school have a great financial advantage over the independent schools. The DPM students can share the faculty for the first two years of the basic sciences or hybrid curriculum with a "systems" approach where the basic sciences are taught within the systems. For example, cardiac pharmacology would be taught within cardiology, then with gastroenterology, pharmacology within gastroenterology, etc. Another advantage is that experts in each of these disciplines teach within that system rather than, say, having one pharmacologist teach all pharmacology topics. The concept of merging the podiatry schools with medical schools has not as of yet resulted in complete integration.

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The colleges have not come forward and informed the podiatry population in this country how much longer they can remain open with 30 to 40 or fewer students in each class for all 11 of the podiatry colleges. As of right now, there are 2,106 total American podiatry students enrolled in the four classes, with one of those classes—the class of 2025—graduating a total of 554 students. As I recall, the OCPM class of 1977 had at least 130 graduates. The economy was different and the tuition vastly different. It may have seemed like a lot of money, but in those days we paid around $5,000 tuition per year.

Enrollment is important for MD and DO programs just as it is for DPM programs. Even though DO programs are usually included in larger institutions, they are required to generate their fair share of income from tuition. According to MEDCMP, a website that compares medical schools on important parameters, the average tuition for podiatry schools is around $40,000 per year in state and $41,000 for out of state. The average cost of tuition for in-state DO students is $54,000 and $58,000 for out of state. Overall tuition for four years averages $56,000 more for DO students than for four-year DPM students' educations.

Student Quality: Testing the Assumptions

Over the years, there has been speculation that podiatry students tried to get into medical schools but were unsuccessful because their undergraduate grades were lower, they had taken as many difficult science courses but the science GPA was lower and their MCAT scores were lower. It's possible to break down these parameters and confirm or dispel assumptions about the quality of podiatry students academically when compared to medical students.

The MCAT is broken into 4 sections today. The first, abbreviated CPBS, tests the Chemical and Physical Foundations of the Biological Sciences. The score for 2024 incoming DPM students and DO matriculants for their 42 schools was the same, 123 ± 1; the second section, (CARS) Critical Analysis and Reasoning Skills, was 124 ± 1; the third section, (BBFL) Biological and Biochemical Foundations of Living Systems, was 123 ± 1 for both DPM and DO matriculants; the fourth section, Psychological, Social and Biological Foundations of Behavior (PSBB), was 126 for DO students and 124.2 for DPM students. The total MCAT score for DO matriculants was 505 and 496 for DPM students.

The GPA averages for matriculating students were as follows: The overall GPA for DPM students was 3.4 and 3.6 for DO students. The science GPA for DPM students was 3.4 and 3.6 for DO students. For both DO and DPM schools, there was a wide range of GPAs. There were some schools that accepted DO students with science GPAs as low as 2.8 and MCATs in the 475 range.

Another Option on the Table

Osteopaths and osteopathic medical students seem to present a more diverse population than allopaths. Acceptance is not based solely on research potential, be it either as a bench researcher or a clinical researcher. Although fewer in number than allopaths, osteopaths have a striking cohort of physicians who had a previous calling. I know osteopaths who have left podiatry for DO school, and DOs who had a previous life in the military, including Navy SEALs, high school shop teachers, nurses, medical equipment sales, sailing captains, pharmaceutical reps, pharmacists, and SCUBA instructors, to name a few. It seems like osteopathic admissions officers are more interested in the whole person and their life experiences than in the number of 600-level science courses the prospective student completed.

One more important consideration is the number of seats available for admission. The osteopathic medical schools are growing at a rate that was not comprehensible even 15 years ago. There may not be enough applicants to fill all the seats in the podiatry schools, but if the podiatry applicants applied to the DO schools, it would certainly help defray the shortfall in DO admissions.

We have shown that podiatrists want an unrestricted license available with an equivalent such as a DO degree and that DPM applicants have performed as well as the DO applicants on standardized tests and on their GPAs.

Tuition is more expensive, about 25% more, but with a DO degree, they could be expected to make up the difference in fees. The biggest question is how do premed students learn they have another option? One can't expect DPM schools to tell applicants they could be more fulfilled if they applied to DO schools and pursued a new residency tract which grants an unrestricted license. That would result in institutional suicide for the podiatry schools.

If Gen Z podiatrists really believe a DO degree with post-graduate podiatry training to be the future of our profession, they should be contacting their undergraduate institutions and informing the premed advisors that there is another option on the table. If they act now, it will give hospitals and our administrators four years to solidify a hospital DPM teaching faculty that would eventually transition to a new DO faculty versed in podiatry. Barry Block, DPM, JD has long advocated a change in degree and now a path has been charted. It's up to the podiatrists who have called for change to lend their hands in bringing this new paradigm to fruition. **PM**

References

[1] Mackey, Matthew M, "Examining the Relationship between Medical Student Satisfaction and Academic Performance in a Pre-Clinical, Flipped-Classroom Curriculum, Wright State University, Dayton, OH (2019).

Dr. Tomczak earned his EdD from Drake University while he taught at DMU College of Podiatric Medicine. He then moved to Ohio State College of Medicine where he was co-chairman of the Problem-based Learning Curriculum and Independent Study Curriculum. Subsequent to that, he earned his MD in the Caribbean and opened two medical schools in the Caribbean and one in Riyadh, Saudi Arabia. Presently, he is on the Board of Directors for ABMSP.