

## **Commentary in Support of Improved Compensation Package for Podiatrists Employed in the Veterans Administration**

My name is Clifford J. Buckley, M.D., F.A.C.S. and I am providing a voluntary statement in support of efforts to improve compensation for podiatric physicians and surgeons that are employed by the Veterans Health Administration. I feel qualified to comment on this issue because I have relied heavily on the support provided by appropriately qualified podiatrists in caring for patients who have problems related to their lower extremities and especially their feet. By way of background, I am a Board Certified Vascular Surgeon and hold the rank of Professor of Surgery (unmodified title) Texas A&M University College of Medicine. I have spent 15 years on active duty with the United States Military, 15 years in the private practice of medicine and 24 years in academic medicine – nearly half of that time in association with Veterans Health Administration. Specifically, my work with the VA has been as Associate Chief of Staff Surgical Services, CTVHCS, Chief Surgical Consultant VISN 17 VHA and former chair and member of the Vascular Surgery Advisory Board to the National Director of Surgery.

Throughout my entire time working with the Veterans Health Administration, it is my personal judgment that podiatric physicians and surgeons have been under compensated and undervalued with respect to their peers and to their overall role in providing comprehensive care for the feet and lower extremities of our Veterans. This observation spans a time frame of at least 15 years or more. In CTVHCS, it would be impossible for me to recruit and retain Board Certified and clinically well-qualified podiatrists if I did not have supplemental salary assistance for our podiatric faculty provided by our University Affiliate. Currently, VA Podiatrists appear to be compensated at a level substantially lower than their civilian counterparts. In fact, when I attempt to recruit new podiatric faculty, my choices are usually limited to physicians with either medical/legal or substance abuse problems or new training graduates who have social reasons requiring them to remain in our local area. The primary driving factor for a young podiatrists seeking employment with the VA and who have a desire for some degree of academic affiliation in their practice has been access to VA research support – financial and administrative. Unfortunately, these young podiatrists often leave for a more lucrative and generally professionally satisfying practice environment once they have established at least their local reputation.

I have been extremely fortunate to have had faculty staffing our podiatry section who are extremely well qualified, clinically experienced and for the most part, are rear foot and ankle surgery qualified through additional training and certification. My recent Chiefs of the Podiatry Section have earned promotion to the rank of Professor of Surgery because of their academic productivity, clinical outcomes, and their regional and national reputations. Podiatrists of this quality could not be retained at our institution without the disproportionate supplemental salary support provided by our university affiliate.

Podiatrists are the main stay for appropriately managing problems related to the feet. Their knowledge and skills in wound management identifying sources for pain and soft tissue injury and recognizing the complications of systemic illnesses like diabetes mellitus, chronic venous insufficiency and renal failure have saved the extremities of countless Veterans from amputation. P.A.V.E program, which is generally managed by podiatrists across the VA, is a shining example of their success at quality improvement for all forms of foot care but especially in the elderly Veteran. The ability of the podiatrists to recognize and manage problems related to the foot is not duplicated by any other group of health care providers. Their perspective in this field is exceptional. Their critics have often said that “all the VA needs to do is hire some health technicians who can be trained to provide nail care, orthopedic surgeons are capable of providing care for the remaining foot issues as they occur”. Nothing can really be farther from the truth. Podiatrists understand the biomechanics of the foot and all of the various factors, which can produce local tissue injury. Their ability to manage each of these issues by directly attacking the source of the problem rather than treating sequellae is invaluable.

I hope my comments in the above text show the strong support that myself and my Vascular Surgery colleagues have for improving the compensation package for VA Podiatrists. If I can be of any further assistance in their behalf, please do not hesitate to contact me.

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