



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

**PERSONNEL AND
READINESS**

The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

JUL 29 2019

Dear Mr. Chairman:

The enclosed report is in response to House Report 115-676, pages 136-137, accompanying H.R. 5515, the National Defense Authorization Act for Fiscal Year 2019, which requests the Secretary of Defense submit a report on the following: potential improvements to podiatry and podiatric surgeons as a medical discipline within the Armed Services; how podiatry is aligned within each military branch; and what efforts are being made to provide additional clinical, command, training, and leadership opportunities to podiatrists across the joint force. The Department has completed the report in coordination with the Military Services and the Defense Health Agency (DHA).

Across the Services, podiatry is functionally aligned the same, although the name of the corps may differ. The report identifies ongoing efforts to provide opportunities for podiatrists across the joint force in clinical, command, leadership, and training areas. Podiatry, as a military discipline, measured by mission effectiveness, might benefit from additional standardization. DHA could play an important role in this standardization, as informed by potential rebalancing of the force, changing mission requirements, and increased DHA responsibilities.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter has been sent to the Senate Armed Services Committee.

Sincerely,

A handwritten signature in black ink, appearing to read "James N. Stewart". The signature is fluid and cursive, with a large loop at the end.

James N. Stewart
Assistant Secretary of Defense for Manpower
and Reserve Affairs, Performing the Duties
of the Under Secretary of Defense for
Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable William M. "Mac" Thornberry
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE

**4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000**

**PERSONNEL AND
READINESS**

The Honorable James M. Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

JUL 29 2019

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James N. Stewart
Assistant Secretary of Defense for Manpower
and Reserve Affairs, Performing the Duties
of the Under Secretary of Defense for
Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

**REPORT TO THE ARMED SERVICES
COMMITTEES OF THE HOUSE OF
REPRESENTATIVES AND THE SENATE**



**House Report 115–676, pages 136–137, to accompany
H.R. 5515, the National Defense Authorization Act for
Fiscal Year 2019**

Podiatric Surgeons and Podiatry in the Military

July 2019

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$9,220 for the 2019 Fiscal Year. This includes \$0 in expenses and \$9,220 in DoD labor.
Generated on 2019 May13 RefID: 2-9A2C6D0

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EXECUTIVE SUMMARY

I. Background and purpose for the report

This report is in response to House Report 115–676, pages 136–137, to accompany H.R. 5515, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019, which included a request for a report on podiatry and podiatric surgeons in the military. The report responds to the request and specifically addresses the following: (1) a description of potential improvements to podiatry as a medical discipline within the Armed Services; (2) a description of the alignment of podiatry within each military branch; and (3) a description of efforts being made to provide additional clinical, command, training and leadership opportunities to podiatrists across the joint force.

II. Summary of alignment of podiatry within each military branch and potential improvements that can be made to podiatry as a medical discipline within the Armed Services

Across the Military Departments, podiatry is functionally aligned the same, although the name of the corps may differ. Within the Army and the Navy, podiatry is included in the Medical Service Corps (MSC); within the Air Force, podiatry is a part of the Biomedical Science Corps (BSC). However, policies specific to podiatry as a medical discipline, differ only slightly across the three Military Departments. Podiatry, as a military discipline, measured by mission effectiveness, might benefit from additional standardization. The Defense Health Agency (DHA) could play an important role in this standardization informed by potential rebalancing of the force, changing mission requirements, and increased DHA responsibilities.

III. Summary of efforts to provide podiatrists with additional opportunities

The Military Health System (MHS) is most efficient when the Military Departments and DHA set conditions for military healthcare professionals, including podiatrists, to work at their highest potential, both clinically and in terms of leadership experiences. Stakeholders selected by the Military Departments to contribute to this report identified ongoing efforts to provide clinical, command, leadership, and training opportunities for podiatrists across the joint force.

