

Statement of Adam Mucinskas, DPM
SB 306
Public Health Committee
March 16, 2018

Members of the Public Health Committee:

My Name is Adam Mucinskas, DPM. I have lived and practice podiatry in the State of Connecticut since 2001, in private practice since 2003. I have owned my own business here since 2005. Currently I am Chief for the section of Podiatric Surgery for Middlesex Hospital as well as Secretary/Treasurer for the Connecticut Podiatric Medical Association.

I am submitting these comments in support of Senate Bill 306, *An Act Concerning the Approval of Podiatrists to Perform Standard Ankle Surgical Procedures*.

I would like to share with you some numbers about podiatric graduate education (which in the State of Connecticut requires a separate certificate to perform "standard" and "advanced" ankle surgery if you are a Doctor of Podiatric Medicine).

For any resident participating in an accredited surgical residency they must complete a minimum of 400 foot and ankle surgeries (although as you will hear it is often approaching and over 1,000 during that time) and of those surgeries at least 25 must be trauma (source: Council on Podiatric Medical Education).

For any general orthopedics resident (not fellowship) the minimum required foot and ankle cases are:

15 Ankle fracture fixation, and 5 ankle and hind, and mid foot procedures for a total of 20 cases (source: Accreditation Council for Graduate Medical Education (ACGME)).

The actual average number of foot and ankle cases a general orthopedic surgery resident performs in a 5 year residency is 195.2 cases (source ACGME) which is less than half the minimum required cases for a Podiatric resident.

In essence an orthopaedic student can graduate, and become credentialed to do foot and ankle procedures they have little or no experience in.

Now these residents can go on and perform another 6 months to a year of fellowship training specifically in foot and ankle surgery (both podiatric residents and orthopedic residents). ACGME posts that the average number of cases performed in accredited foot and ankle fellowships by orthopedic surgeons is an additional 150 cases although only 16.3% of fellowships in foot and ankle surgery in orthopedics meet ACGME accreditation guidelines (source ACGME). In essence performing roughly the minimum requirement of cases of a podiatric resident without fellowship. Whereas a fellowship trained podiatrist will them perform sometimes up to an additional 500-100cases in their fellowship year. What I would like to point out by this is not that my Orthopedic colleagues are undertrained, quite the

opposite many of them are excellent at what they do, but if their surgical training is adequate then our must be considered at least as adequate.

Having established a training comparison I would like to look at the current state statute. This is a document that arose from a mediation process which gave the exact group that did not want podiatrists to have ankle surgery privileges control over the process of granting those privileges which in my mind is a direct conflict of interest. Especially when, if you look at our training, we are more than qualified to credential ourselves.

That being said, if we look nationally 46 out of 50 states allow podiatrists to perform ankle surgery, and out of those 46 states 3 require a review board comprised of orthopedists and podiatrists to grant ankle surgical privileges specifically (CT, NY, and KS). 2 of the 3 require separate permits for standard and advanced ankle permits (CT and NY). With the remaining 43 states granting licenses based on training and giving privileging responsibility to perform procedures to the credentialing institution based on training and experience. This is how all other specialties are credentialed in surgery.

For these reasons the permit process has led to an onerous and frustrating process which others will give testimony on. Which can and has caused qualified doctors to avoid coming to this state or leave it entirely. I believe giving podiatry control over its own permitting to perform the procedures we are already allowed by state law to perform is an important step in the process of allowing well trained and good doctors to provide excellent and extremely competent care to those who deserve it. Thank you for your time.

For these reasons, I support Senate Bill 306.

Adam Mucinkas, DPM