

PRESIDENT'S PERSPECTIVE



Our Specialty

By Gary P. Jolly, DPM, FACFAS
President

In my twenty-five years of practicing foot and ankle surgery, I have seen profound changes occur within our specialty. We have incrementally moved from an empirical orientation in our decision making to one which has become increasingly based on evidence. As a group, we have moved from the periphery of organized medicine to an integral part of healthcare. The major reason for this shift has been the role that the podiatric foot and ankle surgeon has come to play in the management of the diabetic foot. Granted, as foot and ankle surgeons we are trained to handle trauma, reconstructive surgery and other problems that the human foot is subjected to, but it is our knowledge in the field of limb preservation that our services are seen as invaluable. And it has been through our contributions on hospital in-patient services that we have had the opportunity to develop relationships with our medical and surgical colleagues, which has led to our inclusion overall.

This wonderful change has occurred because our post-graduate training has positioned us to take advantage of the opportunities which presented themselves. Our expertise is derived from a hybrid training formula which incorporates elements from several specialties,

and integrates them into a system which has superbly positioned us to manage the diabetic foot, the fractured calcaneus, the pediatric flatfoot and other complex problems. We seized the moment. With familiarity has come an increasing reliance on the podiatric foot and ankle surgeon to provide care for other complex foot and ankle problems which were once considered the turf of other specialties. Our credentials mark us as different and allow us to assume these responsibilities where others cannot.

Foot and Ankle Surgery has developed as a specialty within the podiatric profession because the American Board of Podiatric Surgery was developed to assess our surgical competencies. When we have submitted ourselves to the arduous process of qualification and certification, our patients and our medical colleagues can be assured of our capabilities. As members of the American College of Foot and Ankle Surgeons, our credibility and the basis for our being vested as Fellows, lie in the fact that our professional mettle has been tested and that we were able to pass muster.

Foot and ankle surgery is very much a specialty within the profession of podiatry. It is a reality that cannot be ignored and it should not be shrouded in secrecy to avoid offending those who are not surgeons. As a consumer of

health care as well as a provider, I want to know that if I, or a member of my family, require medical or surgical treatment, that the individual who will provide those services is qualified or certified by his or her specialty Board. Our patients have the right to know that about us.

Fellowship in the American College of Foot and Ankle Surgeons is a privilege which is earned through hard work, scholarly efforts and the successful completion of an arduous certification process. We have earned the right to be proud of our accomplishments, and we owe it to our communities to articulate our accomplishments. No one has the right to ask us to be silent on this issue. Our pride in who we are and what we do is well deserved.

Foot and ankle surgery has a long way to go because it is such a young specialty. And because of its youth, the rate of growth of its knowledge base will be quite steep. Each of us must take care to keep pace with the expanding knowledge to avoid being left behind. In order to grow with our specialty we must avail ourselves of the continuing education opportunities provided by the College and remain current so that we can maintain our rightful place within the community of physicians.

Board of Directors Meeting Highlights

The ACFAS Board of Directors met in Denver on June 4-6 for its annual strategic thinking and planning retreat. In addition, new board members **Lawrence DiDomenico, DPM** and **Jerome Noll, DPM** were welcomed and participated in a new board member orientation chaired by President-Elect **John Stienstra, DPM**.

During the retreat, the following actions were taken:

- In a role-playing exercise, the board acted as if ACFAS did not exist. These ten surgeons brainstormed about creating a

new specialty college and created a list of major themes that would be addressed by a new organization. The purpose of this exercise was to encourage out-of-the box thinking and serve as the foundation for a revised mission statement and a strategic plan to be finalized in October. This was the primary focus of the retreat and was facilitated by consultant Melody Camp.

- The board welcomed back Pamela Hemann, CAE, a consultant who worked with the ACFAS board in 1997, to reinforce the board's strategic focus and the use of "knowledge-based" governance.

- In keeping with best financial practices now mandated on public companies, the College's audit and management letter was reviewed in executive session with the outside certified public accountants and approved. For the fiscal year ending March 31, 2004, the College had total revenues of \$4.4 million and increased its net assets from operations by \$479,220. Net assets now stand at \$1.5 million.
- The College's investment advisor presented his annual report. The board approved

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**Bone and Joint
DECADE**
2002 - USA - 2011

Update is published 6 times per year by the American College of Foot and Ankle Surgeons (ACFAS), 8725 West Higgins Road, Suite 555, Chicago, IL 60631-2724, phone (773) 693-9300 or (800) 421-2237, fax (773) 693-9304 or (800) 382-8270, email mail@acfas.org. Update is provided as a benefit of membership in the College, and is not available by subscription. Copyright © 2004 American College of Foot and Ankle Surgeons. All rights reserved. No portion of the newsletter may be copied or distributed without permission.

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