INTRODUCTION

House Report 115–676, pages 136–137, accompanying H.R. 5515, the NDAA for FY 2019, includes a request for a report on podiatry and podiatric surgeons in the military. This report responds to the request and addresses the specific questions posed in the request:

- (1) Description of the alignment of podiatry within each military branch;
- (2) Description of efforts being made to provide additional clinical, command, training and leadership opportunities to podiatrists across the joint force.
- (3) Description of potential improvements to podiatry as a medical discipline within the Armed Services

In order to develop this report, the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) convened a working group including representatives from each of the Military Departments and the DHA. Additionally, specific Military Department-level information was obtained via the Military Departments at the request of OASD(HA).

After reviewing the material provided by the Military Departments regarding the alignment of podiatry within each military branch and current efforts to provide additional clinical, command, training, and leadership opportunities, the working group identified potential improvements.

The policies for podiatry as a medical discipline, differ only slightly across the three Military Departments. The existence of such differences is not unique to podiatry and exists in other medical specialties as well. The work group considered the necessity of identified Military Department differences and found improved mission effectiveness may result through standardization of credentialing and privileging, particularly given the potential impact of rebalancing the force, changing mission requirements, and the changes occurring in the MHS with increased DHA responsibilities. The group also discussed the need to ensure that military healthcare professionals, including podiatrists, are working at their highest potential, both clinically and in terms of leadership experiences. Working at the highest clinical potential requires sufficient surgical and non-surgical case load. Podiatry may benefit from ongoing efforts in the MHS to ensure surgical knowledge, skills, and abilities (KSAs) are maintained (as required by sections 708 and 725 of the NDAA for FY 2017 (Public Law 114–328)). Military and clinical experience is important for career development and the maintenance of clinical expertise. Command and leadership experience away from clinic settings may impact a podiatrist’s ability to maintain appropriate KSAs. The work group identified opportunities to improve leadership experience within clinical settings through standardization of policies for podiatrist participation in military medical treatment facility (MTF) professional groups and advisory bodies.

An additional potential area for improvement through standardization is Military Department administrative policies and DHA-managed clinical opportunities to support board eligibility and certification. Reimbursement policies for board certification and opportunities for achieving appropriate caseload for board eligibility could be examined. The Department of Defense (DoD) will review the policies identified by the work group and take appropriate follow-on actions.

ALIGNMENT

As a medical discipline, podiatry is functionally aligned the same across the three Military Departments, although the corps names may differ. Within the Army and the Navy, podiatry is included in the MSC; within the Air Force, podiatry is a part of the BSC. According to 10 U.S.C. § 532(b), alignment with the Medical Corps requires practitioners who are a qualified Doctor of Medicine or Osteopathy. Although MSC and BSC podiatry positions require completion of a 3-year residency program, scope of practice based on privileges granted within the MTF is typically limited to the foot, ankle, and structures that attach to the foot. Therefore, podiatrists do not meet the qualifications for the Medical Corps, but do meet the qualifications for the MSC and BSC.

Current Military Department data on podiatrists is provided in Table 1 for each Service, using staffing data from 2019. Due to the low number of Active Duty podiatrists, additional personnel information such as the average years of service and grade is not shown; such information was not determined to provide meaningful insight.

Table 1

Military Department	Number Active Duty	Number Guard/Reserve
Army	25	9
Navy	33	10
Air Force	12	0

It is also important to note that podiatrists are subject to Public Law 96-513, “The Defense Officer Personnel Management Act” (DOPMA), which places ceilings on the number of field grade officers authorized to each Service. Physicians, described as Doctors of Medicine or Osteopathy, and dentists are exempt from DOPMA constraints.

Army

In the Army, podiatry is aligned to the MSC. Podiatry is one of 25 specialties in the Army MSC, spread across 4 medical functional areas, 4 areas of concentration, and 1 military occupational specialty. The Army is examining the process for defining podiatrist requirements, alongside all other officer and enlisted medical specialty personnel, as part of the DoD’s response to section 721 of the NDAA for FY 2017.

