

## Message from the Chair

Mary E. Loftus, D.P.M.

Change is inevitable in life. As spring unfolds into summer we regard this as a good change. Other events are not always as welcome by all, such as the board's implementation of an increase in continuing medical education (CME) hours for podiatry licensees. To shed some light on the issue it is helpful to review the history of podiatry and CME.

Podiatry was the first medical specialty in Pennsylvania to require CME, through a 1961 amendment to the Podiatry Practice Act of 1956. Subsequent amendments spelled out further requirements, including the stipulation that any type of practice management course could not be included in the courses approved for CME.

Over the last few years, many groups have approached the board to urge an increase in the total number of CME hours. There certainly has been a huge increase in the amount of material podiatrists must remain current on and it changes on a daily basis. No one would argue that the world podiatrists practice in today is not very different than the one podiatrists practiced in 10 or 20 years ago. It is certainly different than in 1961. Some insurance carriers and hospitals were in a dilemma to understand the difference between the CME requirement for podiatrists and the CME requirement for allopathic and osteopathic physicians. The latter physicians now have a biennial CME requirement of 100 hours.

An investigation was performed of the CME requirements for podiatrists in surrounding states. While many of those states require more CME hours, Pennsylvania requires the same or more hours in core podiatry courses. Many of those states also allow a great deal of latitude in obtaining CME hours in practice management, which, as noted above, is statutorily forbidden in Pennsylvania. It was obvious, however, that change was needed, though not the drastic change that some states had instituted.

The new 50-hour, biennial CME requirement was constructed with as much flexibility and consideration as possible for the practitioners' financial and time constraints. There are still 30 hours in podiatry necessary. The remaining 20 hours can be in any type of medicine. Go to the hospital for those free, lunch-time

conferences on geriatrics, infectious disease or even cardiology. Just sign in and make sure you obtain proof that you were there. As long as the American Medical Association or American Osteopathic Association approves them, they are acceptable for CME purposes. You are also permitted to obtain up to 10 of the 50 CME hours from magazines or online. Just remember that you can't use practice management courses for CME.

Every year, the board sees cases of practitioners who fail to meet their CME requirements. This offense is taken very seriously by the board and usually results in a fine and sometimes a license suspension. A license suspended even for a CME violation is reported to the Physician Data Bank, Medicare and the insurance companies.

Remember, change is good!

## You're Invited!

This is an open invitation for anyone to attend the regularly scheduled meetings of your State Board of Podiatry. Attending a board meeting would allow you to voice concerns or opinions you may have regarding the practice of podiatric medicine and to see your board members in action.

-Vice Chairman Richard G. Stuempfle, D.P.M.

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