

Testimony of Dr. Gregory P. Guyton, Chief of Foot and Ankle Orthopaedic Surgery, Union Memorial Hospital, Baltimore, MD. gpguyton@gmail.com

Unfavorable for HB 428, 2020 Session.

My name is Greg Guyton. I'm a proud Maryland Physician, a graduate of Harvard Medical School, and the Chief of Foot and Ankle Orthopaedics at Union Memorial Hospital training fellows in their 6th year after medical school.

Rather than a qualitative discussion of podiatric training, I would like to focus on quantitative metrics.

The final evaluation that students destined to become physicians and those destined to become podiatrists take together is when they all take the Medical College Aptitude Test, the MCAT. Medical school is competitive; the average MCAT score for students matriculating in medical school in 2017-18 was the 85th percentile. The average MCAT score for students matriculating in the podiatric schools was the 34th percentile, a difference of 51 percentage points.

But averages paint only one picture. The regulator, you, needs to concern yourself most with the least qualified practitioners. In 2017, the lowest MCAT score in the country for a person that may someday take a knife to a human being was the 3rd percentile and belonged to a student at the Barry University podiatry program in Florida. If we put that into the more familiar terms of the SAT, a 3rd percentile score would be a 600, barely above random chance.

A responsible profession should not admit that student into its ranks. What public safeguards exist to prevent students like that from ultimately coming to Maryland and, if this bill passes, claiming the title "physician?" They would study only under other podiatrists. Then, without any credentialing by the broader medical community, they could be licensed by the podiatry board in Maryland. Should this bill pass, podiatrists would be a privileged group claiming the title "physician", for they would be the only ones with that title never to take the United States Medical Licensing Examination. They would also, and this is a critical point of public protection, be the only physicians not licensed by the Maryland Board of Physicians.

Do these completely separate ecosystems have consequences? Several years ago, a bill passed to allow podiatrists to perform ankle fracture fixation. A Stanford University study published last year using insurance industry databases examined 11745 cases and found that fractures fixed by podiatrists rather than orthopaedic surgeons were 37% more likely to fail to heal or be improperly set.

You would think that I have no friends who are podiatrists. In fact, I have lots of them. They are my colleagues. We refer suitable cases back and forth and I value the service they provide. If they send a complex case to me for surgery, I send the patient back to them for later ongoing care. The best podiatrists are not afraid of standards. They want to raise their profession through them. We agree, because it's the right thing for patients. I admire their passion for patient care. There is now a national Joint Task Force composed of representatives from our respective national organizations to address the very issues we are talking about today. It is my hope that you will oppose this bill because bypassing regulatory protections is not in the interest of our mutual patients and your constituents: the people of Maryland.

Thank you.