Podiatrists in the Army MSC serve complete deployments, typically 12 months, while other surgical personnel such as, orthopedic surgeons, who are aligned to the Medical Corps, are typically required to serve 8-9 month deployments; however, most are able to apply for an exception to policy, citing degradation of skills during deployment and end up serving 6 months in total. Additionally, reserve surgeons from other specialties are eligible for a 90-day rotation exemption which limits tour of duty in combat, but podiatric surgeons are not eligible for this exemption. However, Army policy on this topic area is currently undergoing revision.

Navy

In the Navy, podiatry is aligned to the MSC. Podiatry is one of 31 specialties in the Navy MSC, with 11 of the 27 billets currently attached to deployable platforms, referred to as Expeditionary Medical Facilities. The force structure in the Navy continues to realign in further support of the readiness mission, with initiatives under exploration that include a restoration of the one-to-one ratio between billets attached to deployable platforms and those not attached to deployable platforms.

The Navy believes Doctors of Podiatric Medicine and Surgery serving on Active Duty and in the Selected Reserves are critical to the readiness mission of Navy medicine. Although podiatrists are not on a deployment rotation, they have the opportunity to deploy in lieu of other medical specialties when they hold the necessary skill set required for the mission. Their versatility offers a broad array of capabilities for a variety of positions in the combat environment and at the local MTF. Podiatrists are a critical part of the multidisciplinary team, providing leadership, foot and ankle expertise, and a vital role post-deployment. They medically and surgically manage wounded warriors to facilitate return to a functional state and are dedicated to maintaining the operational readiness of United States forces, helping them return to full duty. In their role as clinicians, they serve on the core primary care medical team; whereas, in their role as surgeons they are an adjunct to the orthopedic provider team.

Continuous re-assessment and alignment of podiatry billets to support the readiness mission will improve the medical discipline's contribution to mission accomplishment.

Air Force

Podiatry is aligned to the BSC in the Air Force. Podiatry is one of 16 allied health professions aligned to the BSC, with 14 Air Force authorizations aligned to 7 continental United States and 3 outside of the continental United States MTFs. Further, Air Force podiatry services are aligned to the surgical services product line in the medical centers, hospitals, and ambulatory surgery centers. The Air Force is examining the readiness requirement for podiatrists alongside all other officer and enlisted medical specialties. The Air Force does not project a future expeditionary mission for podiatrists.

Force Structure Consideration

The DoD is continuing to review and analyze its force mix structure to ensure readiness issues are the first consideration. This includes evaluating the appropriate mix of Active Duty, Reserve, and civilian podiatrists along with the skills they have that directly impact warrior care, quality of care, and access to care.

CLINICAL, COMMAND, TRAINING, AND LEADERSHIP OPPORTUNITIES

In order to ensure the success of military podiatrists, it is essential that these healthcare professionals are working at their highest potential, both clinically, surgically, and in terms of leadership experiences. The Military Departments identified several efforts in place to provide clinical, surgical, command, training and leadership experiences for providers, including podiatrists, across the joint force. Table 2 is a summary of the responses from each Military Department regarding these efforts to support podiatrists.

While considering the Military Departments' policies relevant to podiatry as a medical discipline in the Armed Forces, it is important to recognize both the potential positive impacts of command experience and the potential negative impacts on clinical and surgical competency. Due to the nature of dual clinical/surgical specialties, such as podiatry, the demand for providers may impact the ability to attend additional training opportunities or provide backfill for any providers that deploy.

Table 2:

Military Department	Efforts in place to provide podiatrists with clinical, command, training and leadership opportunities	Efforts to provide non-clinical and sub-specialty opportunities	Efforts to provide opportunities for professional military development
Army	<ul style="list-style-type: none"> • Army offers podiatrists the same opportunities as other medical officers including: <ul style="list-style-type: none"> ○ Basic Cardiac Life Support and Advanced Cardiac Life Support (ACLS) certification ○ Tri-Service Combat Casualty Care Course ○ Orthopedic Pathology Course ○ Microvascular Course ○ AO Osteosynthesis Course ○ U.S. Army Podiatric Surgery Residencies ○ Medical Management of Chemical Casualties Course 	<ul style="list-style-type: none"> • Army offers podiatrists the same non-clinical opportunities as most other Army Medical Department (AMEDD) Officers 	<ul style="list-style-type: none"> • Army offers podiatric surgeons the same opportunities as other AMEDD Officers to complete professional military education including: <ul style="list-style-type: none"> ○ Officer Basic Leaders Course ○ Captains' Career Course ○ Intermediate Level Education Program at the Command and General Staff College or the Army War College
Navy	<ul style="list-style-type: none"> • Navy offers podiatrists the same opportunities as other medical officers including: <ul style="list-style-type: none"> ○ ACLS certification ○ Compete/select for Officer In Charge and Directorate positions ○ Compete/select for MSC Duty Under Instruction (DUINS) Surgical fellowships ○ Tri-Service Combat Casualty Care Course 	<ul style="list-style-type: none"> • Compete/select for Office of the Secretary of Defense Legislative Affairs Fellowship • Compete/select for DUINS research fellowships • Fill DHA billets • Policy assignments, i.e., TRICARE • U.S. Navy Intermediate Leadership Course 	<ul style="list-style-type: none"> • Navy offers podiatrists the same opportunities as other medical officers to complete JPME I/II • Navy podiatrists have attended the Naval War College & the U.S. Army Command & General Staff College

	<ul style="list-style-type: none"> ○ Joint Professional Military Education (JPME) I/II through Service War Colleges ○ Deployment on U.S. Navy hospital ships as humanitarian mission dictates ○ Rotation/deployment to Guantanamo Bay / Middle East when requested by platform 		
Air Force	<ul style="list-style-type: none"> ● Air Force offers podiatrists the same opportunities as other medical officers including: <ul style="list-style-type: none"> ○ Clinical: Podiatric Surgeon; Chief of Podiatric Surgery; Chief of Surgery ○ Command: Home station and deployed Squadron command (O-5, O-6), and Group command (O-6) ○ Training: Biomedical Officer Management Orientation, Basic Leadership Airman Skills Training, Intermediate Executive Skills, Combined Senior Leader Course, Health Professions Scholarship Program, ACLS and Advanced Trauma Life Support Certification, continuing medical education, Interagency Institute for Federal Healthcare 	<ul style="list-style-type: none"> ● Air Force does not require sub-specialist podiatric surgeons. ● Air Force offers podiatrists the same non-clinical opportunities as other medical officers including: <ul style="list-style-type: none"> ○ Command: Home station and deployed Squadron command (O-5, O-6), and Group command (O-6) ○ Leadership: MTF BSC Executive, Flight Commander, various Air Force Specialty Code-neutral and Corps-neutral staff action officer positions, Deputy Command Surgeon, Command Surgeon 	<ul style="list-style-type: none"> ● Air Force offers podiatric surgeons the same opportunities as other medical officers to complete professional military education.

	<p>Executives, MHS Capstone, Medical Senior Leader Program</p> <ul style="list-style-type: none">○ Leadership: MTF BSC Executive, Flight Commander, various staff action officer positions, Air Force/Surgeons General Consultant for Podiatry, BSC Associate Chief for Podiatry, Deputy Command Surgeon, Command Surgeon		
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OPPORTUNITIES FOR IMPROVEMENTS

Potential opportunities for improving podiatry as a medical discipline in the Armed Forces exist in both administrative and clinical policy areas. As a medical discipline, podiatry policies differ slightly across the three Military Departments. The existence of Military Department differences is not unique to podiatry and exists in other medical specialties as well. Podiatry, as a military discipline, measured by mission effectiveness, might benefit from additional standardization. The DHA could play an important role in this standardization.

Improved mission effectiveness may result through standardization of clinical privileges at the MTFs, particularly given the potential impact of rebalancing the force, changing mission requirements, and the changes occurring in the MHS with increased DHA responsibilities. Privileging in MTFs is currently the function of the MTF commander, based on the experience of the healthcare professional and the limitations of the MTF. Historically, MTFs have been under the purview of the individual Military Department overseeing the MTF; across the Military Departments, privileging follows different Military Department procedures. The Air Force and the Army itemize privileges, while the Navy groups them into core and supplemental privileges. Podiatrists graduate from residency trained in surgical procedures that are not included in core privileges, and they have to apply for supplemental privileges. However, the minimum number of required procedures necessary to maintain these supplemental privileges is not standardized from MTF to MTF. With the transition to the DHA, the oversight of privileging will fall under the purview of the DHA with additional oversight from the Assistant Secretary of Defense for Health Affairs.

The group also discussed the need to ensure that military healthcare professionals, including podiatrists, are working at their highest potential, both clinically and in terms of leadership experiences. To work at the highest clinical potential requires sufficient surgical and non-surgical case load. Podiatry may benefit from ongoing efforts in the MHS to ensure surgical KSAs are maintained (as required by sections 708 and 725 of the NDAA for FY 2017).

Board certification may represent another potential area of improvement. Currently, the Military Departments do not uniformly reimburse podiatrists for seeking board certification. Some may have central funding available, while others depend on the actions of the individual commands. For example, initial board certification exam fees and testing attempts may be covered, but not subsequent attempts or maintenance of certification. The DHA can review the impact of these policies on medical force readiness in coordination with the Corps chiefs. Requirements for seeking board certification include a specific number of diverse cases over a set time period. The American Board of Foot and Ankle Surgery requires 65 foot surgeries or 30 reconstructive rear foot/ankle surgeries for initial board certification in the respective area. The current effort to restructure the MHS does include a readiness goal for clinical training (as required by sections 708 and 725 of the NDAA for FY 2017); the transition to DHA may represent an opportunity to help providers meet such case requirements in order to seek surgical board certification. Like the residency requirement, the opportunity to seek board certification without the associated cost burden would allow podiatrists to expand and improve their practice to the benefit of the Military Departments and DHA.

Military and clinical experience is important for career development and the maintenance of clinical and surgical competency. Command and leadership experience away from clinic settings may impact a podiatrist's ability to maintain appropriate KSAs. The work group identified opportunities to improve leadership experience within clinical settings through standardization of policies for podiatrist participation in MTF professional groups and advisory bodies. Policies could be established for MSC and BSC Officers to self-nominate for administrative/leadership positions within DHA governance. The DHA will play a role in this standardization as MTFs transition to DHA management and the DHA operationalizes full MTF management, including credentialing and privileging, in the surgical services clinical community.

CONCLUSION

This report summarizes the current state of podiatry in the Armed Forces and identified potential areas for improvement. The DoD is currently defining the role of podiatric surgeons as it pertains to the Service-specific readiness missions. The DoD will review its policies in the areas identified by the work group and take appropriate actions to improve the readiness of its forces. In summary, the work group identified opportunities: to standardize clinical and non-clinical assignments to enhance development of clinical and leadership skills, and to standardize MTF by-laws to enhance participation of podiatrists in local clinical decision-making. It also noted evaluating operational readiness requirements requires a consideration of limitations with DoD civilian and outsourced care provider availability, especially overseas.

As DHA takes over management responsibilities for all of the MTFs, DHA, in coordination with the Military Departments, will play an important role in these areas for improvement of podiatry as a medical discipline.

ACRONYMS

<u>Acronym</u>	<u>Term</u>
ACLS	Advanced Cardiac Life Support
AMEDD	Army Medical Department
BSC	Biomedical Science Corps
DHA	Defense Health Agency
DOPMA	Defense Officer Personnel Management Act
DUINS	Duty Under Instruction
JPME	Joint Professional Military Education
KSAs	Knowledge, Skills, and Abilities
MHS	Military Health System
MSC	Medical Service Corps
MTF	Military Medical Treatment Facility
NDAA	National Defense Authorization Act
OASD(HA)	Office of the Assistant Secretary of Defense for Health Affairs